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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

2012

Open to Public Inspection

A For the 2012 calendar year, or tax year beginning 07-01-2012 , 2012, and ending 06-30-2013

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

C Name of organization
NATIONAL 4-H COUNCIL

Doing Business As

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

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

D Employer identification number
36-2862206

E Telephone number
(301) 961-2800

G Gross receipts $ 44,236,718

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

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

Activities & Governance

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	33
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	33
5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	**5**	200
6	Total number of volunteers (estimate if necessary)	**6**	70
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	324,567
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	4,512

		Prior Year	Current Year
Revenue **8**	Contributions and grants (Part VIII, line 1h)	20,305,790	22,919,044
9	Program service revenue (Part VIII, line 2g)	7,261,900	7,088,850
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	275,085	863,363
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	5,081,229	5,683,134
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	32,924,004	36,554,391
Expenses **13**	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	8,961,840	9,832,490
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	11,643,793	13,924,202
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶2,624,264		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	14,963,628	15,556,504
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	35,569,261	39,313,196
19	Revenue less expenses Subtract line 18 from line 12	-2,645,257	-2,758,805

		Beginning of Current Year	End of Year
Net Assets or Fund Balances **20**	Total assets (Part X, line 16)	40,224,113	39,049,275
21	Total liabilities (Part X, line 26)	16,134,434	13,744,660
22	Net assets or fund balances Subtract line 21 from line 20	24,089,679	25,304,615

Part II Signature Block

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

Sign Here

Signature of officer — Date: 2014-02-18

JENNIFER SIRANGELO PRESIDENT AND CEO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
JOYCE M UNDERWOOD		2014-02-18		P00022361

Firm's name ▶ BDO USA LLP — Firm's EIN ▶ 13-5381590

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

SEE SCHEDULE O

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 organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 24,366,965 including grants of $ 9,832,490) (Revenue $ 35,702)

EDUCATIONAL PROGRAMS - SEE SCHEDULE OEDUCATIONAL PROGRAMS FOR MORE THAN 100 YEARS 4-H HAS HAD A POSITIVE INFLUENCE ON OUR NATION AND THE WORLD 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 FUNDING SUPPORTS 4-H PROFESSIONALS AND VOLUNTEERS WHO ARE WORKING TO BUILD A STEM-READY WORKFORCE, A HEALTHIER NATION AND A FOOD SECURE PLANET

4b (Code) (Expenses $ 7,461,482 including grants of $) (Revenue $ 10,545,963)

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 IN THE UNITED STATES AS WELL AS A BEACON OF INDEPENDENT INTERNATIONAL COOPERATION FOR INDEPENDENT 4-H COUNTRY-LED PROGRAMS AROUND THE WORLD THE CENTER HOSTS ANNUAL 4-H CONFERENCES AND YEAR-ROUND TRAINING PROGRAMS FOR YOUTH, VOLUNTEER LEADERS, AND PROFESSIONAL STAFF

4c (Code) (Expenses $ 2,427,951 including grants of $) (Revenue $ 2,104,425)

NATIONAL 4-H SUPPLY SERVICE - SEE SCHEDULE ONATIONAL 4-H SUPPLY SERVICE SINCE 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 TAKES ITS CUSTOMER-FRIENDLY APPROACH TO NEW LEVELS, WITH CONVENIENT ONLINE SHOPPING AND EXPERT ADVICE AT 4-HMALL ORG 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** ▶ 34,256,398

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 instructions)?	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		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		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 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	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 and XII*	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 and XII 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, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b	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 United States? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *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 hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**	Yes	
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**	Yes	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**		No
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b 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	88		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	200		
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 as charitable contributions? . . .	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	**1a**	33		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	**1b**	33		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	**2**		Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	**3**			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	**4**			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	**5**			No
6	Did the organization have members or stockholders?	**6**			No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	**7a**			No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	**7b**			No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	**8a**		Yes	
b	Each committee with authority to act on behalf of the governing body?	**8b**		Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	**9**			No

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

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

Section C. Disclosure

17 List the States 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 made these available Check all that apply

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

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

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 (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 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, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
1b **Sub-Total** . . . . . ▶										
c **Total from continuation sheets to Part VII, Section A** . . . . ▶										
d **Total (add lines 1b and 1c)** . . . . . ▶								1,844,290	0	347,444

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 18

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
EUREST DINING SERVICES PO BOX 9133 CHICAGO IL 60693	FOOD SERVICE	1,034,949
CALIBRE CPA GROUP 7501 WISCONSIN AVENUE BETHESDA MD 20814	ACCOUNTING	340,651
ABM JANITORIAL SERVICES PO BOX 8500 PHILADELPHIA PA 19178	JANITORIAL	292,897
FIRST PIC INC 2614 CHAPEL LAKE DRIVE GAMBRILLS MD 21054	CONSULTING	229,046
EXECUTIVE ADVANTAGE LLC 3 BETHESDA METRO CENTER STE 700 BETHESDA MD 20814	CONSULTING	217,736

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 22

Part VIII Statement of Revenue

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

				(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 54,481				
	b	Membership dues	1b				
	c	Fundraising events	1c 637,200				
	d	Related organizations . . .	1d				
	e	Government grants (contributions)	1e 7,028,430				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 15,198,933				
	g	Noncash contributions included in lines 1a-1f $	412,391				
	h	**Total.** Add lines 1a-1f . . . . . ▶		22,919,044			
Program Service Revenue			Business Code				
	2a	NATL 4-H YOUTH CONF CT	721000	6,097,154	5,772,587	324,567	
	b	REG FEES AND TUITIONS	900099	991,696	991,696		
	c						
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f . . . . . ▶		7,088,850			
	3	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		295,895			295,895
	4	Income from investment of tax-exempt bond proceeds . . ▶					
	5	Royalties . . . . . ▶		158,124			158,124
			(i) Real / (ii) Personal				
	6a	Gross rents	91,735				
	b	Less rental expenses	0				
	c	Rental income or (loss)	91,735				
	d	Net rental income or (loss) . . . . . ▶		91,735			91,735
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory	5,565,578				
	b	Less cost or other basis and sales expenses	4,998,110				
	c	Gain or (loss)	567,468				
	d	Net gain or (loss) . . . . . ▶		567,468			567,468
	8a	Gross income from fundraising events (not including $ 637,200 of contributions reported on line 1c) See Part IV, line 18 . . a	47,250				
	b	Less direct expenses . . . b	211,215				
	c	Net income or (loss) from fundraising events . . ▶		-163,965			-163,965
	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	8,070,242				
	b	Less cost of goods sold . . b	2,473,002				
	c	Net income or (loss) from sales of inventory . . ▶		5,597,240	5,597,240		
Other Revenue		Miscellaneous Revenue	Business Code				
	11a						
	b						
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d . . . . . ▶					
	12	**Total revenue.** See Instructions . . . . . ▶		36,554,391	12,361,523	324,567	949,257

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)

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

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 United States See Part IV, line 21	9,832,490	9,832,490		
2 Grants and other assistance to individuals in the United States See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,560,539	1,243,567	160,150	156,822
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	9,619,301	7,666,896	987,364	965,041
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	657,868	505,057	89,869	62,942
9 Other employee benefits	1,405,482	1,120,061	144,245	141,176
10 Payroll taxes	681,012	542,907	69,917	68,188
11 Fees for services (non-employees)				
a Management	349,113	290,151	23,396	35,566
b Legal	207,532	172,365	13,954	21,213
c Accounting	447,126	371,611	29,964	45,551
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	40,205		40,205	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	6,222,150	5,566,091	135,537	520,522
12 Advertising and promotion	1,011,573	999,571	1,444	10,558
13 Office expenses	2,830,323	2,261,160	489,614	79,549
14 Information technology				
15 Royalties . .				
16 Occupancy	212,846	198,239	9,801	4,806
17 Travel	1,705,264	1,439,046	95,716	170,502
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	583,833	517,206	49,897	16,730
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,216,334	1,109,204	45,383	61,747
23 Insurance	142,966	106,860	36,106	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a IN-KIND SOFTWARE/OTHER	412,391	162,799		249,592
b				
c				
d				
e All other expenses	174,848	151,117	9,972	13,759
25 **Total functional expenses.** Add lines 1 through 24e	39,313,196	34,256,398	2,432,534	2,624,264
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		1,685,047	1	4,345,565
	2	Savings and temporary cash investments			2	66,927
	3	Pledges and grants receivable, net		6,166,349	3	4,012,147
	4	Accounts receivable, net		2,435,738	4	2,645,273
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		1,454,211	8	1,733,985
	9	Prepaid expenses and deferred charges		102,745	9	124,591
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 36,240,300			
	b	Less accumulated depreciation	10b 27,270,065	8,996,028	10c	8,970,235
	11	Investments—publicly traded securities		17,909,512	11	15,914,229
	12	Investments—other securities See Part IV, line 11		1,474,483	12	1,205,530
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		0	15	30,793
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		40,224,113	16	39,049,275
Liabilities	17	Accounts payable and accrued expenses		3,812,048	17	4,518,406
	18	Grants payable			18	
	19	Deferred revenue		1,568,374	19	1,560,966
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		10,754,012	25	7,665,288
	26	**Total liabilities.** Add lines 17 through 25		16,134,434	26	13,744,660
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		7,773,055	27	11,224,754
	28	Temporarily restricted net assets		16,081,227	28	13,844,464
	29	Permanently restricted net assets		235,397	29	235,397
		Organizations that do not follow SFAS 117 (ASC 958), 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		24,089,679	33	25,304,615
	34	Total liabilities and net assets/fund balances		40,224,113	34	39,049,275

Part XI Reconcilliation 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	36,554,391
2	Total expenses (must equal Part IX, column (A), line 25)	2	39,313,196
3	Revenue less expenses Subtract line 2 from line 1	3	-2,758,805
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	24,089,679
5	Net unrealized gains (losses) on investments	5	1,449,959
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	2,523,782
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	25,304,615

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?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	Yes	

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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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 OF BOARD OF TRUSTEES	50	X		X				0	0	0
CLARENCE KELLEY VICE CHAIR OF BOARD OF TRUSTEES	50	X		X				0	0	0
EDWARD J BECKWITH SECRETARY	50	X		X				0	0	0
LANDEL C HOBBS TREASURER	50	X		X				0	0	0
LEON T AMERSON BOARD - PUBLIC CLASS	50	X						0	0	0
STEPHEN D BARR BOARD - PUBLIC CLASS	50	X						0	0	0
MARTHA BERNADETT BOARD - PUBLIC CLASS	50	X						0	0	0
HOWARD W BUFFETT BOARD - PUBLIC CLASS	50	X						0	0	0
JOSEPH B DZIALO BOARD - PUBLIC CLASS	50	X						0	0	0
DAVID L EPSTEIN BOARD - PUBLIC CLASS	50	X						0	0	0
DANIEL R GLICKMAN BOARD - PUBLIC CLASS	50	X						0	0	0
LYNN O HENDERSON BOARD - PUBLIC CLASS	50	X						0	0	0
LANCE A LAVERGNE BOARD - PUBLIC CLASS	50	X						0	0	0
ALISON LEWIS BOARD - PUBLIC CLASS	50	X						0	0	0
F A LOWREY BOARD - PUBLIC CLASS	50	X						0	0	0
MARK MARTINO BOARD - PUBLIC CLASS	50	X						0	0	0
COLLEEN MCCREARY BOARD - PUBLIC CLASS	50	X						0	0	0
DANNA MEZIN BOARD - PUBLIC CLASS	50	X						0	0	0
JULIE J MURPHY BOARD - PUBLIC CLASS	50	X						0	0	0
RUSSELL C PETRELLA BOARD - PUBLIC CLASS	50	X						0	0	0
ANANDA ROBERTS BOARD - PUBLIC CLASS	50	X						0	0	0
ELIZABETH A VARLEY BOARD - PUBLIC CLASS	50	X						0	0	0
ANN VENEMAN BOARD - PUBLIC CLASS	50	X						0	0	0
JOHN D WENDLER BOARD - PUBLIC CLASS	50	X						0	0	0
THOMAS G COON BOARD - EXTENSION & INSTITUTION	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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
CHARLOTTE EBERLEIN BOARD - EXTENSION & INSTITUTION	50	X						0	0	0
DELBERT T FOSTER BOARD - EXTENSION & INSTITUTION	50	X						0	0	0
E GORDON GEE BOARD - EXTENSION & INSTITUTION	50	X						0	0	0
WILLIAM W HARE BOARD - EXTENSION & INSTITUTION	50	X						0	0	0
JEFF W HOWARD BOARD - EXTENSION & INSTITUTION	50	X						0	0	0
INA M LINVILLE BOARD - EXTENSION & INSTITUTION	50	X						0	0	0
BEVERLY SPARKS BOARD - EXTENSION & INSTITUTION	50	X						0	0	0
JEREMY EMBALABALA YOUTH CLASS	50	X						0	0	0
TESS HAMMOCK YOUTH CLASS	50	X						0	0	0
APRIL JOHNSON YOUTH CLASS	50	X						0	0	0
WHITNEY K KUPFERER YOUTH CLASS	50	X						0	0	0
KAYLA R MARTELL YOUTH CLASS	50	X						0	0	0
ANDREA VESSEL YOUTH CLASS	50	X						0	0	0
DONALD T FLOYD JR PRESIDENT & CEO	55 00			X				502,508	0	83,339
JENNIFER SIRANGELO CHIEF OPERATING OFFICER	50 50				X			304,505	0	61,207
PAUL J KOEHLER SVP- GENERAL MANAGER	48 00				X			217,475	0	49,417
ANDREW FERRIN SVP - CHIEF MARKETING OFFICER	53 00					X		221,630	0	44,509
JILL BRAMBLE SVP, CHIEF DEVELOPMENT OFFICER	45 00					X		231,061	0	29,373
KRISTEN WALTER DIRECTOR, PUBLIC RELATIONS	45 00					X		128,213	0	25,259
P BAI AKRIDGE DIRECTOR, GLOBAL PROJECTS	45 00					X		119,142	0	30,716
JENNIFER MCIVER VP, CUSTOMER RELATIONS	45 00					X		119,756	0	23,624

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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

2012

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 - Non-functionally integrated

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

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

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

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

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1 - 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(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 monetary 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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	11,237,195	15,962,494	16,856,981	20,305,790	22,919,044	87,281,504
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	11,237,195	15,962,494	16,856,981	20,305,790	22,919,044	87,281,504
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)						27,847,804
6 **Public support.** Subtract line 5 from line 4						59,433,700

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4	11,237,195	15,962,494	16,856,981	20,305,790	22,919,044	87,281,504
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	705,121	604,050	455,852	477,492	545,754	2,788,269
9 Net income from unrelated business activities, whether or not the business is regularly carried on	21,520	14,399	13,073		4,512	53,504
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)						90,123,277

12 Gross receipts from related activities, etc (see instructions)	12	78,924,401

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 2012 (line 6, column (f) divided by line 11, column (f))	14	65 950 %
15 Public support percentage for 2011 Schedule A, Part II, line 14	15	61 380 %

16a **33 1/3% support test—2012.** 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—2011.** If the organization did not check a 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—2012.** 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—2011.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

Part III **Support Schedule for Organizations Described in 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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2011 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2012** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2011** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2012.** 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—2011.** 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.** 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).

Facts And Circumstances Test

Explanation

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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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2012

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 can 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 education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

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

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during 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 section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(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 (ASC 958) relating to these items

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

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

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

3 Using the organization's acquisition, 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 XIII

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

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

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

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

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

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

b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII . . . . . ☐

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

		(a) Current year	(b) Prior year	(b) (c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance	9,491,201	9,646,658	7,788,249	7,198,114	8,743,268
b	Contributions	86,627	127,415	669,556	35,285	64,595
c	Net investment earnings, gains, and losses	1,009,060	-55,051	1,398,255	803,120	-1,457,690
d	Grants or scholarships					
e	Other expenditures for facilities and programs	34,214	227,821	209,402	248,270	152,059
f	Administrative expenses					
g	End of year balance	10,552,674	9,491,201	9,646,658	7,788,249	7,198,114

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a Board designated or quasi-endowment ▶ 75 150 %
- b Permanent endowment ▶ 2 230 %
- c Temporarily restricted endowment ▶ 22 620 %

The percentages in lines 2a, 2b, and 2c should equal 100%

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 XIII the intended uses of the organization's endowment funds

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		300,000		300,000
b Buildings		24,633,397	17,305,285	7,328,112
c Leasehold improvements				
d Equipment		11,306,903	9,964,780	1,342,123
e Other				
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				8,970,235

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

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

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

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

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

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

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

1 (a) Description of liability	(b) Book value
Federal income taxes	
AGENCY FUNDS	732,905
ACCRUED POST RETIREMENT BENEFIT LIAB	2,800,025
UNFUNDED PENSION LIABILITY	4,132,358
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	7,665,288

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

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

1	Total revenue, gains, and other support per audited financial statements			1	43,833,473
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	1,449,959		
b	Donated services and use of facilities	2b	218,833		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d	3,177,493		
e	Add lines **2a** through **2d**			2e	4,846,285
3	Subtract line **2e** from line **1**			3	38,987,188
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	40,205		
b	Other (Describe in Part XIII)	4b	-2,473,002		
c	Add lines **4a** and **4b**			4c	-2,432,797
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	36,554,391

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

1	Total expenses and losses per audited financial statements			1	42,616,305
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a	218,833		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d	3,124,481		
e	Add lines **2a** through **2d**			2e	3,343,314
3	Subtract line **2e** from line **1**			3	39,272,991
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	40,205		
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	40,205
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	39,313,196

Part XIII Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, 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, LINE 2	COUNCIL FOLLOWS 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 FISCAL YEARS PRIOR TO 2010 FOR THE YEARS ENDED JUNE 30, 2013 AND 2012, NO INTEREST OR PENALTIES WERE RECORDED OR INCLUDED IN THE CONSOLIDATED STATEMENTS OF ACTIVITIES
PART XI, LINE 2D - OTHER ADJUSTMENTS		FUNDRAISING EXPENSES 211,215 NAMED FUND SPENDING -18,055 REVENUE OF AFFILIATES 424,890 POSTRETIREMENT MEDICAL COSTS 227,596 PENSION RELATED CHANGES OTHER THEN NET PERIOD PENSION COSTS 2,331,847
PART XI, LINE 4B - OTHER ADJUSTMENTS		COST OF GOODS SOLD -2,473,002
PART XII, LINE 2D - OTHER ADJUSTMENTS		COST OF GOODS SOLD 2,473,002 FUNDRAISING EXPENSES 211,215 EXPENSES OF AFFILIATES 440,264

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SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
NATIONAL 4-H COUNCIL

Employer identification number
36-2862206

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 **For grantmakers.** 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 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States.

3 Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
	SOUTH AMERICA	0	0	PROGRAM SERVICES	EDUCATIONAL PROGRAMS	431
	EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	PROGRAM SERVICES	EDUCATIONAL PROGRAMS	111
	EAST ASIA AND THE PACIFIC	0	1	PROGRAM SERVICES	EDUCATIONAL PROGRAMS	110,235
	SUB-SAHARAN AFRICA	0	1	PROGRAM SERVICES	EDUCATIONAL PROGRAMS	707,408
3a	Sub-total	0	2			818,185
b	Total from continuation sheets to Part I	0	0			0
c	**Totals** (add lines 3a and 3b)	0	2			818,185

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. Part II can be duplicated 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 of non-cash assistance	**(h)** Description of non-cash assistance	**(i)** Method of valuation (book, FMV, appraisal, other)

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 . . . . ▶ _____

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

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(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, Return by a U.S. Transferor of Property to a Foreign Corporation (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 organizationmay be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (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 required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

Identifier	ReturnReference	Explanation

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a. Form 990-EZ filers are not required to complete this part.

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
NATIONAL 4-H COUNCIL

Employer identification number
36-2862206

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

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

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

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

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization

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

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

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

		(a) Event #1 GALA (event type)	(b) Event #2 (event type)	(c) Other events (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	684,450			684,450
	2 Less Contributions	637,200			637,200
	3 Gross income (line 1 minus line 2)	47,250			47,250
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	211,215			211,215
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(211,215)
	11 Net income summary Combine line 3, column (d), and line 10 ▶				-163,965

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

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

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

Name ▶ .....

Address ▶ .....

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . . ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____

c If "Yes," enter name and address of the third party

Name ▶ .....

Address ▶ .....

16 Gaming manager information

Name ▶ .....

Gaming manager compensation ▶ $ .....

Description of services provided ▶ .....

☐ Director/officer ☐ Employee ☐ Independent contractor

17 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 Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Identifier	Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493049013344

Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
NATIONAL 4-H COUNCIL

Employer identification number
36-2862206

Part I General Information on Grants and Assistance

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

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

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

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

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 96

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 4

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. Part III can be duplicated 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, Part III, column (b), 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

Additional Data

Return to Form

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

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
4-H FOUNDATION OF NEW HAMPSHIREMOILES HOUSE 180 MAIN STREET DURHAM,NH 03824	02-6000937	501 (C) (3)	8,211				EDUCATIONAL
ALABAMA 4-H CLUB FOUNDATION INC226 DUNCAN HALL AUBURN UNIVERSITY,AL 36849	63-0457929	501 (C) (3)	13,697				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
ALABAMA A&M UNIVERSITY4900 MERIDIAN STREET PO BOX 967 NORMAL,AL 35762	63-6001097	STATE OF ALABAMA	58,270				EDUCATIONAL
ALABAMA A&M UNIVERSITY FOUNDATION PO BOX 1057 NORMAL,AL 35762	63-6214769	501 (C) (3)	61,103				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 MS	12,937				EDUCATIONAL
ALLAMAKEE COUNTY AGRICULTURAL21 ALLAMAKEE STREET WAUKON,IA 52172	42-6021392	STATE OF IOWA	10,000				EDUCATIONAL

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
AUBURN UNIVERSITY321 INGRAM HALL AUBURN UNIVERSITY,AL 386495161	63-6000724	501 (C) (3)	6,000				EDUCATIONAL
AUBURN UNIVERSITY-ALABAMA COOP EXTENSION SERVICE103 DUNCAN HALL AUBURN,AL 38649	63-0457929	501 (C) (3)	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
CALIFORNIA 4-H FOUNDATIONPO BOX 73673 DAVIS,CA 95617	23-7327765	501 (C)(3)	9,382				EDUCATIONAL
CLEMSON UNIVERSITY210 BARRE HALL CLEMSON,SC 29634	57-6000254	STATE OF SC	315,238				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	501 (C) (3)	13,968				EDUCATIONAL
COLORADO STATE UNIVERSITYROOM 108 JOHNSON HALL - SP FORT COLLINS,CO 80523	23-7098397	STATE-COLORADO	131,388				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 UNIV - COOPERATIVE EXTENSION 21 SOUTH GROVE STREET SUITE 320 EAST AURORA,NY 14052	16-6072879	501 (C)(3)	58,603				EDUCATIONAL
CORNELL UNIVERSITY750 CASCADILLA STREET ITHACA,NY 14851	15-0532082	501 (C)(3)	167,443				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 CLUB FOUNDATION INC3103 MCCARTY HALL PO BOX 110225 GAINESVILLE,FL 32611	59-1000186	501 (C)(3)	132,679				EDUCATIONAL
FORT VALLEY STATE UNIVERSITY1005 STATE UNIV DR POB 4061 FORT VALLEY,GA 31030	23-7281905		30,182				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	501 (C)(3)	288,653				EDUCATIONAL
HAWAII 4-H FOUNDATION 213 GILMORE HALL 3050 MAILE WAY HONOLULU,HI 968222231	23-7043787	501 (C)(3)	23,838				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
ILLINOIS 4-H FOUNDATION1401 SOUTH MARYLAND DRIVE URBANA,IL 61801	37-6044716	501 (C) (3)	71,513				EDUCATIONAL
INDIANA 4-H FOUNDATION615 W STATE STREET WEST LAFAYETTE,IN 47907	35-1097611	501 (C) (3)	26,986				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 1138 PEARSON HALL AMES,IA 50011	42-6004224	STATE OF IOWA	114,044				EDUCATIONAL
JOHNSON COUNTY EXTENSION3109 OLD HIGHWAY 218 S IOWA CITY,IA 52246	42-6004224	STATE OF IOWA	122,426				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	141,219				EDUCATIONAL
KANSAS 4-H FOUNDATION 116 UMBERGER HALL KANSAS STATE UNIV UNIV MANHATTAN,KS 665063417	48-0623884	501 (C)(3)	14,851				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 4-H FOUNDATION209 SCOVELL HALL LEXINGTON,KY 405060064	23-7437297	501 (C) (3)	82,580				EDUCATIONAL
KENTUCKY STATE UNIVERSITY400 EAST MAIN STREET FRANKFORT,KY 406012355	61-1099712	STATE-KENTUCKY	19,513				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
LOUISIANA 4-H FOUNDATIONPO BOX 25100 BATON ROUGE,LA 70894	72-1367519	501 (C)(3)	160,656				EDUCATIONAL
MARYLAND 4-H FOUNDATION INC8020 GREENMEAD DRIVE COLLEGE PARK,MD 20740	52-6056016	501 (C)(3)	398,396				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
MASSACHUSETTS 4-H FOUNDATION400 MAIN STREET MALPOLE,MA 02081	04-2303708	501 (C) (3)	48,772				EDUCATIONAL
MICHIGAN 4-H FOUNDATION14901 4H DRIVE TUSTIN,MI 49688	38-1539997	501 (C) (3)	210,342				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 STATE UNIVERSITY EXTENSION 446 W CIRCLE DR RM 106 AGRICULTURE HALL LANSING,MI 488242612	38-6005984	STATE-MICHIGAN	232,853				EDUCATIONAL
MINNESOTA 4-H FOUNDATION270 - B MCNAMARA ALUMI CENTER 200 MINNEAPOLIS,MN 55455	41-1408161	501 (C)(3)	28,915				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 MS	78,029				EDUCATIONAL
MISSOURI 4-H FOUNDATION819 CLARK HALL COLUMBIA,MO 65211	43-6044367	501 (C) (3)	32,623				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 STATE UNIV 4-H CENTER309 MONTANA HALL PO BOX 172470 BOZEMAN,MT 59717	81-6010045	STATE-MONTANA	119,849				EDUCATIONAL
NAE4-HA20423 STATE RD 7 F6-491 BOCA RATON,FL 33498	23-7127452	501 (C) (3)	15,000				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
NATIONAL 4-H CONGRESS 7100 CONNECTICUT AVENUE CHEVY CHASE,MD 20815	45-2572008	501 (C) (3)	16,000				EDUCATIONAL
NEBRASKA 4-H FOUNDATIONP O BOX 830719 LINCOLN,NE 685830700	47-0469703	501 (C) (3)	8,410				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
NEW MEXICO STATE UNIVERSITYP O BOX 30002 LAS CRUCES,NM 88003	85-6000401	STATE-NEW MEXICO	15,208				EDUCATIONAL
NEW YORK STATE 4-H FOUNDATION248 GRANT AVENUE SUITE II-A AUBURN,NY 13021	14-6021395	501 (C) (3)	81,200				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
NORTH CAROLINA AT&T STATE UNIV1601 E MARKET ST GREENSBORO,NC 27411	56-6000007	STATE OF NC	39,900				EDUCATIONAL
NORTH CAROLINA STATE UNIVERSITY512 BRICKHAVEN DRIVE BOX 7606 RALEIGH,NC 27695	56-6049304	STATE OF NC	166,670				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 DAKOTA 4-H FOUNDATIONFLC 323 BOX 5436 NDSU DEPT 7280 FARGO,ND 58105	45-6012061	501 (C) (3)	12,575				EDUCATIONAL
NORTH DAKOTA STATE UNIVERSITY1340 ADMINISTRATION AVENUE FARGO,ND 58102	23-7120898	STATE OF ND	130,181				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 1480 W LANE AVENUE COLUMBUS,OH 43210	31-6401599	STATE OF OHIO	146,913				EDUCATIONAL
OHIO STATE UNIV 4-H YOUTH DEVELOPMENT 2201 FRED TAYLOR DRIVE COLUMBUS,OH 43210	31-1145986	STATE OF OHIO	101,925				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 FOUNDATION INC205 4-H YOUTH DEVELOPMENT STILLWATER,OK 74078	73-6109761	501 (C) (3)	50,682				EDUCATIONAL
OKLAHOMA STATE UNIVERSITY205 4-H YOUTH DEVELOPMENT STILLWATER,OK 74078	73-6109761	STATE-OKLAHOMA	259,429				EDUCATIONAL

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
OREGON 4-H FOUNDATION119 BALLARD EXTENSION HALL OSU CORVALLIS,OR 97331	93-0711337	501 (C)(3)	14,559				EDUCATIONAL
OREGON STATE UNIVERSITYPO BOX 1086 CORVALLIS,OR 973391086	48-1278540	STATE OF OREGON	152,332				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
PRAIRIE VIEW A & M UNIVERSITYPO BOX 667 PRAIRIE VIEW,TX 77446	74-6001078	STATE OF TEXAS	62,500				EDUCATIONAL
PUERTO RICO AGRICULTURAL EXTENSION1204 CEIBA STREET JARDIN BOTANICO SUR SAN JUAN,PR 00926	66-0433761	TERRITORY OF PR	13,750				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
PURDUE UNIVERSITY401 S GRANT STREET WEST LAFAYETTE,IN 47907	35-6002041	501 (C) (3)	183,309				EDUCATIONAL
REGENTS OF THE UNIV OF MINNESOTA1300 S 2ND ST RM 206 MINNEAPOLIS,MN 55455	41-6007513	STATE OF MN	36,263				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 UNIV OF IDAHOPO BOX 443020 MOSCOW,ID 83844	82-6000945	STATE OF IDAHO	20,000				EDUCATIONAL
RHODE ISLAND 4-H CLUB FOUNDATION75 PECKHAM FARM KINGSTON,RI 02881	05-6016234	501 (C) (3)	22,408				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 STATE UNIV OF NEW JERSEYASB III-2ND RL-3 RUTGERS PLAZA-L LIPOV NEW BRUNSWICK, NJ 08901	23-7318742	STATE-NEW JERSEY	67,348				EDUCATIONAL
SOMERSET COUNTY 4-H 310 MILLTOWN RD BRIDGEWATER, NJ 08807	22-6064597	501 (C)(3)	19,389				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	501 (C) (3)	24,237				EDUCATIONAL
SOUTH DAKOTA STATE UNIVERSITYSDSU W RIVER AGRICULTURAL CNTR 1905 PLAZA BLVD RAPID CITY,SD 57702	46-0273801	STATE OF SD	82,127				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
SOUTHERN UNIV AGRICULTURE RESCPO BOX 10010 BATON ROUGE,LA 70813	72-6000817	501 (C) (3)	75,842				EDUCATIONAL
TENNESSEE STATE UNIVERSITY3500 JOHN MERRITT BOULEVARD NASHVILLE,TN 37209	62-0786119	STATE OF TN	14,661				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	501 (C)(3)	142,007				EDUCATIONAL
TEXAS AGRILIFE EXTENSION SERVICE TAMUS 2147 CONTRACTS GRANTS COLLEGE STATION,TX 77843	74-6000541	STATE OF TEXAS	87,069				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 CURATORS OF THE UNIV OF MISSOURIPO BOX 807012 KANSAS CITY,MO 64180	43-6003859		204,400				EDUCATIONAL
THE PENNSYLVANIA STATE UNIVERSITYTHE PENN STATE CONF CENTER HOTEL RM 78 UNIVERSITY PARK,PA 16802	02-4600376	STATE OF PA	203,343				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 UNIV OF CALIFORNIA1 SHIELDS AVE DAVIS,CA 95616	94-6036494	STATE OF CA	247,162				EDUCATIONAL
TUSKEGEE UNIVERSITY ROOM 100 CAMPBELL HALL TUSKEGEE INSTITUTE,AL 36088	63-0288878		23,044				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 ALASKA PO BOX 755120 FAIRBANKS,AK 99775	23-7394620	501 (C)(3)	97,542				EDUCATIONAL
UNIVERSITY OF ARIZONA 888 N EUCLID AVENE ROOM 502F TUCSON,AZ 85721	86-6004791	STATE OF AZ	174,650				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 ARKANSAS PO BOX 391 LITTLE ROCK,AR 72203	71-6060767	STATE OF AR	154,425				EDUCATIONAL
UNIVERSITY OF CALIFORNIAPO BOX 989062 WEST SACRAMENTO,CA 95798	94-6002123		71,120				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 CONNECTICUT843 UNIVERSITY DRIVE TORRINGTON,CT 06790	06-0772160	STATE OF CT	117,399				EDUCATIONAL
UNIVERSITY OF DELAWARE OFFICE OF THE VP FOR FINANCE ADMIN RM 220 NEWARK,DE 19716	51-6000297	STATE OF DE	270,828				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 FLORIDA 4-H FOUNDATION3103 MCCARTY HALL B GAINESVILLE,FL 32611	59-1000186	STATE-FLORIDA	99,898				EDUCATIONAL
UNIVERSITY OF HAWAII 2440 CAMPUS ROAD BOX 368 HONOLULU,HI 96822	99-6000394	STATE OF HAWAII	45,057				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 IDAHO 701 W COLLEGE AVENUE SAINT MARIES,ID 83861	82-6000281	STATE OF IDAHO	71,182				EDUCATIONAL
UNIVERSITY OF ILLINOIS 1305 WEST GREEN STREET URBANA,IL 61801	37-6006007	STATE OF IL	260,613				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 RESEARCH301 PETERSON SERVICE BUILDING LEXINGTON,KY 40506	61-6033693	501 (C)(3)	80,098				EDUCATIONAL
UNIVERSITY OF MAINE SYSTEM107 MAINE AVENUE BANGOR,ME 04401	01-6000769	501 (C)(3)	204,453				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 MARYLAND8020 GREENMEAD DR COLLEGE PARK,MD 20740	52-6002033	STATE-MARYLAND	36,386				EDUCATIONAL
UNIVERSITY OF MASSACHUSETTS70 BUTTERFIELD TERRACE AMHERST,MA 01003	04-3167352	STATE OF MA	13,581				EDUCATIONAL

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
UNIVERSITY OF MISSOURI 1000 W NIFONG BUILDING 7 STE 300 COLUMBIA,MO 65211	43-6003859	501 (C) (3)	87,182				EDUCATIONAL
UNIVERSITY OF NEBRASKA COOPERATIVE3835 HOLDRIDGE STREET LINCOLN,NE 68503	47-0049123	STATE OF NE	138,949				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 STREET ALEXANDER WEST LINCOLN,NE 68588	47-0049123	STATE OF NE	131,434				EDUCATIONAL
UNIVERSITY OF NEVADA - RENOROSE HALL ROOM 204 MAIL STOP 325 RENO,NV 89557	88-6000024	STATE OF NEVADA	145,056				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 NH	17,473				EDUCATIONAL
UNIVERSITY OF PUERTO RICO AGRICULTURE JARDIN BOTANICO SUR SAN JUAN,PR 00926	66-0433761	TERRITORY OF PR	17,500				EDUCATIONAL

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
UNIVERSITY OF RHODE ISLAND75 LOWER COLLEGE ROAD KINGSTON,RI 02881	22-3011455	501 (C)(3)	26,113				EDUCATIONAL
UNIVERSITY OF TENNESSEE EXTENSION 2621 MORGAN CIRCLE 225 MORGAN HALL KNOXVILLE,TN 37996	62-6047753	STATE OF TN	263,486				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
UNIV OF THE DISTRICT OF COLUMBIA4200 CONN AVE BLDG 52 SUITE 322 WASHINGTON,DC 20008	53-6001131	DC	87,649				EDUCATIONAL
UNIV OF VERMONT & STATE AGRICULTURE COLLEGE85 S PROSPECT ROOM 222 BURLINGTON,VT 05405	03-0179440	STATE OF VT	63,017				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 NORTH LAKE STREET RM 104 MADISON,WI 53706	39-1805963	STATE OF WI	159,683				EDUCATIONAL
UNIVERSITY OF WYOMING 1000 E UNIVERSITY AVE DEPART 3314 LARAMIE,WY 82071	83-6000331	STATE-WYOMING	37,553				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
UTAH STATE UNIVERSITY 5049 OLD MAIN HILL LOGAN,UT 84322	87-6000528	STATE OF UTAH	145,901				EDUCATIONAL
VIRGINIA POLYTECHNIC INSTITUTE & STATE UNIV 1880 PRATT DRIVE SUITE 2006 BLACKSBURG,VA 24060	54-6001805	STATE-VIRGINIA	185,419				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 4-H FOUNDATION7612 PIONEER WAY E PUYALLUP,WA 983714998	91-6055395	STATE OF WA	291,888				EDUCATIONAL
WEST VIRGINIA STATE UNIVERSITYPO BOX 1000 INSTITUTE,WV 251121000	55-0708567	STATE OF WV	133,819				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 FOUNDATION ONE WATERFRONT PLACE 7TH FLOOR MORGANTOWN,WV 26507	55-6017181	501 (C) (3)	126,076				EDUCATIONAL
WEST VIRGINIA UNIVERSITY RESEARCH 886 CHESTNUT RIDGE ROAD ROOM 202 MORGANTOWN,WV 26506	55-0665758	STATE OF WV	85,558				EDUCATIONAL

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
NATIONAL 4-H COUNCIL

Employer identification number
36-2862206

Part I Questions Regarding Compensation

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

(A) Name and Title		(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 as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1)DONALD T FLOYD JR PRESIDENT & CEO	(i)	502,508	0	0	59,827	23,512	585,847	0
	(ii)	0	0	0	0	0	0	0
(2)JENNIFER SIRANGELO CHIEF OPERATING OFFICER	(i)	304,505	0	0	46,420	14,787	365,712	0
	(ii)	0	0	0	0	0	0	0
(3)PAUL J KOEHLER SVP- GENERAL MANAGER	(i)	217,475	0	0	31,322	18,095	266,892	0
	(ii)	0	0	0	0	0	0	0
(4)ANDREW FERRIN SVP - CHIEF MARKETING OFFICER	(i)	221,630	0	0	26,254	18,255	266,139	0
	(ii)	0	0	0	0	0	0	0
(5)JILL BRAMBLE SVP, CHIEF DEVELOPMENT OFFICER	(i)	231,061	0	0	26,220	3,153	260,434	0
	(ii)	0	0	0	0	0	0	0
(6)KRISTEN WALTER DIRECTOR, PUBLIC RELATIONS	(i)	128,213	0	0	19,497	5,762	153,472	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II
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, LINES 4A-B	THE ORGANIZATION PROVIDES A SEVERANCE PACKAGE CONSISTENT WITH INDUSTRY STANDARDS, THE TERMS OF WHICH ARE CONFIDENTIAL DONALD T FLOYD, JR PARTICIPATED IN A SECTION 457 PLAN SPONSORED BY NATIONAL 4-H COUNCIL A CONTRIBUTION OF $17,000 WAS MADE TO THE PLAN BY NATIONAL 4-H COUNCIL FOR THE YEAR ENDED DECEMBER 31, 2012 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

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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, line 38a or 40b.**

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

OMB No 1545-0047

2012

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) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected? Yes	No

2 Enter the amount of tax incurred by 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-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization? To	From	(e) Original principal amount	(f) Balance due	(g) In default? Yes	No	(h) Approved by board or committee? Yes	No	(i) Written agreement? 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 assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues? Yes	(e) Sharing of organization's revenues? No
(1) EDWARD J BECKWITH ESQ	BUSINESS	202,422	LEGAL SVCS - EDWARD J BECKWITH, WHO IS AN OFFICER OF NATIONAL 4-H COUNCIL, ALSO WORKS AT THE LAW FIRM BAKER & HOSTETLER LLP, AN INDEPENDENT CONTRACTOR, WHICH PROVIDES A FULL RANGE OF LEGAL SERVICES FOR THE ORGANIZATION ALL FEES ARE REVIEWED AND APPROVED BY THE CEO MONTHLY AND ALL LEGAL SERVICES PROVIDED ARE REVIEWED ANNUALLY BY THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES		No
(2) UNITED HEALTHCARE	BUSINESS	1,179,745	HEALTH INSURANCE COVERAGE IS PROVIDED TO NATIONAL 4-H COUNCIL EMPLOYEES BY UNITED HEALTHCARE DR RUSSELL PETRELLA AND DANNA MEZIN BOTH SERVED ON THE NATIONAL 4-H COUNCIL BOARD DURING THIS YEAR UNITED HEALTHCARE COMMUNITY AND STATE IS A DIVISION OF UNITED HEALTHCARE DR PETRELLA IS THE PRESIDENT AND MS MEZIN IS THE CHIEF OPERATING OFFICER OF THIS SAME DIVISION		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 organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.

OMB No 1545-0047

2012

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 noncash 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 ▶ (SOFTWARE & OTHER)	X	2	407,234	FMV
26	Other ▶ (CAMPAIGN MATERIALS)	X	8	5,157	FMV
27	Other ▶ ( )				
28	Other ▶ ( )				

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

			Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a		No
b	If "Yes," describe the arrangement in Part II			
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31	Yes	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		No
b	If "Yes," describe in Part II			
33	If the organization did not report an amount 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, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Identifier	Return Reference	Explanation

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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

2012

Open to Public Inspection

Name of the organization
NATIONAL 4-H COUNCIL

Employer identification number
36-2862206

Identifier	Return Reference	Explanation
DESCRIPTION OF MISSION STATEMENT (CONTINUED)	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 LOCATED AT THE NATIONAL INSTITUTE OF FOOD AND AGRICULTURE (NIFA) WITHIN USDA IN THE UNITED STATES, 4-H PROGRAMS ARE IMPLEMENTED BY THE 109 LAND-GRANT UNIVERSITIES AND COOPERATIVE EXTENSION THROUGH MORE THAN 3,000 LOCAL OFFICES SERVING EVERY COUNTY AND PARISH IN THE COUNTRY OUTSIDE THE UNITED STATES, 4-H PROGRAMS OPERATE THROUGH INDEPENDENT, COUNTRY-LED ORGANIZATIONS IN MORE THAN 50 COUNTRIES EVERY DAY, MORE THAN 7 MILLION 4-H'ERS AROUND THE WORLD ARE LEARNING IN EQUAL PARTNERSHIP WITH CARING ADULTS AND DEVELOPING SKILLS TO TACKLE OUR PLANET'S MOST PRESSING ISSUES NATIONAL 4-H COUNCIL EXISTS TO PROVIDE LIFE CHANGING AND LIFE SAVING 4-H EXPERIENCES FOR MILLIONS MORE YOUNG PEOPLENO MATTER WHERE THEY LIVE, AND NO MATTER WHAT THEIR CIRCUMSTANCES

Identifier	Return Reference	Explanation
EDUCATION PROGRAM-DESCRIPTION OF PROGRAM SERVICE (CONTINUED)	FORM 990, PART III, LINE 4A	FOR EXAMPLE, NATIONAL 4-H COUNCIL SET, AND ACHIEVED, A BOLD GOAL TO REACH ONE MILLION NEW YOUNG PEOPLE BY 2013 WITH SCIENCE, ENGINEERING, AND TECHNOLOGY PROGRAMS 4-H NATIONAL YOUTH SCIENCE DAY IS THE PREMIER NATIONAL RALLYING EVENT FOR YEAR-ROUND 4-H STEM PROGRAMMING-BRINGING TOGETHER YOUTH, VOLUNTEERS AND EDUCATORS FROM COOPERATIVE EXTENSION AND THE NATION'S 109 LAND-GRANT COLLEGES AND UNIVERSITIES TO SIMULTANEOUSLY COMPLETE THE NATIONAL SCIENCE EXPERIMENT THIS EVENT, TAKING PLACE IN URBAN, SUBURBAN AND RURAL COMMUNITIES ACROSS THE NATION AND AROUND THE WORLD, SEEKS TO SPARK AN EARLY YOUTH INTEREST AND LEADERSHIP IN STEM CAREERS SIMILAR EFFORTS ARE UNDERWAY FOR THE FOOD SECURITY 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

Identifier	Return Reference	Explanation
NATIONAL 4-H CENTER-DESCRIPTION OF PROGRAM SERVICE (CONTINUED)	FORM 990, PART III, LINE 4B	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 EVERY YOUNG PERSON, VOLUNTEER LEADER, OR PROFESSIONAL WHO HAS VISITED NATIONAL 4-H YOUTH CONFERENCE CENTER OVER THE YEARS HAS 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

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 2	TWO BOARD MEMBERS, JIM BOREL AND LYNN HENDERSON, HAVE A FAMILY RELATIONSHIP

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
OTHER FEES	FORM 990, PART IX, LINE 11G	MANAGEMENT PROGRAM SERVICE EXPENSES 901,158 MANAGEMENT AND GENERAL EXPENSES 23,193 FUNDRAISING EXPENSES 120,335 TOTAL EXPENSES 1,044,686 DESIGN/MARKETING PROGRAM SERVICE EXPENSES 1,006,875 MANAGEMENT AND GENERAL EXPENSES 24,518 FUNDRAISING EXPENSES 94,160 TOTAL EXPENSES 1,125,553 CONTRACTED SERVICES PROGRAM SERVICE EXPENSES 3,055,221 MANAGEMENT AND GENERAL EXPENSES 53,845 FUNDRAISING EXPENSES 283,838 TOTAL EXPENSES 3,392,904 HOTEL SUPPORT SERVICES PROGRAM SERVICE EXPENSES 365,558 MANAGEMENT AND GENERAL EXPENSES 8,140 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 373,698 IT SERVICES PROGRAM SERVICE EXPENSES 133,711 MANAGEMENT AND GENERAL EXPENSES 3,256 FUNDRAISING EXPENSES 12,504 TOTAL EXPENSES 149,471 PAYROLL PROCESSING PROGRAM SERVICE EXPENSES 103,568 MANAGEMENT AND GENERAL EXPENSES 2,522 FUNDRAISING EXPENSES 9,685 TOTAL EXPENSES 115,775 CHAR REG PREPARATION FEES PROGRAM SERVICE EXPENSES 0 MANAGEMENT AND GENERAL EXPENSES 20,063 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 20,063

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 9	PENSION RELATED CHANGES OTHER THAN NET PERIOD PENSION COSTS 2,331,847 POSTRETIREMENT MEDICAL COSTS 227,596 NAMED FUND SPENDING -18,055 NET REVENUE OF AFFILIATES -17,606

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 CONSOLIDATED FINANCIAL STATEMENTS IT DOES NOT RECEIVE SEPARATE AUDITED FINANCIAL STATEMENTS

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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

2012

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" to Form 990, Part IV, line 33.)

(a) Name, address, and EIN (if applicable) 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" to 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 entity? Yes	(g) 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 INC 7100 CONNECTICUT AVE CHEVY CHASE, MD 208154999 52-2292242	INCREASE GLOBAL 4-H POSITIVE YOUTH DEVELOPMENT	OH	501(C)(3)	509(A)(3)	N/A		No
(3) NATIONAL 4-H CONGRESS FOUNDATION 7100 CONNECTICUT AVE CHEVY CHASE, MD 208154999 45-2572008	OPERATES AND PROVIDES ASSISTANCE WITH THE NATIONAL 4-H CONGRESS	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" to 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) Disproprtionate 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" to 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	(i) Section 512 (b)(13) controlled entity?	
								Yes	No

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

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

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

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate 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		Yes	No	

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

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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