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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 private foundations)

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

▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](#)

OMB No 1545-0047

2015

Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 07-01-2015, and ending 06-30-2016

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organization

NATIONAL 4-H COUNCIL

% JOSEPH ROCHE

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 province, country, and ZIP or foreign postal code

CHEVY CHASE, MD 208154999

F Name and address of principal officer

JENNIFER L SIRANGELO

7100 CONNECTICUT AVENUE

CHEVY CHASE, MD 208154999

H(a) Is this a group return for subordinates?

No

☐ Yes ☒ No

H(b) Are all subordinates included?

☐ Yes ☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number ▶

D Employer identification number

36-2862206

E Telephone number

(301) 961-2800

G Gross receipts \$

44,545,043

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				
Activities & Governance	1 Briefly describe the organization's mission or most significant activities TO INCREASE INVESTMENT AND PARTICIPATION IN HIGH QUALITY 4-H POSITIVE YOUTH DEVELOPMENT			
	2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets			
	3	Number of voting members of the governing body (Part VI, line 1a)	3	30
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	30
	5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	239
Revenue	6	Total number of volunteers (estimate if necessary)	6	70
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	345,058
	b	Net unrelated business taxable income from Form 990-T, line 34	7b	15,437
			Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)	30,383,609	27,881,969
Expenses	9	Program service revenue (Part VIII, line 2g)	10,382,561	10,958,142
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,260,425	582,493
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,559,331	2,208,919
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	44,585,926	41,631,523
	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	10,771,992	15,332,408
Net Assets or Fund Balances	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)	14,884,200	15,060,627
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶2,862,411		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	12,629,693	12,417,105
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	38,285,885	42,810,140
	19	Revenue less expenses Subtract line 18 from line 12	6,300,041	-1,178,617
			Beginning of Current Year	End of Year
	20	Total assets (Part X, line 16)	39,021,389	39,122,218
	21	Total liabilities (Part X, line 26)	13,325,434	18,304,047
	22	Net assets or fund balances Subtract line 21 from line 20	25,695,955	20,818,171

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

2017-05-12

Date

JENNIFER L SIRANGELO PRESIDENT AND CEO

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

Joyce Underwood

Preparer's signature

Joyce Underwood

Date

Check ☐ if self-employed

PTIN P00022361

Firm's name ▶ BDO USA LLP

Firm's EIN ▶

Firm's address ▶ 8401 GREENSBORO DRIVE SUITE 800

MCLEAN, VA 22102

Phone no (703) 893-0600

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990(2015)

Part III

Statement of Program Service Accomplishments

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

☐

1

Briefly describe the organization's mission

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 \$ 26,035,785 including grants of \$ 15,332,408) (Revenue \$ 179,303)

EDUCATIONAL PROGRAMS National 4-H Council plays an essential role in supporting 4-H as part of a unique and innovative partnership with America's Cooperative Extension System and the National Institute of Food and Agriculture within the United States Department of Agriculture. As the nation's largest youth development organization, 4-H believes in the power of young people. We recognize that every child has valuable strengths and can have real potential to improve the world. 4-H provides the kinds of experiences that empower young people with the skills to lead for a lifetime. The research-based 4-H experience includes a caring adult relationship, a hands-on, skill-building project, and a proactive leadership role. This is the 4-H positive youth development approach that is proven to grow life skills. 4-H reaches nearly six million young people through Cooperative Extension - a community of 110 public universities and more than 3,000 local offices. Programs are delivered by more than 3,500 trained 4-H professionals and more than 600,000 volunteers who serve every county and parish in the country. Young people experience 4-H through school and community Clubs, in-school enrichment programs, 4-H Camps and afterschool programs. Independent research proves the unparalleled impact of the 4-H experience. 4-H'ers are four times more likely than peers to take action in their communities, two times more likely to make healthy choices, two times more likely than peers to pursue science, technology, engineering and math (STEM) opportunities outside of school. National 4-H Council's role in growing 4-H and youth impact includes a significant focus on fundraising and marketing initiatives. Council success/highlights for Fiscal Year 2016 (July 1, 2015 - June 30, 2016) included the following programs/events - 4-H Brand/Alumni Activation launched the Grow True Leaders Campaign, a multi-media engagement campaign to build the brand, engage 4-H alumni to support and grow 4-H - World's largest youth-led engineering design challenge, 4-H National Youth Science Day Motion Commotion - 4-H National Mentoring Program reached/empowered at-risk youth in 40 states with support from 44 land-grant universities - 7th Annual Legacy Awards largest fundraising event featured 4-H youth impact and alumni achievement - Program development in the mission areas of science, healthy living and agriculture in partnership with private partners. 4-H Food Smart Families, Youth Voice Youth Choice, and the 4-H Ag Innovators Experience - Strategic partnership United States Hispanic Chamber of Commerce and the Hispanic Advisory Committee.

4b

(Code) (Expenses \$ 8,602,455 including grants of \$ 0) (Revenue \$ 10,796,174)

NATIONAL 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 STET, volunteer leaders, STET and professional staff. National 4-H Conference Center hosts more than 30,000 youth each year on its 12-acre Washington, DC metro campus while they learn about our democracy, 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 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.

4c

(Code) (Expenses \$ 2,506,175 including grants of \$ 0) (Revenue \$ 2,431,572)

NATIONAL 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 \$ 0 including grants of \$ 0) (Revenue \$ 0)

4e

Total program service expenses ▶ 37,144,415

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	No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	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 or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 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 or note to any line in this Part V

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a	95	
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	239	
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" to line 3b, 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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		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. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
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 or note to any line 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	30	
	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	30	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its 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, address, and telephone number of the person who possesses the organization's books and records	JOSEPH ROCHE 7100 CONNECTICUT AVENUE CHEVY CHASE, MD 20815 (301) 961-2800

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

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

[illegible]

Part VIII

Statement of Revenue

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

☒

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514			
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . .	1a	31,787	27,881,969					
	b	Membership dues	1b							
	c	Fundraising events	1c	673,618						
	d	Related organizations	1d							
	e	Government grants (contributions)	1e	10,650,307						
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	16,526,257						
	g	Noncash contributions included in lines 1a-1f \$		1,807						
	h	Total. Add lines 1a-1f ▶								
Program Service Revenue	2a	NATL 4-H YOUTH CONF CTR	Business Code	721000	9,746,797	9,401,739	345,058	0		
	b	REGISTRATION, FEES AND TUITIONS		721000	1,211,345	1,211,345	0	0		
	c									
	d									
	e									
	f	All other program service revenue								
	g	Total. Add lines 2a-2f ▶			10,958,142					
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ▶			582,523			582,523	
4		Income from investment of tax-exempt bond proceeds . . ▶			0					
5		Royalties ▶			0					
6a		Gross rents	(i) Real	(ii) Personal	0					
		b	Less rental expenses							
		c	Rental income or (loss)	0					0	
		d	Net rental income or (loss) ▶							
7a		Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other	-30					
		b	Less cost or other basis and sales expenses							
		c	Gain or (loss)							
		d	Net gain or (loss) ▶							
8a		Gross income from fundraising events (not including \$ 673,618 of contributions reported on line 1c) See Part IV, line 18	a 25,300 b 265,288			-239,988			-239,988	
		b								Less direct expenses
		c								Net income or (loss) from fundraising events . . ▶
9a		Gross income from gaming activities See Part IV, line 19	a b c			0				
		b								Less direct expenses
		c								Net income or (loss) from gaming activities . . . ▶
10a		Gross sales of inventory, less returns and allowances	a 5,079,804 b 2,648,232			2,431,572	2,431,572			
		b								Less cost of goods sold
		c								Net income or (loss) from sales of inventory . . ▶
Miscellaneous Revenue		Business Code		17,335	17,335	0	0			
11a		OTHER INCOME	900099							
b										
c										
d	All other revenue									
e	Total. Add lines 11a-11d ▶			17,335						
12	Total revenue. See Instructions ▶			41,631,523	13,061,991	345,058	342,505			

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 or note to any line 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 domestic organizations and domestic governments. See Part IV, line 21	15,332,408	15,332,408		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	0			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	2,240,541	1,884,331	149,965	206,245
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	10,041,484	8,191,618	651,931	1,197,935
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	724,272	590,845	47,022	86,405
9	Other employee benefits	1,283,063	1,046,694	83,301	153,068
10	Payroll taxes	771,267	629,182	50,074	92,011
11	Fees for services (non-employees)				
a	Management	334,150	334,150		
b	Legal	325,393	11,155	314,238	
c	Accounting	604,497	289,179		315,318
d	Lobbying	0			
e	Professional fundraising services. See Part IV, line 17	0			
f	Investment management fees	28,560			28,560
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	3,973,645	3,086,909	410,532	476,204
12	Advertising and promotion	667,672	648,496	89	19,087
13	Office expenses	1,739,246	1,271,029	413,122	55,095
14	Information technology	0			
15	Royalties	0			
16	Occupancy	797,483	768,813	16,311	12,359
17	Travel	1,190,791	975,291	106,726	108,774
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	760,306	652,280	94,867	13,159
20	Interest	12,419		12,419	
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	1,495,400	1,087,382	324,154	83,864
23	Insurance	182,851	98,375	84,476	
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	EMPLOYEE TRAINING	56,668	38,265	16,290	2,113
b	CREDIT CARD/BANK FEES	234,223	201,620	27,797	4,806
c	PROVISION FOR DOUBTFUL ACCTS	13,801	6,393	0	7,408
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	42,810,140	37,144,415	2,803,314	2,862,411
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)				

Part X

Balance Sheet

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

				(A)		(B)
				Beginning of year		End of year
Assets	1	Cash—non-interest-bearing		8,243,613	1	5,319,620
	2	Savings and temporary cash investments		0	2	0
	3	Pledges and grants receivable, net		7,993,518	3	9,418,493
	4	Accounts receivable, net		2,398,295	4	4,155,574
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		0	5	0
	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		0	6	0
	7	Notes and loans receivable, net		0	7	0
	8	Inventories for sale or use		1,596,178	8	1,966,871
	9	Prepaid expenses and deferred charges		255,855	9	136,499
	10a	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	10a 39,708,146	8,442,821	10c	8,223,558
	b	Less: accumulated depreciation	10b 31,484,588			
	11	Investments—publicly traded securities		9,717,222	11	9,538,406
	12	Investments—other securities. See Part IV, line 11		373,887	12	363,197
	13	Investments—program-related. See Part IV, line 11		0	13	0
	14	Intangible assets		0	14	0
	15	Other assets. See Part IV, line 11		0	15	0
	16	Total assets. Add lines 1 through 15 (must equal line 34)		39,021,389	16	39,122,218
Liabilities	17	Accounts payable and accrued expenses		4,807,231	17	6,279,338
	18	Grants payable		0	18	0
	19	Deferred revenue		1,304,675	19	2,468,838
	20	Tax-exempt bond liabilities		0	20	0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		0	21	0
	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		0	22	0
	23	Secured mortgages and notes payable to unrelated third parties		0	23	0
	24	Unsecured notes and loans payable to unrelated third parties		0	24	0
	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		7,213,528	25	9,555,871
	26	Total liabilities. Add lines 17 through 25		13,325,434	26	18,304,047
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		8,079,697	27	2,590,311
	28	Temporarily restricted net assets		17,380,861	28	17,992,463
	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		25,695,955	33	20,818,171
	34	Total liabilities and net assets/fund balances		39,021,389	34	39,122,218

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	41,631,523
2	Total expenses (must equal Part IX, column (A), line 25)	2	42,810,140
3	Revenue less expenses Subtract line 2 from line 1	3	-1,178,617
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	25,695,955
5	Net unrealized gains (losses) on investments	5	-524,696
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	-3,174,471
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	20,818,171

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990 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? 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		No
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both	Yes	
	☐ 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	Yes	

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			
Landel Hobbs Chair	0 5 0 0	X						0	0	0
Jennifer M Whitlow Vice-Chair	0 5 0 0	X						0	0	0
Edward Beckwith Secretary	0 5 0 0	X						0	0	0
John Amaya Treasurer	0 5 0 0	X						0	0	0
Tim Amerson Board - Public Class	0 5 0 0	X						0	0	0
Steve K Barbarick Board - Public Class	0 5 0 0	X						0	0	0
Martha Bernadett Board - Public Class	0 5 0 0	X						0	0	0
James C Borel Board - Public Class	0 5 0 0	X						0	0	0
David Cruz Board - Public Class	0 5 0 0	X						0	0	0
Joseph B Dzialo Board - Public Class	0 5 0 0	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			
David L Epstein Board - Public Class	0 5 0 0	X						0	0	0
Daniel R Glickman Board - Public Class	0 5 0 0	X						0	0	0
Tom Lehr Board - Public Class	0 5 0 0	X						0	0	0
Alison E Lewis Board - Public Class	0 5 0 0	X						0	0	0
Mark Martino Board - Public Class	0 5 0 0	X						0	0	0
Michelle Munson Board - Public Class	0 5 0 0	X						0	0	0
Javier Palomarez Board - Public Class	0 5 0 0	X						0	0	0
Teresa Paulsen Board - Public Class	0 5 0 0	X						0	0	0
Austin Pittman Board - Public Class	0 5 0 0	X						0	0	0
Maggie Sans Board - Public Class	0 5 0 0	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			
Kip Tom Board - Public Class	0 5 0 0	X						0	0	0
Ann Veneman Board - Public Class	0 5 0 0	X						0	0	0
Chris T Boleman Board- Extension & Institution	0 5 0 0	X						0	0	0
Delbert T Foster Board- Extension & Institution	0 5 0 0	X						0	0	0
William Frost Board- Extension & Institution	0 5 0 0	X						0	0	0
E Gordon Gee Board- Extension & Institution	0 5 0 0	X						0	0	0
Jeff Goodwin Board- Extension & Institution	0 5 0 0	X						0	0	0
Cathann Kress Board- Extension & Institution	0 5 0 0	X						0	0	0
Nick T Place Board- Extension & Institution	0 5 0 0	X						0	0	0
Michelle Rodgers Board- Extension & Institution	0 5 0 0	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			
Caleb Cheng Youth Class	0 5 0 0	X						0	0	
Tess Hammock Youth Class	0 5 0 0	X						0	0	
Lazarus Lynch Youth Class	0 5 0 0	X						0	0	
Andrea Vessel Youth Class	0 5 0 0	X						0	0	
Jennifer Sirangelo CEO & President	55 0 0 0	X						445,602	0	77,167
Colleen McCreary Vice-Chair	0 0 0 0	X						0	0	
Jane Angelich VP, Ecommerce	40 0 0 0				X			185,103	0	39,658
Jill Bramble SVP, Chief Development Officer	40 0 0 0				X			266,403	0	25,777
Andrew Fernin SVP, Chief Strategy Officer	40 0 0 0				X			257,841	0	57,996
Robert Juba VP, Business Technology	40 0 0 0				X			156,754	0	45,574

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			
Paul J Koehler SVP, General Manager	45 0 0 0				X			234,470	0	60,993
Joseph P Roche SVP, Chief Financial Officer	40 0 0 0				X			262,104	0	46,910
Artis Stevens SVP, Chief Marketing Officer	40 0 0 0				X			231,483	0	55,305
DON MOHANLAL SVP, INNOVATION & IMPACT	40 0 0 0					X		242,006	0	38,433
KATE CASKIN SR DIR, FIELD & COUNCIL COMM	40 0 0 0					X		156,848	0	46,692
HEATHER ELLIOTT VP, DEVELOPMENT	40 0 0 0					X		166,290	0	46,488
CRAIG SHUBA CONTROLLER	40 0 0 0					X		180,614	0	26,023
Jennifer McIver VP, FIELD MKTG & PARTNERSHIPS	40 0 0 0					X		146,158	0	52,851
DONALD T FLOYD JR former ceo	0 0 0 0						X	155,685	0	78,922

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2015

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

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 (Form 990 or 990-EZ))

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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g

a

☐

Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b

☐

Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c

☐

Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d

☐

Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e

☐

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f

Enter the number of supported organizations

g

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 (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any unusual grants)	20,305,790	22,919,044	21,791,119	30,383,609	27,881,969	123,281,531
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 Total. Add lines 1 through 3	20,305,790	22,919,044	21,791,119	30,383,609	27,881,969	123,281,531
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)						0
6 Public support. Subtract line 5 from line 4						123,281,531

Section B. Total Support						
Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
7 Amounts from line 4	20,305,790	22,919,044	21,791,119	30,383,609	27,881,969	123,281,531
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	477,492	545,754	718,748	328,947	582,523	2,653,464
9 Net income from unrelated business activities, whether or not the business is regularly carried on		4,512		915	13,121	18,548
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						0
11 Total support. Add lines 7 through 10						125,953,543
12 Gross receipts from related activities, etc (see instructions)					12	73,347,281
13 First five years.If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						☐

Section C. Computation of Public Support Percentage		
14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	97.879 %
15 Public support percentage for 2014 Schedule A, Part II, line 14	15	97.783 %
16a 33 1/3% support test—2015.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—2014.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—2015.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 VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization	☐	
b 10%-facts-and-circumstances test—2014.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 VI 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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► ☐						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2015. 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—2014. 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 Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a	
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b	
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a	
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b	
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a	
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	
c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6	
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7	
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).	8	
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a	
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b	
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c	
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a	
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b	
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	
b A family member of a person described in (a) above?	11b	
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	

Part IV

Supporting Organizations (continued)

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
a ☐ The organization satisfied the Activities Test. Complete line 2 below.		
b ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.		
c ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 <u>Activities Test</u> Answer (a) and (b) below.	Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 <u>Parent of Supported Organizations</u> Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

Part V

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

☐

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI) _____		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount		Current Year	
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions) ☐		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2015			
a			
b			
c			
d From 2013.			
e From 2014.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2016. Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b			
c Excess from 2013.			
d From 2014.			
e From 2015.			

Part VI Supplemental Information.

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

Facts And Circumstances Test

Return Reference

Explanation

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

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" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in 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" on 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)
☐ Protection of natural habitat
☐ Preservation of open space

☐ Preservation of an historically important land area
☐ Preservation of a certified historic structure

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

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, handling of violations, and enforcing conservation easements during the year
►

7

Amount of expenses incurred in monitoring, inspecting, handling of violations, 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" on 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)

Revenue included on 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

Revenue included on 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" on 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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

Amount

1c

1d

1e

1f

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ 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	6,129,602	8,566,779	10,552,674	9,491,201	9,646,658
b Contributions	152,060	53,806	82,235	86,627	127,415
c Net investment earnings, gains, and losses	-4,554	43,106	1,343,425	1,009,060	-55,051
d Grants or scholarships					
e Other expenditures for facilities and programs	305,468	2,534,089	3,411,555	34,214	227,821
f Administrative expenses					
g End of year balance	5,971,640	6,129,602	8,566,779	10,552,674	9,491,201

2

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

a

Board designated or quasi-endowment ▶ 66 320 %

b

Permanent endowment ▶ 3 940 %

c

Temporarily restricted endowment ▶ 29 740 %

The percentages on 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

(i) unrelated organizations

(ii) related organizations

Yes

No

3a(i)

No

3a(ii)

No

3b

b

If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

4

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

Part VI

Land, Buildings, and Equipment.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a.See Form 990, Part X, line 10.

Description of property	(a)Cost or other basis (investment)	(b)Cost or other basis (other)	Accumulated (c)depreciation	(d)Book value
1a Land		300,000		300,000
b Buildings		24,633,397	19,103,030	5,530,367
c Leasehold improvements				
d Equipment		14,774,749	12,381,558	2,393,191
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) ▶				8,223,558

Schedule D (Form 990) 2015

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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	43,277,549
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	2e	-973,646
a	Net unrealized gains (losses) on investments	2a	-524,696
b	Donated services and use of facilities	2b	1,480,723
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	-1,929,673
e	Add lines 2a through 2d	2e	-973,646
3	Subtract line 2e from line 1	3	44,251,195
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	4c	-2,619,672
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	28,560
b	Other (Describe in Part XIII)	4b	-2,648,232
c	Add lines 4a and 4b	4c	-2,619,672
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	41,631,523

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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	48,047,656
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	2e	5,000,788
a	Donated services and use of facilities	2a	1,480,723
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	3,520,065
e	Add lines 2a through 2d	2e	5,000,788
3	Subtract line 2e from line 1	3	43,046,868
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :	4c	-236,728
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	28,560
b	Other (Describe in Part XIII)	4b	-265,288
c	Add lines 4a and 4b	4c	-236,728
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	42,810,140

Part XIII Supplemental Information

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.

Return Reference	Explanation
Part V, line 4	Endowment funds are intended to be used for educational program activities

Part XIII **Supplemental Information** *(continued)*

Return Reference	Explanation
Part XI, line 2d	FUNDRAISING EVENT EXPENSES 265,288 NAMED FUND SPENDING (56,821) AFFILIATE REVENUE 979,510 POSTRETIREMENT MEDICAL COSTS (418,716) PENSION RELATED CHANGES OTHER THAN NET PERIOD PENSION COSTS (2,698,934) TOTAL TO SCHEDULE D PART XI, LINE 2D (1,929,673)
Part XI, line 4b	COST OF GOODS SOLD -2,648,232
Part XII, line 2d	COST OF GOODS SOLD 2,648,232 AFFILIATE EXPENSE 871,833 TOTAL TO SCHEDULE D, PART XII, LINE 2D 3,520,065
Part XII, line 4b	FUNDRAISING EVENT EXPENSES -265,288

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

Attach to Form 990 or Form 990-EZ

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

OMB No 1545-0047

2015

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" on Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a ☐ Mail solicitations

e ☐ Solicitation of non-government grants

b ☐ Internet and email solicitations

f ☐ Solicitation of government grants

c ☐ Phone solicitations

g ☐ Special fundraising events

d ☐ In-person solicitations
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No
- 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?		(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
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

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

Part II Fundraising Events.

Complete if the organization answered "Yes" on 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.

Revenue		(a)Event #1 awards gala (event type)	(b)Event #2 (event type)	(c)Other events 0 (total number)	(d) Total events (add col (a) through col (c))
	1 Gross receipts	698,918			698,918
	2 Less Contributions	673,618			673,618
	3 Gross income (line 1 minus line 2)	25,300			25,300
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	13,500			13,500
	7 Food and beverages	69,633			69,633
	8 Entertainment				
	9 Other direct expenses	182,155			182,155
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				265,288
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				-239,988

Part III Gaming.

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

Revenue		(a)Bingo	(b)Pull tabs/Instant bingo/progressive bingo	(c)Other gaming	(d) Total gaming (add col (a) through col (c))
	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash 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 Subtract line 7 from line 1, column (d). ▶				

9 Enter the state(s) in which the organization conducts gaming activities _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain _____

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

b If "Yes," explain _____

11

Does the organization conduct 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 conducted 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. 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).

Return Reference	Explanation
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2015

36-2862206

Schedule I (Form 990) 2015

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on 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.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
Part I, LINE 2 Description of Procedure for Monitoring Use of Funds	For grantees supported through corporate, foundation, and government dollar, 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

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

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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 4-H CLUB FOUNDATION 226 DUNCAN HALL AUBURN UNIVERSITY,AL 36849	63-0457929	501(C)(3)	11,654				EDUCATIONAL
ALABAMA A & M UNIVERSITY 4900 MERIDIAN ST NORMAL,AL 35762	63-6001097	STATE OF AL	160,889				EDUCATIONAL
ALCORN STATE UNIVERSITY 1000 ASU DR 285 LORMAN,MS 39096	64-0538010	STATE OF Ms	123,750				EDUCATIONAL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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 FOUNDATION PO BOX 73673 DAVIS, CA 95617	23-7327765	501(C)(3)	106,876				EDUCATIONAL
CLEMSON UNIVERSITY 210 BARRE HALL CLEMSON, SC 29634	57-6000254	STATE OF Sc	399,579				EDUCATIONAL
COLORADO 4-H FOUNDATION CAMPUS MAIL 4040 FORT COLLINS, CO 80523	74-2586894	501(C)(3)	41,403				EDUCATIONAL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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 STATE UNIVERSITY 108 JOHNSON HL FORT COLLINS, CO 80523	23-7098397	STATE OF CO	116,395				EDUCATIONAL
CORNELL UNIVERSITY 750 CASCADILLA ST ITHACA, NY 14851	15-0532082	501(C)(3)	480,737				EDUCATIONAL
FLORIDA 4-H FOUNDATION 3103 MCCARTY HALL GAINESVILLE, FL 32611	59-1000186	501(C)(3)	33,110				EDUCATIONAL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
FORT VALLEY STATE UNIVERSITY 1005 STATE UNIV DR FORT VALLEY, GA 31030	23-7281905	STATE OF GA	112,516				EDUCATIONAL
GEORGIA 4-H FOUNDATION 306 HOKE SMITH ANNEX ATHENS, GA 30602	58-0832988	501(C)(3)	395,538				EDUCATIONAL
ILLINOIS 4-H FOUNDATION 1401 S MARYLAND DR URBANA, IL 61801	37-6044716	501(C)(3)	7,042				EDUCATIONAL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INDIANA 4-H FOUNDATION 615 W STATE ST WEST LAFAYETTE, IN 47907	35-1097611	501(C)(3)	23,164				EDUCATIONAL
IOWA STATE UNIVERSITY 1138 PEARSON HALL AMES, IA 50011	42-6004224	STATE OF IA	180,265				EDUCATIONAL
IOWA 4-H FOUNDATION EXT 4-H YOUTH BLDG AMES, IA 500113630	42-6061606	STATE OF IA	17,239				EDUCATIONAL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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 UNIVERSITY 201 UMBERGER MANHATTAN, KS 66506	48-0667209	STATE OF KS	58,898				EDUCATIONAL
KANSAS 4-H FOUNDATION 116 UMBERGER HALL MANHATTAN, KS 665063417	48-0623884	501(C)(3)	15,406				EDUCATIONAL
KENTUCKY 4-H FOUNDATION 209 SCOVELL HALL LEXINGTON, KY 405060064	23-7437297	501(C)(3)	126,614				EDUCATIONAL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KENTUCKY STATE UNIVERSITY 400 EAST MAIN ST FRANKFORT, KY 406012355	61-1099712	STATE OF KY	101,192				EDUCATIONAL
LOUISIANA 4-H FOUNDATION INC PO BOX 25100 BATON ROUGE, LA 70894	72-1367519	501(C)(3)	43,738				EDUCATIONAL
LOUISIANA STATE UNIVERSITY 110 LSU UNION SQ BATON ROUGE, LA 708030100	72-6000848	STATE OF LA	309,578				EDUCATIONAL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MARYLAND 4-H FOUNDATION 8020 GREENMEAD DR COLLEGE PARK, MD 20740	52-6056016	501(C)(3)	336,783				EDUCATIONAL
MICHIGAN 4-H FOUNDATION 14901 4H DR TUSTIN, MI 49688	38-1539997	501(C)(3)	124,848				EDUCATIONAL
MICHIGAN STATE UNIVERSITY 446 WEST CIR DR 106 LANSING, MI 488242612	38-6005984	State of MI	516,801				EDUCATIONAL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MINNESOTA 4-H FOUNDATION 270B MCNAMARA AC MINNEAPOLIS, MN 55455	41-1408161	501(C)(3)	10,336				EDUCATIONAL
MISSISSIPPI STATE UNIVERSITY PO DRAWER 5227 MISSISSIPPI STATE, MS 39762	06-7589752	State of Ms	151,765				EDUCATIONAL
MISSOURI 4-H FOUNDATION 819 CLARK HALL COLUMBIA, MO 65211	43-6044367	501(C)(3)	21,337				EDUCATIONAL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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 UNIVERSITY 4-H CENTER 309 MONTANA HALL BOZEMAN, MT 59717	81-6010045	STATE OF Mt	150,303				EDUCATIONAL
NEBRASKA 4-H FOUNDATION PO BOX 830719 LINCOLN, NE 685830700	47-0469703	501(C)(3)	5,588				EDUCATIONAL
SOMERSET COUNTY 4-H ASSOCIATION 310 MILLTOWN RD BRIDGEWATER, NJ 08807	22-6064597	501(C)(3)	12,480				EDUCATIONAL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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 UNIVERSITY PO BOX 30002 LAS CRUCES, NM 88003	85-6000401	STATE OF Nm	16,328				EDUCATIONAL
4-H FOUNDATION OF NEW HAMPSHIRE 180 MAIN ST DURHAM, NH 03824	02-6000937	501(C)(3)	9,606				EDUCATIONAL
NEW YORK STATE 4-H FOUNDATION 248 GRANT AVE II-A AUBURN, NY 13021	14-6021395	501(C)(3)	312,284				EDUCATIONAL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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 UNIVERSITY 1601 E MARKET ST GREENSBORO, NC 27411	56-6000007	STATE OF Nc	43,961				EDUCATIONAL
NORTH CAROLINA STATE UNIVERSITY 512 BRICKHAVEN DR 7606 RALEIGH, NC 27695	56-6049304	STATE OF Nc	415,184				EDUCATIONAL
NORTH DAKOTA 4-H FOUNDATION INC FLC 323 BOX 5436 FARGO, ND 58105	45-6012061	501(C)(3)	8,594				EDUCATIONAL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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 STATE UNIVERSITY 1340 ADMIN AVE FARGO, ND 58102	23-7120898	STATE OF Nd	239,950				EDUCATIONAL
THE OHIO STATE UNIVERSITY 2202 FRED TAYLOR DR COLUMBUS, OH 43211	31-1145987	STATE OF OI	386,368				EDUCATIONAL
OKLAHOMA 4-H FOUNDATION 205 4-H YOUTH DEVP STILLWATER, OK 74078	73-6109761	501(C)(3)	90,556				EDUCATIONAL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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 STATE UNIVERSITY 205 4-H YOUTH DEVP STILLWATER, OK 74078	73-6109761	STATE OF OK	245,601				EDUCATIONAL
OREGON 4-H FOUNDATION 119 BALLARD EXT HALL CORVALLIS, OR 97331	93-0711337	501(C)(3)	8,302				EDUCATIONAL
OREGON STATE UNIVERSITY PO BOX 1086 CORVALLIS, OR 973391086	48-1278540	STATE OF OR	341,181				EDUCATIONAL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
PENNSYLVANIA STATE UNIVERSITY 8 GRANT ST CLARION, PA 16214	24-6000376	STATE OF PA	275,039				EDUCATIONAL
PRAIRIE VIEW A & M UNIVERSITY PO BOX 667 PRAIRIE VIEW, TX 77446	74-6001078	STATE OF TX	41,250				EDUCATIONAL
PURDUE UNIVERSITY 401 S GRANT ST WEST LAFAYETTE, IN 47907	35-6002041	501(C)(3)	94,453				EDUCATIONAL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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 UNIVERSITY OF NEW JERSEY ASB III-2ND RL-3 NEW BRUNSWICK, NJ 08901	23-7318742	STATE OF NJ	32,896				EDUCATIONAL
SOUTH DAKOTA STATE UNIVERSITY 1905 PLAZA BO RAPID CITY, SD 57702	46-0273801	STATE OF SD	14,270				EDUCATIONAL
SOUTH CAROLINA STATE UNIVERSITY 300 COLLEGE ST ORANGEBURG, SC 29117	57-6000950	STATE OF SC	7,358				EDUCATIONAL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOUTHERN UNIVERSITY AG RESEARCH PO BOX 10010 BATON ROUGE, LA 708130010	72-6000817	STATE OF LA	127,394				EDUCATIONAL
TEXAS 4-H AND YOUTH DEVELOPMENT FOUNDATION 7607 EASTMARK DR COLLEGE STATION, TX 77840	74-6091147	501(C)(3)	318,069				EDUCATIONAL
Texas A&M AGRILIFE EXTENSION SERVICE 4180 ST HWY 6 COLLEGE STATION, TX 77845	74-2648747	STATE OF Tx	435,783				EDUCATIONAL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TUSKEGEE UNIVERSITY 100 CAMPBELL HALL TUSKEGEE INST, AL 36088	63-0288878	STATE OF AL	59,461				EDUCATIONAL
UNIVERSITY OF ALASKA - FAIRBANKS P O BOX 757880 FAIRBANKS, AK 99775	23-7394620	STATE OF AK	198,524				EDUCATIONAL
UNIVERSITY OF ARIZONA 888 N EUCLID AV RM502F TUCSON, AZ 85721	86-6004791	STATE PF AZ	241,386				EDUCATIONAL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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	257,380				EDUCATIONAL
UNIVERSITY OF CALIFORNIA PO BOX 989062 WEST SACRAMENTO, CA 95798	94-6002123	STATE OF CA	301,107				EDUCATIONAL
UNIVERSITY OF CONNECTICUT 843 UNIV DR TORRINGTON, CT 06790	06-0772160	STATE OF CT	163,312				EDUCATIONAL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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 DELAWARE VP FINADMIN RM 220 NEWARK, DE 19716	51-6000297	STATE OF DE	388,867				EDUCATIONAL
UNIVERSITY OF FLORIDA 3103 McCARTY HALL B GAINESVILLE, FL 32611	59-1000186	STATE OF FL	646,157				EDUCATIONAL
UNIVERSITY OF HAWAII 2440 CAMPUS RD 368 HONOLULU, HI 96822	99-6000394	STATE OF HI	5,250				EDUCATIONAL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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 AVE ST MARIES,ID 83861	82-6000281	STATE OF ID	201,129				EDUCATIONAL
UNIVERSITY OF ILLINOIS 1305 WT GREEN ST URBANA,IL 61801	37-6006007	STATE OF IL	487,227				EDUCATIONAL
UNIVERSITY OF MAINE 107 MAINE AVE BANGOR,ME 04401	01-6000769	501(C)(3)	494,124				EDUCATIONAL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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 MASSACHUSETTS 70 BUTTERFIELD TER AMHERST, MA 01003	04-3167352	STATE OF MA	130,140				EDUCATIONAL
UNIVERSITY OF MINNESOTA 1420 ECKELS AVE ST PAUL, MN 551081030	41-6007513	STATE OF Mn	234,955				EDUCATIONAL
CURATORS OF THE UNIVERSITY OF MISSOURI PO BOX 807012 KANSAS CITY, MO 64180	43-6003859	STATE OF Mo	300,077				EDUCATIONAL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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-LINCOLN 312 N 14TH ST ALEX W LINCOLN, NE 68588	47-0049123	STATE OF NE	251,644				EDUCATIONAL
UNIVERSITY OF NEVADA ROSE HL RM204 MS325 RENO, NV 89557	88-6000024	STATE OF Nv	63,336				EDUCATIONAL
UNIVERSITY OF NEW HAMPSHIRE 180 MAIN ST DURHAM, NH 03824	02-6000937	STATE OF Nh	26,129				EDUCATIONAL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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 PUERTO RICO JARDIN BOTANICO SUR SAN JUAN, PR 00926	66-0433761	TERRITORY OF PR	26,250				EDUCATIONAL
UNIVERSITY OF TENNESSEE 2621 MORGAN CR KNOXVILLE, TN 37996	62-6047753	STATE OF Tn	559,607				EDUCATIONAL
UNIVERISTY OF THE VIRGIN ISLANDS 1 ESTATE GOLDEN GR KINGSVILLE, VI 00850	66-0432514	TERRITORY OF vi	48,750				EDUCATIONAL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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 VERMONT & STATE 85 S PROSPECT 222 BURLINGTON, VT 05405	03-0179440	STATE OF Vt	136,410				EDUCATIONAL
UNIVERSITY OF WISCONSIN EXTENSION 432 N LAKE ST 104 MADISON, WI 53706	39-1805963	STATE OF WI	206,613				EDUCATIONAL
UNIVERSITY OF WYOMING 1000 E UNIV AVE 3314 LARAMIE, WY 82071	83-6000331	STATE OF WY	99,485				EDUCATIONAL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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 HL LOGAN, UT 84322	87-6000528	STATE OF UT	298,253				EDUCATIONAL
VIRGINIA POLYTECHNIC INSTITUTE & STATE UNIVERSITY 1880 PRATT DR 2006 BLACKSBURG, VA 24060	54-6001805	STATE OF VA	655,053				EDUCATIONAL
WASHINGTON STATE 4-H FOUNDATION 7612 PIONEER WAY E PUYALLUP, WA 983714998	91-6055395	STATE OF WA	552,947				EDUCATIONAL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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 STATE UNIVERSITY PO BOX 1000 INSTITUTE, WV 251121000	55-0708567	STATE OF Wv	55,297				EDUCATIONAL
WEST VIRGINIA UNIVERSITY FOUNDATION 1 WATERFRONT PL 7TH MORGANTOWN, WV 26507	55-6017181	501(C)(3)	111,045				EDUCATIONAL
WEST VIRGINIA UNIVERSITY RESEARCH 886 CHESTNUT RG RD MORGANTOWN, WV 26506	55-0665758	STATE OF Wv	285,590				EDUCATIONAL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WASHINGTON STATE UNIVERSITY 14204 SALMON CREEK AV VANCOUVER, WA 98686	91-1075542	STATE OF WA	179,089				EDUCATIONAL

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" on Form 990, Part IV, line 23.
▶ Attach to Form 990.
▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

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 appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. ☒ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax indemnification 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 directors, trustees, officers, including 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 on 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	No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b Yes	
c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	4c	No
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization?	5a	No
b Any related organization? If "Yes," on line 5a or 5b, describe in Part III.	5b	No
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization?	6a	No
b Any related organization? If "Yes," on line 6a or 6b, describe in Part III.	6b	No
7 For persons listed on 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 on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.	8	No
9 If "Yes" on 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 on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that 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 in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table							

Part III **Supplemental Information**

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.

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
PART I, LINE 4B	DONALD T. FLOYD, JR. AND JENNIFER L. SIRANGELO BOTH PARTICIPATED IN A SECTION 457 PLAN SPONSORED BY NATIONAL 4-H COUNCIL. CONTRIBUTIONS OF \$18,000 WERE MADE TO BOTH PLANS BY NATIONAL 4-H COUNCIL FOR THE YEAR ENDED DECEMBER 31, 2015. NATIONAL 4-H 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.

Additional Data

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

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(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 in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1Jennifer Sirangelo CEO & President	(i)	444,761	0	841	54,185	22,982	522,769	0
	(ii)	0	0	0	0	0	0	0
1Jane Angelich VP, Ecommerce	(i)	181,805	0	3,298	17,713	21,945	224,761	0
	(ii)	0	0	0	0	0	0	0
2Jill Bramble SVP, Chief Development Officer	(i)	265,748	0	655	14,017	11,760	292,180	0
	(ii)	0	0	0	0	0	0	0
3Andrew Fernn SVP, Chief Strategy Officer	(i)	256,408	0	1,433	28,663	29,333	315,837	0
	(ii)	0	0	0	0	0	0	0
4Robert Juba VP, Business Technology	(i)	154,943	0	1,811	30,502	15,072	202,328	0
	(ii)	0	0	0	0	0	0	0
5Paul J Koehler SVP, General Manager	(i)	231,656	0	2,814	36,487	24,506	295,463	0
	(ii)	0	0	0	0	0	0	0
6Joseph P Roche SVP, Chief Financial Officer	(i)	260,814	0	1,290	17,322	29,588	309,014	0
	(ii)	0	0	0	0	0	0	0
7Artis Stevens SVP, Chief Marketing Officer	(i)	230,922	0	561	26,485	28,820	286,788	0
	(ii)	0	0	0	0	0	0	0
8DON MOHANLAL SVP, INNOVATION & IMPACT	(i)	235,543	0	6,463	23,837	14,596	280,439	0
	(ii)	0	0	0	0	0	0	0
9KATE CASKIN SR DIR, FIELD & COUNCIL COMM	(i)	155,845	0	1,003	18,709	27,983	203,540	0
	(ii)	0	0	0	0	0	0	0
10HEATHER ELLIOTT VP, DEVELOPMENT	(i)	165,946	0	344	23,762	22,726	212,778	0
	(ii)	0	0	0	0	0	0	0
11DONALD T FLOYD JR former ceo	(i)	150,526	0	5,159	51,538	27,384	234,607	0
	(ii)	0	0	0	0	0	0	0
12CRAIG SHUBA CONTROLLER	(i)	179,499	0	1,115	16,750	9,273	206,637	0
	(ii)	0	0	0	0	0	0	0
13Jennifer McIver VP, FIELD MKTG & PARTNERSHIPS	(i)	145,705	0	453	24,462	28,389	199,009	0
	(ii)	0	0	0	0	0	0	0

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) BAKER HOSTETLER LLP	Business	310,231	See Part V		No

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference	Explanation
Sch L, Part IV, Business Transactions Involving Interested Persons	(A) NAME OF PERSON BAKER & HOSTETLER LLP (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION BUSINESS (C) AMOUNT OF TRANSACTION \$310,231 (D) DESCRIPTION OF TRANSACTION LEGAL SERVICES - EDWARD J BECKWITH, WHO IS AN OFFICER OF NATIONAL 4-H COUNCIL, ALSO WORKS AT THE LAW FIRM OF 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 AND CFO MONTHLY AND ALL LEGAL SERVICES PROVIDED ARE REVIEWED ANNUALLY BY THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES (E) SHARING OF ORGANIZATION REVENUES? = NO

SCHEDULE O
(Form 990 or
990-EZ)Department of the
Treasury
Internal Revenue
Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.**2015****Open to Public
Inspection**Name of the organization
NATIONAL 4-H COUNCIL**Employer identification number**

36-2862206

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 1	DESCRIPTION OF MISSION STATEMENT National 4-H Council is the private sector, non-profit partner of the nation's Cooperative Extension System and 4-H National Headquarters located at the National Institute of Food and Agriculture (NIFA) within the United States Department of Agriculture (USDA) Council's mission is to increase investment and participation in 4-H positive youth development programs in the important areas of science, agriculture, healthy living and citizenship
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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, Line 12c	The conflict of interest policy is review ed annually w ith current employees All new associates are required to review and sign the conflict of interest policy upon employment
Form 990, Part VI, Section B, Line 15	The process for determining the compensation of Jennifer L Sirangelo includes the follow i ng -compensation survey and study -independent compensation consultant -review of Form 99 0 for other organizations -approval by the Executive Committee of the Board of Trustees Th e process for determining the compensation of the senior leadership team includes the foll owing -compensation survey and study -independent compensation consultant -review of Form 990 for other organizations

990 Schedule O, Supplemental Information

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
Form 990, Part XI, line 9, Changes in Net Assets	PENSION RELATED CHANGES OTHER THAN NET PERIOD PENSION COSTS (2,698,934) POSTRETIREMENT MEDICAL COSTS (418,716) NAMED FUND SPENDING (56,821) TOTAL TO FORM 990, PART XI, LINE 9 (3,174,471)

990 Schedule O, Supplemental Information

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

SCHEDULE R
(Form 990)

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

► Attach to Form 990.

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

Name of the organization
NATIONAL 4-H COUNCIL

Employer identification number
36-2862206

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.					
(a) Name, address, and EIN (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" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1)NATIONAL 4-H ACTIVITIES FOUNDATION 7100 CONNECTICUT AVE CHEVY CHASE, MD 20815 52-2292245	see Part VII	OH	501(c)(3)	11a	The Council	Yes	
(2)Global Clover Network Inc 7100 CONNECTICUT AVE CHEVY CHASE, MD 20815 52-2292242	see Part VII	OH	501(c)(3)	11a	The Council	Yes	
(3)NATIONAL 4-H CONGRESS FOUNDATION 7100 CONNECTICUT AVE CHEVY CHASE, MD 20815 45-2572008	see Part VII	OH	501(c)(3)	11a	The Council	Yes	

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end- of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on 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 organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, 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 related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

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

[illegible]

Part VII

Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation
Schedule R, Part II	Column (b) Primary Activity 1 NATIONAL 4-H ACTIVITIES FOUNDATION PRIMARY ACTIVITY ACCOUNTING AND ADMINISTRATIVE NEEDS OF NATIONALLY OPERATED 4-H INITIATIVES 2 Global Clover Network, Inc Supports international cooperation with the Global 4-H Network 3 NATIONAL 4-H CONGRESS FOUNDATION OPERATES AND PROVIDES ASSISTANCE WITH THE NATIONAL 4-H CONGRESS