

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493107002358

Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2016

Open to Public Inspection

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](#)

Department of the Treasury
Internal Revenue Service

A For the 2016 calendar year, or tax year beginning 07-01-2016 , and ending 06-30-2017

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)

7100 CONNECTICUT AVENUE

Room/suite

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

same as c above

Chevy Chase, MD 208154999

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

☐ 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 \$ 42,354,618

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 19

4 Number of independent voting members of the governing body (Part VI, line 1b)

4 19

5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)

5 233

6 Total number of volunteers (estimate if necessary)

6 70

7a Total unrelated business revenue from Part VIII, column (C), line 12

7a 434,695

7b Net unrelated business taxable income from Form 990-T, line 34

7b 62,107

Revenue

8 Contributions and grants (Part VIII, line 1h)

27,881,969

9 Program service revenue (Part VIII, line 2g)

10,958,142

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

582,493

727,781

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

2,208,919

1,852,550

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

41,631,523

39,154,887

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)

15,332,408

13,340,336

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)

15,060,627

16,101,065

16a Professional fundraising fees (Part IX, column (A), line 11e)

0

0

b Total fundraising expenses (Part IX, column (D), line 25) ▶2,537,108

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)

12,417,105

11,782,190

18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)

42,810,140

41,223,591

19 Revenue less expenses Subtract line 18 from line 12

-1,178,617

-2,068,704

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

39,122,218

38,816,947

21 Total liabilities (Part X, line 26)

18,304,047

18,532,694

22 Net assets or fund balances Subtract line 21 from line 20

20,818,171

20,284,253

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

2018-04-16

Date

JENNIFER L SIRANGELO PRESIDENT & CEO

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

Joyce Underwood

Preparer's signature

Joyce Underwood

Date

2018-04-04

Check ☐ if self-employed

PTIN

P00022361

Firm's name ▶ BDO USA LLP

Firm's EIN ▶

Firm's address ▶ 8401 GREENSBORO DRIVE 800

Phone no (703) 893-0600

MCLEAN, VA 22102

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 (2016)

Part III Statement of Program Service AccomplishmentsCheck 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 \$ 24,924,430 including grants of \$ 13,340,336) (Revenue \$ 2,470,293)
See Additional Data

4b (Code) (Expenses \$ 8,962,413 including grants of \$) (Revenue \$ 9,867,676)
See Additional Data

4c (Code) (Expenses \$ 2,539,454 including grants of \$) (Revenue \$ 2,028,267)
See Additional Data

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

4e Total program service expenses ► 36,426,297

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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>	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>		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>	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>		No
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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>		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>		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>		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>		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>		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>		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>	Yes	
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	Yes	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		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>		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>		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>	Yes	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	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>		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>		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>		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	Yes	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck 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	112	
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	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	233	
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)	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	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	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)?		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?		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
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?		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
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?	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		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?		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
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		
	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		
1b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	Yes	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?		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?		No
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	Yes	
8b	Each committee with authority to act on behalf of the governing body?	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.		No

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

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

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, 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]

[illegible]

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 29

Section B. Independent Contractors

(A)	(B)	(C)
Name and business address	Description of services	Compensation
EUREST DINING SERVICES, PO BOX 417632 BOSTON, MA 02241	FOOD SERVICE	347,939
calibre cpa group pllc, 7501 wisconsin avenue suite 1200 w BETHESDA, MD 20814	accounting consult	342,245
BAKER HOSTETLER LLP, PO BOX 70189 CLEVELAND, OH 44190	LEGAL EXPENSES	327,930
GOLINHARRIS INTERNATIONAL, 733 10TH ST NW STE 900 WASHINGTON, DC 20001	MARKEING/PR SERVICES	203,003
SECURITAS SECURITY SERVICES USA IN, PO BOX 403412 ATLANTA, GA 30384	SECURITY SERVICES	190,560

Form 990 (2016)

Part VIII Statement of RevenueCheck 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	25,795			
	b Membership dues . . .	1b				
	c Fundraising events . . .	1c	731,225			
	d Related organizations	1d				
	e Government grants (contributions)	1e	8,343,853			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	15,135,714			
	g Noncash contributions included in lines 1a-1f \$ _____		98,355			
	h Total. Add lines 1a-1f		24,236,587			
Program Service Revenue		Business Code				
	2a NATL 4-H YOUTH CONF CTR	721000	9,867,676	9,432,981	434,695	
	b REGISTRATION, FEES AND TUITIONS	721000	2,470,293	2,470,293		
	c _____					
	d _____					
	e _____					
	f All other program service revenue					
	g Total. Add lines 2a-2f		12,337,969			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		729,045			729,045
	4 Income from investment of tax-exempt bond proceeds		0			
	5 Royalties		0			
	6a Gross rents	(i) Real (ii) Personal				
	b Less rental expenses					
	c Rental income or (loss)	0 0				
	d Net rental income or (loss)		0			
	7a Gross amount from sales of assets other than inventory	(i) Securities (ii) Other	79,993			
	b Less cost or other basis and sales expenses	81,257				
	c Gain or (loss)	-1,264				
	d Net gain or (loss)		-1,264			-1,264
	8a Gross income from fundraising events (not including \$ 731,225 of contributions reported on line 1c) See Part IV, line 18	a	131,125			
	b Less direct expenses	b	306,842			
	c Net income or (loss) from fundraising events		-175,717			-175,717
	9a Gross income from gaming activities See Part IV, line 19	a	0			
	b Less direct expenses	b	0			
	c Net income or (loss) from gaming activities		0			
	10a Gross sales of inventory, less returns and allowances	a	4,839,899			
b Less cost of goods sold	b	2,811,632				
c Net income or (loss) from sales of inventory		2,028,267	2,028,267			
Miscellaneous Revenue		Business Code				
11a						
b						
c						
d All other revenue						
e Total. Add lines 11a-11d		0				
12 Total revenue. See Instructions			39,154,887	13,931,541	434,695	552,064

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 ☐

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	13,340,336	13,340,336		
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, line 15 and 16.	0			
4 Benefits paid to or for members.	0			
5 Compensation of current officers, directors, trustees, and key employees.	3,193,110	2,548,858	273,550	370,702
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.	9,493,570	7,718,690	632,991	1,141,889
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	1,093,230	872,656	93,656	126,918
9 Other employee benefits.	1,503,590	1,200,221	128,811	174,558
10 Payroll taxes.	817,565	652,610	70,040	94,915
11 Fees for services (non-employees).				
a Management.	347,939	347,939		
b Legal.	303,900	140,604	146,780	16,516
c Accounting.	596,965	446,540	150,425	
d Lobbying.	0			
e Professional fundraising services. See Part IV, line 17.	0			
f Investment management fees.	23,433			23,433
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	3,348,539	2,908,993	136,929	302,617
12 Advertising and promotion.	453,587	430,014	241	23,332
13 Office expenses.	1,750,827	1,494,659	183,183	72,985
14 Information technology.	0			
15 Royalties.	144,754	144,754		
16 Occupancy.	860,544	830,647	11,043	18,854
17 Travel.	1,032,241	889,137	49,851	93,253
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.	0			
19 Conferences, conventions, and meetings.	868,705	730,479	76,516	61,710
20 Interest.	51,689		51,689	
21 Payments to affiliates.	0			
22 Depreciation, depletion, and amortization.	1,496,328	1,304,450	191,878	
23 Insurance.	194,317	146,709	47,608	
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 CAMPAIGN MATERIALS/ART	18,362	18,362		
b EMPLOYEE TRAINING	42,944	30,721	9,932	2,291
c CREDIT CARD/BANK FEES	222,534	210,182	5,063	7,289
d PROVISION FOR DOUBTFUL ACCTS	24,582	18,736		5,846
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e.	41,223,591	36,426,297	2,260,186	2,537,108
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 SheetCheck if Schedule O contains a response or note to any line in this Part IX ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	5,319,620	1	7,478,789
	2 Savings and temporary cash investments	0	2	0
	3 Pledges and grants receivable, net	9,418,493	3	7,612,648
	4 Accounts receivable, net	4,155,574	4	3,056,548
	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	1,966,871	8	1,922,257
	9 Prepaid expenses and deferred charges	136,499	9	142,561
	10a Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	40,634,653		
	b Less: accumulated depreciation	32,980,915		
	11 Investments—publicly traded securities	9,538,406	11	10,559,044
	12 Investments—other securities. See Part IV, line 11	363,197	12	391,362
	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)	39,122,218	16	38,816,947	
Liabilities	17 Accounts payable and accrued expenses	6,279,338	17	5,377,248
	18 Grants payable	0	18	0
	19 Deferred revenue	2,468,838	19	1,893,881
	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	2,500,000
	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	9,555,871	25	8,761,565
	26 Total liabilities. Add lines 17 through 25	18,304,047	26	18,532,694
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	2,590,311	27	3,274,760
	28 Temporarily restricted net assets	17,992,463	28	16,774,096
	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	20,818,171	33	20,284,253
34 Total liabilities and net assets/fund balances	39,122,218	34	38,816,947	

Part XI Reconciliation of Net AssetsCheck 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	39,154,887
2	Total expenses (must equal Part IX, column (A), line 25)	2	41,223,591
3	Revenue less expenses Subtract line 2 from line 1	3	-2,068,704
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	20,818,171
5	Net unrealized gains (losses) on investments	5	377,355
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	1,157,431
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	20,284,253

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☒

	Yes	No
1 Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		No
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 ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis	Yes	
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 (2016)

Form 990, Part III, Line 4a:

SEE SCHEDULE O

Form 990, Part III, Line 4b:
SEE SCHEDULE O

Form 990, Part III, Line 4c:

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.

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		X				0	0	0
Jennifer M Whitlow Vice Chair & Treasurer	0 5 0 0	X		X				0	0	0
Edward Beckwith Secretary	0 5 0 0	X		X				0	0	0
JOHN AMAYA TREASURER THRU 12/6/16	0 5 0 0	X		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
David L Epstein Board - Public Class	0 5 0 0	X						0	0	0
Ken Hicks 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			
Tim Amerson BOARD - PUBLIC CLASS	0 5 0 0	X						0	0	0
ANDREA VESSEL BOARD - YOUTH CLASS	0 5 0 0	X						0	0	0
DANIEL GLICKMAN Board - Public Class	0 5 0 0	X						0	0	0
CHRIS 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
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 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
CALEB CHENG BOARD - YOUTH 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)	(B)	(C)	(D)	(E)	(F)
1. Name of the officer, director, trustee, key employee, highest compensated employee, or independent contractor					
2. Title					
3. Organization name					
4. EIN					
5. Address					
6. City					
7. State					
8. ZIP+4					
9. Telephone number					
10. Fax number					
11. E-mail address					
12. Date of termination					
13. Form 990-EIN					
14. Form 990-EIN					
15. Form 990-EIN					
16. Form 990-EIN					
17. Form 990-EIN					
18. Form 990-EIN					
19. Form 990-EIN					
20. Form 990-EIN					
21. Form 990-EIN					
22. Form 990-EIN					
23. Form 990-EIN					
24. Form 990-EIN					
25. Form 990-EIN					
26. Form 990-EIN					
27. Form 990-EIN					
28. Form 990-EIN					
29. Form 990-EIN					
30. Form 990-EIN					
31. Form 990-EIN					
32. Form 990-EIN					
33. Form 990-EIN					
34. Form 990-EIN					
35. Form 990-EIN					
36. Form 990-EIN					
37. Form 990-EIN					
38. Form 990-EIN					
39. Form 990-EIN					
40. Form 990-EIN					
41. Form 990-EIN					
42. Form 990-EIN					
43. Form 990-EIN					
44. Form 990-EIN					
45. Form 990-EIN					
46. Form 990-EIN					
47. Form 990-EIN					
48. Form 990-EIN					
49. Form 990-EIN					
50. Form 990-EIN					
51. Form 990-EIN					
52. Form 990-EIN					
53. Form 990-EIN					
54. Form 990-EIN					
55. Form 990-EIN					
56. Form 990-EIN					
57. Form 990-EIN					
58. Form 990-EIN					
59. Form 990-EIN					
60. Form 990-EIN					
61. Form 990-EIN					
62. Form 990-EIN					
63. Form 990-EIN					
64. Form 990-EIN					
65. Form 990-EIN					
66. Form 990-EIN					
67. Form 990-EIN					
68. Form 990-EIN					
69. Form 990-EIN					
70. Form 990-EIN					
71. Form 990-EIN					
72. Form 990-EIN					
73. Form 990-EIN					
74. Form 990-EIN					
75. Form 990-EIN					
76. Form 990-EIN					
77. Form 990-EIN					
78. Form 990-EIN					
79. Form 990-EIN					
80. Form 990-EIN					
81. Form 990-EIN					
82. Form 990-EIN					
83. Form 990-EIN					
84. Form 990-EIN					

(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			
FRED SCHLUTT BOARD -EXTENSION & INSTITUTION	0 5 0 0	X						0	0	0
TESS HAMMOCK BOARD - YOUTH CLASS	0 5 0 0	X						0	0	0
LAZARUS LYNCH BOARD - YOUTH CLASS	0 5 0 0	X						0	0	0
TOM LEHR BOARD - PUBLIC CLASS	0 5 0 0	X						0	0	0
JOSEPH DZIALO BOARD - PUBLIC CLASS	0 5 0 0	X						0	0	0
ANN VENEMAN BOARD - PUBLIC CLASS	0 5 0 0	X						0	0	0
Jennifer Sirangelo CEO & President	55 0 0 0			X				429,792	0	74,648
Jane Angelich VP, Ecommerce	40 0 0 0				X			209,105	0	44,753
Jill Bramble SVP, Chief Development Officer	40 0 0 0				X			248,263	0	46,053
Andrew Ferrin SVP, Chief Strategy Officer	40 0 0 0				X			245,740	0	58,276

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			
Robert Juba VP, Business Technology	40 0 0 0				X			157,276	0	40,764
Paul J Koehler SVP, General Manager	45 0 0 0				X			234,478	0	59,465
Joseph P Roche SVP, Chief Financial Officer	40 0 0 0				X			260,038	0	32,441
Artis Stevens SVP, Chief Marketing Officer	40 0 0 0				X			227,670	0	54,664
Michael Watson SVP, Talent and Culture	40 0 0 0				X			226,454	0	16,173
Danelle Sabathier VP, Multi-Channel MKTg & Media	40 0 0 0					X		149,388	0	23,440
Craig Shuba Controller	40 0 0 0					X		183,793	0	14,652
Jennifer McIver VP, Field MKTg & Partnerships	40 0 0 0					X		145,676	0	52,369
Heather Elliott VP, Development	40 0 0 0					X		172,424	0	44,593
Kathleen Caskin SR DIR, Field & Council Comm	40 0 0 0					X		155,680	0	58,429

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			
Donald T Floyd Jr Former CEO	0 0 0 0						X	598,904	0	59,284

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization
NATIONAL 4-H COUNCIL

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public Inspection

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 12, 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 agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university _____
- 10

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III)
- 11

☐

An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 12

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
- 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- 10 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, 8, or 9 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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")	22,919,044	21,791,119	30,383,609	27,881,969	24,236,587	127,212,328
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	22,919,044	21,791,119	30,383,609	27,881,969	24,236,587	127,212,328
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						127,212,328

Section B. Total Support

Calendar year (or fiscal year beginning in) ►		(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
7	Amounts from line 4	22,919,044	21,791,119	30,383,609	27,881,969	24,236,587	127,212,328
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	545,754	718,748	328,947	582,523	729,045	2,905,017
9	Net income from unrelated business activities, whether or not the business is regularly carried on	4,512		915	13,121	51,580	70,128
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						130,187,473

12 Gross receipts from related activities, etc. (see instructions) **12** 77,732,544**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 2016 (line 6, column (f) divided by line 11, column (f))	14	97.715 %
15	Public support percentage for 2015 Schedule A, Part II, line 14	15	97.880 %

16a **33 1/3% support test—2016.** 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—2015.** 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—2016.** 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—2015.** 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 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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 2016 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2015 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2015 Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2016.** 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—2015.** 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 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>	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)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>	2	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>	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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>	3b	
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>	4a	
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>	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)? <i>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.</i>	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>	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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>	6	
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	7	
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	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))? <i>If "Yes," provide detail in Part VI.</i>	9a	
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>	9b	
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>	9c	
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>	10a	
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>	10b	

Part IV Supporting Organizations (continued)

- 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?
- b** A family member of a person described in (a) above?
- 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*

	Yes	No
11a		
11b		
11c		

Section B. Type I Supporting Organizations

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

	Yes	No
1		
2		

Section C. Type II Supporting Organizations

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

	Yes	No
1		

Section D. All Type III Supporting Organizations

- 1** Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the 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? *If "No," explain in **Part VI** how the organization maintained a close and continuous working relationship with the supported organization(s).*
- 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? *If "Yes," describe in **Part VI** the role the organization's supported organizations played in this regard.*

	Yes	No
1		
2		
3		

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 Activities Test Answer (a) and (b) below.

- 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? *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.*
- b** Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*

	Yes	No
2a		
2b		
3a		
3b		

3 Parent of Supported Organizations 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? *Provide details in **Part VI**.*
- b** Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in **Part VI** the role played by the organization in this regard.*

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 2016 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-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2016			
a			
b			
c From 2013.			
d From 2014.			
e From 2015.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2016 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2017. Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b Excess from 2013.			
c Excess from 2014.			
d Excess from 2015.			
e Excess from 2016.			

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

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93493107002358	
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 2016 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) ☐ Preservation of an historically important land area ☐ Protection of natural habitat ☐ Preservation of a certified historic structure ☐ Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year				
a	Total number of conservation easements	Held at the End of the Year			
b	Total acreage restricted by conservation easements	2a			
c	Number of conservation easements on a certified historic structure included in (a)	2b			
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2c			
		2d			
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►				
4	Number of states where property subject to conservation easement is located ►				
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?				☐ Yes ☐ No
6	Staff and volunteer hours devoted to monitoring, inspecting, 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	► \$			
For Paperwork Reduction Act Notice, see the Instructions for Form 990.					
		Cat No 52283D		Schedule D (Form 990) 2016	

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" on Form 990, Part IV, line 10.

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	5,971,640	6,129,602	8,566,779	10,552,674	9,491,201
b Contributions	50,653	152,060	53,806	82,235	86,627
c Net investment earnings, gains, and losses	890,099	-4,554	43,106	1,343,425	1,009,060
d Grants or scholarships					
e Other expenditures for facilities and programs	249,934	305,468	2,534,089	3,411,555	34,214
f Administrative expenses					
g End of year balance	6,662,458	5,971,640	6,129,602	8,566,779	10,552,674

2

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

a Board designated or quasi-endowment ▶ 69 710 %

b Permanent endowment ▶ 3 530 %

c Temporarily restricted endowment ▶ 26 760 %

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

b

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

	Yes	No
3a(i)		No
3a(ii)		No
3b		

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' on 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)	(c) Accumulated depreciation	(d) Book value
1a Land		300,000		300,000
b Buildings		24,633,397	19,742,632	4,890,765
c Leasehold improvements				
d Equipment		15,701,256	13,238,283	2,462,973
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				7,653,738

Part VII

Investments—Other Securities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b.
See Form 990, Part X, line 12.

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

Part VIII

Investments—Program Related. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c.
See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) ▶		

Part IX

Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) ▶	

Part X

Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f.
See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
AGENCY FUNDS	289,093
ACCRUED POST RETIREMENT BENEFI	3,432,988
UNFUNDED PENSION LIABILITY	5,039,484
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	8,761,565

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

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	44,503,348
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	377,355
b	Donated services and use of facilities	2b	341,661
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	1,841,246
e	Add lines 2a through 2d	2e	2,560,262
3	Subtract line 2e from line 1	3	41,943,086
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	23,433
b	Other (Describe in Part XIII)	4b	-2,811,632
c	Add lines 4a and 4b	4c	-2,788,199
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	39,154,887

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	45,250,938
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	341,661
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	3,402,277
e	Add lines 2a through 2d	2e	3,743,938
3	Subtract line 2e from line 1	3	41,507,000
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	23,433
b	Other (Describe in Part XIII)	4b	-306,842
c	Add lines 4a and 4b	4c	-283,409
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	41,223,591

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
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

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

Supplemental Information

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

Supplemental Information

Return Reference	Explanation
Part X, Line 2	Council follows the provisions of FASB ASC 740. Under ASC 740, an organization must recognize the tax benefit associated with tax positions taken for tax return purposes when it is more-likely-than-not that the position will be sustained. Council does not believe there are any material uncertain tax positions and, accordingly, it will not recognize any liability for unrecognized tax benefits. Council has filed for and received income tax exemptions in the jurisdictions where it is required to do so. Additionally, Council has filed Internal Revenue Service Form 990 and Form 990-T tax returns, as required, and all other applicable returns in jurisdictions where it is required. Council believes that it is no longer subject to U.S. federal, state and local, or non-U.S. income tax examinations by tax authorities for fiscal years prior to 2014. For the years ended June 30, 2017 and 2016, no interest or penalties were recorded or included in the consolidated statements of activities related to uncertain tax positions.

Supplemental Information	
Return Reference	Explanation
Part XI, line 2d	FUNDRAISING EVENT EXPENSES 306,842 NAMED FUND SPENDING (4,161) AFFILIATE REVENUE 376,973 P OSTRETIREMENT MEDICAL COSTS (154,205) PENSION RELATED CHANGES OTHER THAN NET PERIOD PENSIO N COSTS 1,315,797 ----- TOTAL TO SCHEDULE D PART XI, LINE 2D 1,841,246

Supplemental Information	
Return Reference	Explanation
Part XI, line 4b	COST OF GOODS SOLD -2,811,632

Supplemental Information	
Return Reference	Explanation
Part XII, line 2d	COST OF GOODS SOLD 2,811,632 AFFILIATE EXPENSE 590,645 ----- TOTAL TO SCHEDULE D, PART XII, LINE 2D 3,402,277

Supplemental Information	
Return Reference	Explanation
Part XII, line 4b	FUNDRAISING EVENT EXPENSES -306,842

Supplemental Information Regarding Fundraising or Gaming Activities

2016

Open to Public Inspection

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.

Employer identification number

36-2862206

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

- 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			
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	862,350			862,350
	2 Less Contributions	731,225			731,225
	3 Gross income (line 1 minus line 2)	131,125			131,125
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	451			451
	7 Food and beverages	116,712			116,712
	8 Entertainment				
	9 Other direct expenses	189,679			189,679
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				306,842
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				-175,717

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

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493107002358

Schedule I
(Form 990)

OMB No 1545-0047

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

▶ Information about Schedule I (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

General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 80

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

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
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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)	14,491				EDUCATIONAL
ALABAMA A & M UNIVERSITY 4900 MERIDIAN STREET NORMAL, AL 35762	63-6001097	STATE OF AL	207,187				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
ALCORN ST UNIVERSITY 1000 ASU DRIVE 285 LORMAN, MS 39096	64-0538010	STATE OF MS	146,250				EDUCATIONAL
CALIFORNIA 4-H FOUNDATION PO BOX 73673 DAVIS, CA 95617	23-7327765	501(C)(3)	110,335				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
CLEMSON UNIVERSITY 210 BARRE HALL CLEMSON, SC 29634	57-6000254	STATE OF SC	324,189				EDUCATIONAL
COLORADO 4-H FOUNDATION CAMPUS MAIL 4040 FORT COLLINS, CO 80523	74-2586894	501(C)(3)	21,210				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 ST UNIVERSITY RM 108 JHSN HALL FORT COLLINS, CO 80523	23-7098397	STATE OF CO	83,588				EDUCATIONAL
CORNELL UNIVERSITY 750 CASCADILLA STREET ITHACA, NY 14851	15-0532082	501(C)(3)	348,503				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
CURATORS OF THE UNI OF MISSOURI PO BOX 807012 KANSAS CITY, MO 64180	43-6003859	STATE OF MO	299,627				EDUCATIONAL
DELAWARE ST UNIVERSITY 1200 NORTH DUPONT HWY DOVER, DE 19901	51-0305893	STATE OF DE	11,250				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
FLORIDA 4-H FOUNDATION 3103 MCCARTY HALL GAINESVILLE, FL 32611	59-1000186	501(C)(3)	36,142				EDUCATIONAL
FORT VALLEY ST UNIVERSITY 1005 STATE UNIV DR FORT VALLEY, GA 31030	23-7281905	STATE OF GE	146,381				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
GEORGIA 4-H FOUNDATION 306 HOKE SMITH ANNEX ATHENS, GA 30602	58-0832988	501(C)(3)	324,040				EDUCATIONAL
ILLINOIS 4-H FOUNDATION 1401 SOUTH MARYLAND DRIVE URBANA, IL 61801	37-6044716	501(C)(3)	8,482				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 WSTATE ST W LAFAYETTE, IN 47907	35-1097611	501(C)(3)	30,442				EDUCATIONAL
IOWA ST UNIVERSITY 1138 PEARSON HALL AMES, IA 50011	42-6004224	STATE OF IO	43,750				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
JOHNSON COUNTY AGRI EXTENSION 3109 OLD HWY 218S IOWA CITY, IA 52246	42-6004224	STATE OF IO	60,852				EDUCATIONAL
KANSAS 4-H FOUNDATION 116 UMBERGER HALL MANHATTAN, KS 665063417	48-0623884	501(C)(3)	13,445				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 ST UNIVERSITY 201 UMBERGER MANHATTAN, KS 66506	48-0667209	STATE OF KS	26,152				EDUCATIONAL
KENTUCKY 4-H FOUNDATION 209 SCOVELL HALL LEXINGTON, KY 405060064	23-7437297	501(C)(3)	99,370				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 ST UNIVERSITY 400 E MAIN ST FRANKFORT, KY 406012355	61-1099712	STATE OF KY	43,974				EDUCATIONAL
LOUISIANA 4-H FOUNDATION INC PO BOX 25100 BATON ROUGE, LA 70894	72-1367519	501(C)(3)	47,315				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
LOUISIANA ST UNIVERSITY 110 UNION SQ BATON ROUGE, LA 708030100	72-6000848	STATE OF LA	293,864				EDUCATIONAL
MARYLAND 4-H FOUNDATION 8020 GREENMEAD DRIVE COLLEGE PARK, MD 20740	52-6056016	501(C)(3)	288,649				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
MASSACHUSETTS 4-H FOUNDATION 400 MAIN STREET MALPOLE, MA 02081	04-2303708	501(C)(3)	12,909				EDUCATIONAL
MICHIGAN 4-H FOUNDATION 14901 4H DR TUSTIN, MI 49688	38-1539997	501(C)(3)	139,678				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
MICHIGAN ST UNIVERSITY 446 W CIR DR LANSING, MI 488242612	38-6005984	State of MI	356,386				EDUCATIONAL
MISSISSIPPI ST UNIVERSITY PO DRAWER 5227 MISSISSIPPI STATE, MS 39762	06-7589752	State of MS	44,400				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
MISSOURI 4-H FOUNDATION 819 CLARK HALL COLUMBIA, MO 65211	43-6044367	501(C)(3)	26,522				EDUCATIONAL
MONTANA ST UNI 4-H CENTER 309 MONTANA HALL BOZEMAN, MT 59717	81-6010045	STATE OF MT	123,961				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
NEBRASKA 4-H FOUNDATION P O BOX 830719 LINCOLN, NE 685830700	47-0469703	501(C)(3)	6,373				EDUCATIONAL
4-H FDN OF NEW HAMPSHIRE 180 MAIN STREET DURHAM, NH 03824	02-6000937	501(C)(3)	5,848				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 ST UNIVERSITY P O BOX 30002 LAS CRUCES, NM 88003	85-6000401	STATE OF NM	23,073				EDUCATIONAL
NEW YORK ST 4-H FOUNDATION 248 GRANT AVENUE STE II-A AUBURN, NY 13021	14-6021395	501(C)(3)	395,149				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 ST UNIVERSITY 1601 E MARKET ST GREENSBORO, NC 27411	56-6000007	STATE OF NC	69,217				EDUCATIONAL
NORTH CAROLINA ST UNIVERSITY 512 BRICKHAVEN DRIVE RALEIGH, NC 27695	56-6049304	STATE OF NC	452,980				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 4-H FDN INC FLC 323NDSU DEPT 7280 FARGO, ND 58105	45-6012061	501(C)(3)	13,824				EDUCATIONAL
NORTH DAKOTA ST UNIVERSITY 1340 ADMINISTRATION AVENUE FARGO, ND 58102	23-7120898	STATE OF ND	229,397				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 4-H FOUNDATION 205 4-H YTH DEV STILLWATER, OK 74078	73-6109761	501(C)(3)	126,862				EDUCATIONAL
OKLAHOMA ST UNIVERSITY 205 4-H YTH DE STILLWATER, OK 74078	73-6109761	STATE OF OK	149,246				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
OREGON 4-H FOUNDATION 119 BALLARD EXT HL CORVALLIS, OR 97331	93-0711337	501(C)(3)	10,765				EDUCATIONAL
OREGON ST UNIVERSITY PO BOX 1086 CORVALLIS, OR 973391086	48-1278540	STATE OF OR	277,087				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 ST UNIVERSITY 8 GRANT STREET CLARION, PA 16214	24-6000376	STATE OF PA	327,375				EDUCATIONAL
PRAIRIE VIEW A & M UNIVERSITY PO BOX 667 PRAIRIE VIEW, TX 77446	74-6001078	STATE OF TX	81,729				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 ST UNI OF NEW JERSEY ASB III-2ND RL-3 NEW BRUNSWICK, NJ 08901	23-7318742	STATE OF NJ	37,067				EDUCATIONAL
SOMERSET COUNTY 4-H ASSOCIATION 310 MILLTOWN ROAD BRIDGEWATER, NJ 08807	22-6064597	501(C)(3)	15,000				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
SOUTH DAKOTA ST UNIVERSITY 1905 PLAZA BOULEVARD RAPID CITY, SD 57702	46-0273801	STATE OF SD	29,252				EDUCATIONAL
SOUTHERN UNI AG RESEARCH PO BOX 10010 BATON ROUGE, LA 708130010	72-6000817	STATE OF LA	129,321				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
TENNESSEE ST UNIVERSITY 3500 JN MERRITT BLVD NASHVILLE, TN 37209	62-0786119	STATE OF TN	41,266				EDUCATIONAL
TEXAS 4-H AND YOUTH DEVELOPMENT FDN 7607 E-MARK DR COL STATION, TX 77840	74-6091147	501(C)(3)	392,832				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
Texas A&M AGRILIFE EXTENSION SERVICE 4180 ST HWY 6 COLLEGE STATION, TX 77845	74-2648747	STATE OF TX	303,734				EDUCATIONAL
THE OHIO STATE UNIVERSITY 2202 FRED TAYLOR DRIVE COLUMBUS, OH 43211	31-1145987	STATE OF OH	419,630				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 ALASKA-FAIRBANKS P O BOX 757880 FAIRBANKS, AK 99775	23-7394620	STATE OF AK	236,378				EDUCATIONAL
UNIVERSITY OF ARIZONA 888 NEUCLID AVENERM 502F TUCSON, AZ 85721	86-6004791	STATE PF AZ	271,838				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	192,204				EDUCATIONAL
UNIVERSITY OF CALIFORNIA PO BOX 989062 WEST SACRAMENTO, CA 95798	94-6002123	STATE OF CA	160,094				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 CONNECTICUT 843 UNIVERSITY DRIVE TORRINGTON, CT 06790	06-0772160	STATE OF CT	128,963				EDUCATIONAL
UNIVERSITY OF DELAWARE FIN ADMINRM 220 NEWARK, DE 19716	51-6000297	STATE OF DE	272,319				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 FLORIDA 3103 McCARTY HALL B GAINESVILLE, FL 32611	59-1000186	STATE OF FL	502,513				EDUCATIONAL
UNIVERSITY OF HAWAII 2440 CAMPUS ROAD HONOLULU, HI 96822	99-6000394	STATE OF HI	8,699				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 COL AVE SAINT MARIES, ID 83861	82-6000281	STATE OF ID	141,570				EDUCATIONAL
UNIVERSITY OF ILLINOIS 1305 WEST GREEN STREET URBANA, IL 61801	37-6006007	STATE OF IL	404,390				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 MAINE 107 MAINE AVENUE BANGOR, ME 04401	01-6000769	501(C)(3)	296,017				EDUCATIONAL
UNIVERSITY OF MASSACHUSETTS 70 BUTTERFIELD TERRACE AMHERST, MA 01003	04-3167352	STATE OF MA	109,616				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 MINNESOTA 1420 ECKELS AVENUE ST PAUL, MN 551081030	41-6007513	STATE OF MN	197,685				EDUCATIONAL
UNIVERSITY OF NEBRASKA-LINCOLN 312 N 14TH STREET LINCOLN, NE 68588	47-0049123	STATE OF NE	115,175				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 NEVADA ROSE HALL ROOM 204 RENO, NV 89557	88-6000024	STATE OF NE	75,723				EDUCATIONAL
UNIVERSITY OF PUERTO RICO JARDIN BOTANICO SUR SAN JUAN, PR 00926	66-0433761	TER OF PR	37,450				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 TENNESSEE 2621 MORGAN CIRCLE KNOXVILLE, TN 37996	62-6047753	STATE OF TN	674,090				EDUCATIONAL
UNIVERSITY OF THE VIRGIN ISLANDS ALBERT SHEEN CMP KINGSVILLE, VI 00850	66-0432514	TER OF VI	35,250				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 VERMONT & ST 85 S PROSPECT RM 222 BURLINGTON, VT 05405	03-0179440	STATE OF VT	92,869				EDUCATIONAL
UNIVERSITY OF WISCONSIN EXTENSION 432 N LAKE ST104 MADISON, WI 53706	39-1805963	STATE OF WI	150,993				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 WYOMING 1000 E UNI DEPT 3314 LARAMIE, WY 82071	83-6000331	STATE OF WY	36,542				EDUCATIONAL
UTAH ST UNIVERSITY 5049 OLD MAIN HILL LOGAN, UT 84322	87-6000528	STATE OF UT	311,908				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
VA POLYTECHNIC INSTITUTE & ST UNIVERSITY 1880 PRATT DR2006 BLACKSBURG, VA 24060	54-6001805	STATE OF VA	618,715				EDUCATIONAL
WASHINGTON STATE UNIVERSITY 14204 SALMON CREEK AVE VANCOUVER, WA 98686	91-1075542	STATE OF WA	574,517				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	51,213				EDUCATIONAL
WEST VIRGINIA UNIVERSITY FOUNDATION 1 WATERFRONT PL7 FL MORGANTOWN, WV 26507	55-6017181	501(C)(3)	25,088				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 UNIVERSITY RESEARCH 886 CHESTNUT RIDGE RD MORGANTOWN, WV 26506	55-0665758	STATE OF WV	317,931				EDUCATIONAL
WISCONSIN 4-H FOUNDATION 702 LANGDON STREET MADISON, WI 53706	39-0914868	501(C)(3)	11,033				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 ☐ Travel for companions ☐ Tax idemnification and gross-up payments ☐ Discretionary spending account ☐ Housing allowance or residence for personal use ☐ Payments for business use of personal residence ☐ Health or social club dues or initiation fees ☐ Personal services (e g , maid, chauffeur, chef)		
b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	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?	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 ☐ Independent compensation consultant ☐ Form 990 of other organizations ☐ Written employment contract ☐ Compensation survey or study ☐ Approval by the board or compensation committee		
4 During the year, did any person listed 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?		No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	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.		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?		No
b Any related organization? If "Yes," on line 5a or 5b, describe in Part III.		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?		No
b Any related organization? If "Yes," on line 6a or 6b, describe in Part III.		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.		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.		No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		

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 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 \$24,000 for Don Floyd and \$18,000 for Jennifer Sirangelo were made to the PLAN BY NATIONAL 4-H COUNCIL FOR THE YEAR ENDED DECEMBER 31, 2016. 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 31.

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)	429,792	0	0	53,551	21,097	504,440	0
	(ii)	0	0	0	0	- 0	- 0	0
1Jane Angelich VP, Ecommerce	(i)	209,105	0	0	23,698	21,055	253,858	0
	(ii)	0	0	0	0	- 0	- 0	0
2Jill Bramble SVP, Chief Development Officer	(i)	248,263	0	0	28,134	17,919	294,316	0
	(ii)	0	0	0	0	- 0	- 0	0
3Andrew Fernn SVP, Chief Strategy Officer	(i)	245,740	0	0	30,181	28,095	304,016	0
	(ii)	0	0	0	0	- 0	- 0	0
4Robert Juba VP, Business Technology	(i)	157,276	0	0	30,436	10,328	198,040	0
	(ii)	0	0	0	0	- 0	- 0	0
5Paul J Koehler SVP, General Manager	(i)	234,478	0	0	36,490	22,975	293,943	0
	(ii)	0	0	0	0	- 0	- 0	0
6Joseph P Roche SVP, Chief Financial Officer	(i)	260,038	0	0	6,759	25,682	292,479	0
	(ii)	0	0	0	0	- 0	- 0	0
7Artis Stevens SVP, Chief Marketing Officer	(i)	227,670	0	0	26,968	27,696	282,334	0
	(ii)	0	0	0	0	- 0	- 0	0
8Donald T Floyd Jr Former CEO	(i)	0	0	598,904	59,284	0	658,188	0
	(ii)	0	0	0	0	- 0	- 0	0
9Michael Watson SVP, Talent and Culture	(i)	226,454	0	0	5,750	10,423	242,627	0
	(ii)	0	0	0	0	- 0	- 0	0
10Danelle Sabathier VP, Multi-Channel MKTg & Media	(i)	149,388	0	0	20,614	2,826	172,828	0
	(ii)	0	0	0	0	- 0	- 0	0
11Craig ShubaController	(i)	183,793	0	0	7,609	7,043	198,445	0
	(ii)	0	0	0	0	- 0	- 0	0
12Jennifer McIver VP, Field MKTg & Partnerships	(i)	145,676	0	0	24,464	27,905	198,045	0
	(ii)	0	0	0	0	- 0	- 0	0
13Heather Elliott VP, Development	(i)	172,424	0	0	20,139	24,454	217,017	0
	(ii)	0	0	0	0	- 0	- 0	0
14Kathleen Caskin SR DIR, Field & Council Comm	(i)	155,680	0	0	30,697	27,732	214,109	0
	(ii)	0	0	0	0	- 0	- 0	0

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Transactions with Interested Persons

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

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization

NATIONAL 4-H COUNCIL

Employer identification number

36-2862206

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)

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

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

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 ▶ \$

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

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

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

Part III Grants or Assistance Benefiting Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) BAKER HOSTETLER LLP	Business	327,930	LEGAL SERVICES		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 \$327,930 (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 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 M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

►Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
► Attach to Form 990.
►Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
NATIONAL 4-H COUNCIL

Employer identification number
36-2862206

Part I

Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art	X	6	1,900	fair market value
2 Art—Historical treasures . .				
3 Art—Fractional interests . .				
4 Books and publications . .				
5 Clothing and household goods				
6 Cars and other vehicles . .				
7 Boats and planes				
8 Intellectual property . . .				
9 Securities—Publicly traded .	X	4	79,993	market price
10 Securities—Closely held stock .				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous . .				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential . .				
16 Real estate—Commercial . .				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies .				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens . . .				
24 Archeological artifacts . . .				
25 Other ► See Additional Data				
26 Other ► ()				
27 Other ► ()				
28 Other ► ()				

29

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

30a

During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

31

If "Yes," describe the arrangement in Part II

32a

Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

33a

Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

33b

If "Yes," describe in Part II

33c

If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

Yes

No

No

Yes

No

No

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat No 51227J

Schedule M (Form 990) (2016)

Part II**Supplemental Information.**

Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
Schedule M, Part I, Column (b)	The organization is reporting the number of contributions in Part I, column (b)

Additional Data

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

Part I, Lines 25-28

Other ► (AIRLINE TICKETS)
Other ► (TICKETS FOR GALA)
Other ► (BOOTH)
Other ► (HAND LENSES)
Other ► (CDS FOR AIE TRAINING)
Other ► (DRONES)

(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
X	1	500	FMV
X	1	370	FMV
X	1	5,000	FMV
X	1	2,857	FMV
X	1	250	FMV
X	1	7,485	FMV

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization
NATIONAL 4-H COUNCIL

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.

OMB No 1545-0047

2016

**Open to Public
Inspection**

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, HEALTHY LIVING AND CITIZENSHIP

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	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 2017 (JULY 1, 2016 - JUNE 30, 2017) INCLUDED THE FOLLOWING PROGRAMS/EVENTS - 4-H BRAND/ALUMNI ACTIVATION CONTINUED 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 DRONE DISCOVERY - 4-H NATIONAL MENTORING PROGRAM REACHED/EMPOWERED AT-RISK YOUTH IN 40 STATES WITH SUPPORT FROM 44 LAND-GRANT UNIVERSITIES - 8TH 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 - STRATEGIC PARTNERSHIP AMERICAN FARM BUREAU FEDERATION

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4B	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 YOUTH, VOLUNTEER LEADERS, AND PROFESSIONAL STAFF NATIONAL 4-H YOUTH CONFERENCE CENTER HOSTS MORE THAN 30,000 YOUTH EACH YEAR ON ITS 12-ACRE WASHINGTON, DC METRO CAMPUS WHILE THEY TOUR THE CITY'S HISTORIC LANDMARKS, ATTEND CONFERENCES AND LEADERSHIP PROGRAMS, AND EXPERIENCE THE BEST OF OUR NATION'S CAPITAL EVERY YOUNG PERSON, VOLUNTEER LEADER, OR PROFESSIONAL WHO HAS VISITED NATIONAL 4-H YOUTH CONFERENCE CENTER OVER THE YEARS HAS LEFT WITH SOMETHING TO INSPIRE THEM - SOME NEW POINT OF VIEW, SOME NEW IDEA TO TAKE HOME THAT'S THE INGREDIENT THAT HAS KEPT THE EXPERIENCE OF CENTER FRESH AND EXCITING FOR MORE THAN 50 YEARS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 4	The organization amended its documents of the regulatory and governance policies on 12/6/2016 by changing the number and composition of the governing body's voting members

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	ALL TRUSTEES ARE FURNISHED AN ELECTRONIC DRAFT COPY OF FORM 990 AND ARE GIVEN TIME TO CONFIRM THEIR REVIEW OF THE DOCUMENT ALL OF THEIR COMMENTS AND SUGGESTIONS ARE RESOLVED PRIOR TO FILING THE FORM 990

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	THE CONFLICT OF INTEREST POLICY IS REVIEWED ANNUALLY WITH CURRENT EMPLOYEES ALL NEW ASSOC IATES ARE REQUIRED TO REVIEW AND SIGN THE CONFLICT OF INTEREST POLICY UPON EMPLOYMENT

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE PROCESS FOR DETERMINING THE COMPENSATION OF JENNIFER L SIRANGELO INCLUDES THE FOLLOWING -COMPENSATION SURVEY AND STUDY -INDEPENDENT COMPENSATION CONSULTANT -REVIEW OF FORM 990 FOR OTHER ORGANIZATIONS -APPROVAL BY THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES THE PROCESS FOR DETERMINING THE COMPENSATION OF THE SENIOR LEADERSHIP TEAM INCLUDES THE FOLLOWING - COMPENSATION SURVEY AND STUDY - INDEPENDENT COMPENSATION CONSULTANT - REVIEW OF FORM 990 FOR OTHER ORGANIZATIONS

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS	PENSION RELATED CHANGES OTHER THAN NET PERIOD PENSION COSTS 1,315,797 POSTRETIREMENT MEDICAL COSTS (154,205) NAMED FUND SPENDING (4,161) ----- TOTAL TO FORM 990, PART XI, LINE 9 1,157,431

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 PAR T OF CONSOLIDATED FINANCIAL STATEMENTS IT DOES NOT RECEIVE SEPARATE AUDITED FINANCIAL STA TEMENTS

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ 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.

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
NATIONAL 4-H COUNCIL

Employer identification number
36-2862206

Part I

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

(a) Name, address, and EIN (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)	12a	THE COUNCIL	Yes	
(2)Global Clover Network Inc 7100 CONNECTICUT AVE CHEVY CHASE, MD 20815 52-2292242	see Part VII	OH	501(c)(3)	12a	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)	12a	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

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

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

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

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

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

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

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

l Performance of services or membership or fundraising solicitations for related organization(s)

m Performance of services or membership or fundraising solicitations by related organization(s)

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

r Other transfer of cash or property to related organization(s)

s Other transfer of cash or property from related organization(s)

Yes

No

No

No

No

No

No

No

No

No

No

No

No

No

Yes

Yes

No

No

No

No

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

Schedule R (Form 990) 2016

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 Increase Global 4-H Positive Youth Development 3 NATIONAL 4-H CONGRESS FOUNDATION OPERATES AND PROVIDES ASSISTANCE WITH THE NATIONAL 4-H CONGRESS

