

Return of Organization Exempt From Income Tax

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

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

A For the 2008 calendar year, or tax year beginning JUL 1, 2008 **and ending** JUN 30, 2009

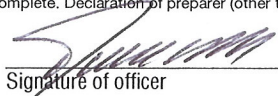
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization NATIONAL 4-H COUNCIL Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite 7100 CONNECTICUT AVENUE City or town, state or country, and ZIP + 4 CHEVY CHASE, MD 20815-4999 F Name and address of principal officer: DONALD T. FLOYD, JR. SAME AS C ABOVE	D Employer identification number 36-2862206 E Telephone number 301-961-2800 G Gross receipts \$ 35,033,925. H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (3) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		J Website: ▶ www.4-H.ORG	
K Type of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> 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: <u>SEE SCHEDULE O</u> 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 28 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 28 5 Total number of employees (Part V, line 2a) 5 181 6 Total number of volunteers (estimate if necessary) 6 67 7a Total gross unrelated business revenue from Part VIII, line 12, column (G) 7a 261,298. 7b Net unrelated business taxable income from Form 990-T, line 34 7b 21,231.		
Revenue	8 Contributions and grants (Part VIII, line 1h) 15,700,293. 9 Program service revenue (Part VIII, line 2g) 7,942,621. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 1,636,125. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 6,546,399. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 31,825,438.	Prior Year	Current Year
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 2,861,045. 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 9,409,722. 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) ▶ 2,048,940. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 12,111,962. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 24,382,729. 19 Revenue less expenses. Subtract line 18 from line 12 7,442,709.		
Net Assets or Fund Balances	20 Total assets (Part X, line 16) 37,578,089. 21 Total liabilities (Part X, line 26) 9,391,674. 22 Net assets or fund balances. Subtract line 21 from line 20 28,186,415.	Beginning of Year	End of Year

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 ▶  | 2/16/10
 Signature of officer Date
 ▶ DONALD T. FLOYD, JR., PRESIDENT AND CEO
 Type or print name and title

Paid Preparer's Use Only	Preparer's signature ▶ Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ BDO SEIDMAN, LLP 7101 WISCONSIN AVE., SUITE 800 BETHESDA, MD 20814-4827	Date	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (see instructions) EIN ▶ Phone no. ▶ (301) 654-4900
---------------------------------	---	------	---	---

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

Part III Statement of Program Service Accomplishments (see instructions)

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 [x] 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 [x] No

If "Yes", describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

SEE SCHEDULE O FOR CONTINUATION(S)

4a (Code:) (Expenses \$ 8,278,555. including grants of \$ 3,000,751.) (Revenue \$)

SEE SCHEDULE O

4b (Code:) (Expenses \$ 7,392,921. including grants of \$) (Revenue \$ 11,467,695.)

SEE SCHEDULE O

4c (Code:) (Expenses \$ 4,608,491. including grants of \$) (Revenue \$ 5,478,494.)

SEE SCHEDULE O

4d Other program services. (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses \$ 20,279,967. (Must equal Part IX, Line 25, column (B).)

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)? <i>If "Yes," complete Schedule A</i>	x	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	x	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		x
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		x
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>		
6 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		x
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		x
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		x
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		x
10 Did the organization hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	x	
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	x	
12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>		x
13 Is the organization a school as described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		x
14a Did the organization maintain an office, employees, or agents outside of the U.S.?		x
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? <i>If "Yes," complete Schedule F, Part I</i>		x
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>		x
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>		x
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i>		x
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		x
19 Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		x
20 Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		x
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	x	
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		x
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>If "Yes," complete Schedule J</i>	x	
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 questions 24b-24d and complete Schedule K. If "No," go to question 25</i>		x
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) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		x
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I</i>		x
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		x
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		x

Part IV Checklist of Required Schedules (continued)

	Yes	No
28 During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i>	x	
b Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		x
c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		x
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		x
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>		x
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		x
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>		x
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>		x
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	x	
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		x
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>		x
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>		x

Form 990 (2008)

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
	1a 105		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	1b 0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	x	
	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a 181		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	x	
	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	x	
	3a		
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	x	
	3b		
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)?		x
	4a		
b	If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
	4b		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		x
	5a		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		x
	5b		
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
	5c		
6a	Did the organization solicit any contributions that were not tax deductible?		x
	6a		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	6b		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?		x
	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		x
	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		x
	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		x
	7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		x
	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		x
	7h		
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
	8		
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		
	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
	9b		
10	Section 501(c)(7) organizations. Enter: N/A		
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: N/A		
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 N/A	12b	

Form 990 (2008)

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body; 1b Enter the number of voting members that 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?; 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?; 4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a material diversion of the organization's assets?; 6 Does the organization have members or stockholders?; 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?; 7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 9a Does the organization have local chapters, branches, or affiliates?; 9b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?; 10 Was a copy of the Form 990 provided to the organization's governing body before it was filed?; 11 Is there any officer, director or 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.

Section B. Policies

Table with 3 columns: Question, Yes, No. Rows include: 12a Does the organization have a written conflict of interest policy? If "No," go to line 13; 12b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done; 13 Does the organization have a written whistleblower policy?; 14 Does the organization have a written document retention and destruction policy?; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision: a The organization's CEO, Executive Director, or top management official? b Other officers or key employees of the organization? 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?; 16b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17 List the states with which a copy of this Form 990 is required to be filed; 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. Own website, Another's website, Upon request; 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public; 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: JOSEPH P. ROCHE - 301-961-2800, 7100 CONNECTICUT AVENUE, CHEVY CHASE, MD 20815-4999

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
JAMES C. BOREL CHAIR	0.50	X		X				0.	0.	0.
E.K. BAKER VICE CHAIR	0.50	X		X				0.	0.	0.
F.A. LOWREY TREASURER	0.50	X		X				0.	0.	0.
DR. CLYDE E. CHESNEY EXTENSION & INSTITUTION	0.50	X						0.	0.	0.
DR. THOMAS G. COON EXTENSION & INSTITUTION	0.50	X						0.	0.	0.
DR. E. GORDON GEE EXTENSION & INSTITUTION	0.50	X						0.	0.	0.
DR. LINDA K. FOX EXTENSION & INSTITUTION	0.50	X						0.	0.	0.
DR. ROGER A. RENNEKAMP EXTENSION & INSTITUTION	0.50	X						0.	0.	0.
DR. JANICE A. SEITZ EXTENSION & INSTITUTION	0.50	X						0.	0.	0.
DR. ROGER C. RYLES, JR. EXTENSION & INSTITUTION	0.50	X						0.	0.	0.
JEREMY EMBALABALA YOUTH CLASS	0.50	X						0.	0.	0.
VICTORIA LEBLANC YOUTH CLASS	0.50	X						0.	0.	0.
APRIL JOHNSON YOUTH CLASS	0.50	X						0.	0.	0.
WHITNEY KUPFERER YOUTH CLASS	0.50	X						0.	0.	0.
STEPHEN D. BARR PUBLIC CLASS	0.50	X						0.	0.	0.
LILY H. BENTAS PUBLIC CLASS	0.50	X						0.	0.	0.
CARL M. CASALE PUBLIC CLASS	0.50	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
CAROL A. (JOHN) DAVIDSON PUBLIC CLASS	0.50	X						0.	0.	0.
JOSEPH B. DZIALO PUBLIC CLASS	0.50	X						0.	0.	0.
DR. ROBERT H. FOGLESONG PUBLIC CLASS	0.50	X						0.	0.	0.
DANIEL GLICKMAN PUBLIC CLASS	0.50	X						0.	0.	0.
LYNN O. HENDERSON PUBLIC CLASS	0.50	X						0.	0.	0.
CLARENCE KELLEY PUBLIC CLASS	0.50	X						0.	0.	0.
ALISON LEWIS PUBLIC CLASS	0.50	X						0.	0.	0.
ROBERT W. OWENS PUBLIC CLASS	0.50	X						0.	0.	0.
ORION C. SAMUELSON PUBLIC CLASS	0.50	X						0.	0.	0.
ANTHONY A. TANSIMORE PUBLIC CLASS	0.50	X						0.	0.	0.
1b Total								1,650,166.	0.	327,949.

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization 19

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
EUREST DINING SERVICES P.O BOX 91337, CHICAGO, IL 60693	FOOD SERVICE	1,037,754.
TUFTS UNIVERSITY, 4-H STUDY OF POSITIVE YOUTH DEV LINCOLN, MEFORD, MA 02155	RESEARCH & PROG EVALS	918,782.
BANK OF AMERICA P.O. BOX 15731, WILMINGTON, DE 19886	FINANCIAL MGMT SERVICES	694,825.
FIDELITY INVESTMENTS P.O. BOX 673001, DALLAS, TX 75267	INVESTMENT MANAGEMENT SERVICE	337,500.
UNIVERSITY OF MINNESOTA, 450 MCNAMARA ALUMNI CENTER, MINNEAPOLIS, MN 55455	PRINTING SERVICES	321,982.

2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization 25

SEE SCHEDULE J-2 FOR PART VII, SECTION A CONTINUATION

Part VIII Statement of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns	1a 61,967.				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e 684,482.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 10,490,746.				
	g Noncash contributions included in lines 1a-1f: \$	211,117.				
	h Total. Add lines 1a-1f		11,237,195.			
	Program Service Revenue	2 a NATL 4-H YOUTH CONF CT	Business Code 721000	6,830,805.	6,598,007.	232,798.
b REG. FEES AND TUITIONS		900099	855,507.	855,507.		
c						
d						
e						
f All other program service revenue						
g Total. Add lines 2a-2f			7,686,312.			
Other Revenue		3 Investment income (including dividends, interest, and other similar amounts)		500,705.		500,705.
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties		123,526.		123,526.	
	6 a Gross Rents	(i) Real	80,890.			
		(ii) Personal				
		b Less: rental expenses				
		c Rental income or (loss)	80,890.			
	d Net rental income or (loss)		80,890.		80,890.	
	7 a Gross amount from sales of assets other than inventory	(i) Securities	6,126,480.			
		(ii) Other				
		b Less: cost or other basis and sales expenses	6,751,873.			
		c Gain or (loss)	<625,393.>			
	d Net gain or (loss)		<625,393.>		<625,393.>	
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a				
		b Less: direct expenses				
c Net income or (loss) from fundraising events						
9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses					
	c Net income or (loss) from gaming activities					
10 a Gross sales of inventory, less returns and allowances	a	9,278,817.				
	b Less: cost of goods sold	2,800,366.				
	c Net income or (loss) from sales of inventory		6,478,451.	6,449,951.	28,500.	
Miscellaneous Revenue	11 a	Business Code				
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d					
	12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e		25,481,686.	13,903,465.	261,298.	79,728.

Part IX Statement of Functional Expenses

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	3,000,751.	3,000,751.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	437,955.	175,182.	175,182.	87,591.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	8,804,812.	6,065,231.	1,628,173.	1,111,408.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	891,161.	538,349.	217,893.	134,919.
9 Other employee benefits	1,045,597.	706,290.	204,104.	135,203.
10 Payroll taxes	594,106.	401,121.	115,916.	77,069.
11 Fees for services (non-employees):				
a Management				
b Legal	224,429.	52,335.	171,806.	288.
c Accounting	165,229.	19,650.	145,579.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	94,754.		94,754.	
g Other	1,829,234.	1,514,274.	182,086.	132,874.
12 Advertising and promotion				
13 Office expenses	2,236,911.	1,972,365.	168,340.	96,206.
14 Information technology	283,090.	241,532.	27,727.	13,831.
15 Royalties				
16 Occupancy	401,865.	234,639.	165,605.	1,621.
17 Travel	857,226.	652,336.	75,563.	129,327.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	44,244.	8,118.	31,079.	5,047.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,186,377.	991,676.	142,308.	52,393.
23 Insurance	113,073.	70,374.	42,699.	
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a RESEARCH & PROGRAM EVAL	1,138,215.	1,138,215.		
b PR & PROMOTIONS	997,009.	980,072.	2,276.	14,661.
c PROGRAM OPERATING RESOU	600,503.	475,760.	98,848.	25,895.
d CURRICULUM DEVELOPMENT	471,176.	453,078.		18,098.
e INKIND	211,117.	209,557.	1,500.	60.
f All other expenses	440,997.	379,062.	49,486.	12,449.
25 Total functional expenses. Add lines 1 through 24f	26,069,831.	20,279,967.	3,740,924.	2,048,940.
26 Joint Costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation ...				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing	617,201.	1	2,655,617.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	2,834,781.	3	3,629,154.
	4	Accounts receivable, net	1,227,096.	4	1,667,828.
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	1,399,584.	8	1,253,430.
	9	Prepaid expenses and deferred charges	305,371.	9	168,615.
	10a	Land, buildings, and equipment: cost basis ...	10a 31,690,514.		
	b	Less: accumulated depreciation. Complete Part VI of Schedule D	10b 22,653,801.		
	11	Investments - publicly traded securities	20,504,249.	11	13,893,662.
	12	Investments - other securities. See Part IV, line 11	1,422,803.	12	1,246,966.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	10,000.	15	0.
16	Total assets. Add lines 1 through 15 (must equal line 34)	37,578,089.	16	33,551,985.	
Liabilities	17	Accounts payable and accrued expenses	2,731,965.	17	2,406,849.
	18	Grants payable		18	
	19	Deferred revenue	1,408,650.	19	1,434,934.
	20	Tax-exempt bond liabilities		20	
	21	Escrow account liability. Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable		24	100,000.
	25	Other liabilities. Complete Part X of Schedule D	5,251,059.	25	7,774,128.
	26	Total liabilities. Add lines 17 through 25	9,391,674.	26	11,715,911.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	14,784,470.	27	8,681,678.
	28	Temporarily restricted net assets	13,191,598.	28	12,944,049.
	29	Permanently restricted net assets	210,347.	29	210,347.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> 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	28,186,415.	33	21,836,074.
	34	Total liabilities and net assets/fund balances	37,578,089.	34	33,551,985.

Part XI Financial Statements and Reporting

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	X
b	Were the organization's financial statements audited by an independent accountant?	2b	X
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	X
b	If "Yes," did the organization undergo the required audit or audits?	3b	X

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

2008
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization <p style="text-align: center;">NATIONAL 4-H COUNCIL</p>	Employer identification number <p style="text-align: center;">36-2862206</p>
---	---

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: (Please check only **one** organization.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**. (Attach Schedule H.)
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete the Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**. (see instructions)
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III - Functionally integrated d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? _____	11g(i)	
(ii) A family member of a person described in (i) above? _____	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above? _____	11g(iii)	
- h Provide the following information about the organizations the organization supports.

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

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	5,530,967.	6,878,633.	9,626,669.	15,700,293.	11,237,195.	48,973,757.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 - 3	5,530,967.	6,878,633.	9,626,669.	15,700,293.	11,237,195.	48,973,757.
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)						22,241,066.
6 Public Support. Subtract line 5 from line 4.						26,732,691.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	5,530,967.	6,878,633.	9,626,669.	15,700,293.	11,237,195.	48,973,757.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	614,444.	860,242.	1,089,489.	1,977,400.	705,121.	5,246,696.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	41,634.	44,179.	20,153.	20,376.	21,520.	147,862.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	11,782.	23,513.				35,295.
11 Total support. Add lines 7 through 10						54,403,610.
12 Gross receipts from related activities, etc. (see instructions)					12	75,845,363.
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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	49.14 %
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	52.08 %
16a 33 1/3% support test - 2008. 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	<input checked="" type="checkbox"/>	
b 33 1/3% support test - 2007. 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	<input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
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	<input type="checkbox"/>	

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 - 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 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
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) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	%

19a 33 1/3% support tests - 2008. 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 - 2007. 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

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, and 990-PF.

OMB No. 1545-0047

2008

Name of the organization

Employer identification number

NATIONAL 4-H COUNCIL

36-2862206

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. (Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.)

General Rule

For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on Form 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) ▶ \$ _____

Caution. Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** answer "No" on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. These instructions will be issued separately.

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

Name of organization NATIONAL 4-H COUNCIL	Employer identification number 36-2862206
---	--

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	 <hr/> <hr/> <hr/>	\$ 1,170,669.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	 <hr/> <hr/> <hr/>	\$ 1,500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	 <hr/> <hr/> <hr/>	\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	 <hr/> <hr/> <hr/>	\$ 1,635,320.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	 <hr/> <hr/> <hr/>	\$ 2,600,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	 <hr/> <hr/> <hr/>	\$ 600,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization NATIONAL 4-H COUNCIL	Employer identification number 36-2862206
---	--

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	 <hr/> <hr/> <hr/>	\$ 538,319.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	 <hr/> <hr/> <hr/>	\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	 <hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	 <hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	 <hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	 <hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Schedule D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No. 1545-0047

2008
Open to Public Inspection

Name of the organization NATIONAL 4-H COUNCIL Employer identification number 36-2862206

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area
 Protection of natural habitat Preservation of certified historic structure
 Preservation of open space
- 2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.
- | | Held at the End of the Year |
|--|-----------------------------|
| a Total number of conservation easements | 2a |
| b Total acreage restricted by conservation easements | 2b |
| c Number of conservation easements on a certified historic structure included in (a) | 2c |
| d Number of conservation easements included in (c) acquired after 8/17/06 | 2d |
- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____
- 4 Number of states where property subject to conservation easement is located ▶ _____
- 5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds?
- 6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶ _____
- 7 Amount of expenses incurred in monitoring, inspecting, and enforcing 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)?
- 9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

- 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
- (i) Revenues included in Form 990, Part VIII, line 1
- (ii) Assets included in Form 990, Part X
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:
- a Revenues included in Form 990, Part VIII, line 1
- b Assets included in Form 990, Part X

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

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

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

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

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

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

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

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	8,743,268.				
b Contributions	64,595.				
c Investment earnings or losses	<1,457,690.>				
d Grants or scholarships					
e Other expenditures for facilities and programs	152,059.				
f Administrative expenses					
g End of year balance	7,198,114.				

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

- a Board designated or quasi-endowment 70.57 %
- b Permanent endowment 26.51 %
- c Term endowment 2.92 %

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

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

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land		300,000.		300,000.
b Buildings		23,977,855.	15,263,436.	8,714,419.
c Leasehold improvements				
d Equipment		7,412,659.	7,390,365.	22,294.
e Other				
Total. Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				9,036,713.

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

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

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

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

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

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

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

(a) Description of liability	(b) Amount
Federal income taxes	
AGENCY FUNDS	799,814.
ACCRUED POST RETIREMENT BENEFIT LIAB	2,172,295.
UNFUNDED PENSION LIABILITY	4,802,019.
Total. (Column (b) should equal Form 990, Part X, col (B) line 25.) ▶	7,774,128.

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	25,481,686.
2	Total expenses (Form 990, Part IX, column (A), line 25)	26,069,831.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	<588,145.>
4	Net unrealized gains (losses) on investments	<3,566,981.>
5	Donated services and use of facilities	
6	Investment expenses	
7	Prior period adjustments	
8	Other (Describe in Part XIV)	<2,195,215.>
9	Total adjustments (net). Add lines 4-8	<5,762,196.>
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	<6,350,341.>

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return		
1	Total revenue, gains, and other support per audited financial statements	22,500,718.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
a	Net unrealized gains on investments	<3,566,981.>
b	Donated services and use of facilities	43,865.
c	Recoveries of prior year grants	
d	Other (Describe in Part XIV)	<2,163,464.>
e	Add lines 2a through 2d	<5,686,580.>
3	Subtract line 2e from line 1	28,187,298.
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	94,754.
b	Other (Describe in Part XIV)	<2,800,366.>
c	Add lines 4a and 4b	<2,705,612.>
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)	25,481,686.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return		
1	Total expenses and losses per audited financial statements	28,851,059.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	
a	Donated services and use of facilities	43,865.
b	Prior year adjustments	
c	Losses reported on Form 990, Part IX, line 25	
d	Other (Describe in Part XIV)	2,832,117.
e	Add lines 2a through 2d	2,875,982.
3	Subtract line 2e from line 1	25,975,077.
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	94,754.
b	Other (Describe in Part XIV)	
c	Add lines 4a and 4b	94,754.
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	26,069,831.

Part XIV Supplemental Information

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

PART V, LINE 4: ENDOWMENT FUNDS ARE INTENDED TO BE USED FOR

EDUCATIONAL PROGRAM ACTIVITIES.

PART XI, LINE 8 - OTHER ADJUSTMENTS:

PENSION RELATED CHANGES OTHER THEN NET PERIOD PENSION COSTS: -2195215.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

PENSION RELATED CHANGES OTHER THEN NET PERIOD PENSION COSTS: -2195215.

Part XIV Supplemental Information (continued)

INCOME OF AFFILIATE IN CONSOLIDATED FINANCIALS: 31751.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

COST OF GOODS SOLD: -2800366.

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

COST OF GOODS SOLD: 2800366.

EXPENSES OF AFFILIATE IN CONSOLIDATED FINANCIALS: 31751.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the U.S.**

OMB No. 1545-0047

2008

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

**Open to Public
Inspection**

Name of the organization

NATIONAL 4-H COUNCIL

Employer identification number
36-2862206

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. ▶

1 (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
ADAIR COUNTY 4-H COUNCIL PO BOX 309 COLUMBIA, KY 42728	314933833	501 C 3	23,220.	0.			EDUCATIONAL
ALABAMA 4-H FOUNDATION 110 DUNCAN HALL AUBURN, AL 36849	630457929	501 C 3	19,994.	0.			EDUCATIONAL
ALABAMA A&M UNIVERSITY PATTON HALL ROOM 213, P.O. BOX 411 NORMAL, AL 35762	029016351	501 C 3	17,500.	0.			EDUCATIONAL
ARKANSAS 4-H FOUNDATION P.O. BOX 391 LITTLE ROCK, AR 72203	716060767	501 C 3	10,833.	0.			EDUCATIONAL
BERGEN COUNTY 4-H ADMINISTRATION ONE BERGEN COUNTY PLAZA, 4TH FLOOR HACKENSACK, NJ 07601	226209291	501 C 3	19,675.	0.			EDUCATIONAL
BLACKFEET COMMUNITY COLLEGE P.O BOX 819 BROWNING, MT 59417	810378943	501 C 3	45,000.	0.			EDUCATIONAL

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

3 Enter total number of other organizations

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
<p>Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.</p> <p>SCHEDULE I, PART I, LINE 2:</p> <p>FOR GRANTEES SUPPORTED THROUGH CORPORATE, FOUNDATION, AND GOVERNMENT DOLLARS, THE PROCEDURES FOR MONITORING USE OF GRANT FUNDS ARE ESTABLISHED ON A PER-GRANT BASIS.</p> <p>APPLICATIONS ARE TAKEN THROUGH AN ONLINE SYSTEM AND REVIEWED BY INTERNAL AND EXTERNAL STAKEHOLDERS. ONCE GRANTEES ARE SELECTED, THEY ARE ASSIGNED AN ACCOUNT MANAGER, WHO MONITORS THE GRANT ACTIVITIES THROUGHOUT THE LIFE OF THE GRANT. (CONTINUED ON PAGE 37)</p>					

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)
Attach to Form 990 to list additional information for
Part II and Part III, Schedule I (Form 990).**

OMB No. 1545-0047
2008
Open to Public
Inspection

Name of the organization

Employer identification number

36-2862206

NATIONAL 4-H COUNCIL

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part I).

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOARD OF REGENTS 312 NORTH 14TH , ALEX WEST LINCOLN, NE 68588	470049123	501 C 3	23,333.	0.			EDUCATIONAL
BOARD OF REGENTS NSHE OBO UNR ROSE HALL ROOM 204 MAIL STOP 325 RENO, NV 89557	886000024	501 C 3	10,000.	0.			EDUCATIONAL
CHESHIRE UNH COOPERATIVE EXTENSION - 800 PARK AVE - KEENE, NH 03431	020463869	501 C 3	74,567.	0.			EDUCATIONAL
COLORADO STATE UNIVERSITY ROOM 108 JOHNSON HALL - SP FORT COLLINS, CO 80523	237098397	501 C 3	9,581.	0.			EDUCATIONAL
CORNELL COOPERATIVE EXTENSION 3288 MAIN ST MEXICO, NY 13114	166072891	501 C 3	19,100.	0.			EDUCATIONAL
CORNELL COOPERATIVE EXT-BRIE COUNT 21 SOUTH GROVE STREET, SUITE 230 EAST AURORA, NY 14052	166072879	501 C 3	17,200.	0.			EDUCATIONAL
CORNELL UNIVERSITY 750 CASCADILLA STREET, P.O BOX 652 ITHACA, NY 14851	150532082	501 C 3	39,500.	0.			EDUCATIONAL
CORNELL UNIVERSITY, SPONSORED FINA 750 CASCADILLA STREET, P.O BOX 652 ITHACA, NY 14850	150532082	501 C 3	69,000.	0.			EDUCATIONAL

2 Enter total number of Section 501(c)(3) and government organizations

3 Enter total number of other organizations

832241 12-17-08

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

Schedule I-1 (Form 990) 2008

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)
Attach to Form 990 to list additional information for
Part II and Part III, Schedule I (Form 990).**

OMB No. 1545-0047
2008

Open to Public
Inspection

Name of the organization

Employer identification number

36-2862206

NATIONAL 4-H COUNCIL

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II).

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CUMBERLAND 4-H ADVISORY COMMITTEE 291 MORTON AVE MILLVILLE, NJ 08332	237086291	501 C 3	48,375.	0.			EDUCATIONAL
DANE COUNTY-UW EXTENSION 1 FEN OAK CT MADISON, WI 53718-881	290817632	501 C 3	13,500.	0.			EDUCATIONAL
DELAWARE 4-H FOUNDATION 113 TOWNSEND HALL, 531 S. COLLEGE NEWARK, DE 19716	284426980	501 C 3	5,583.	0.			EDUCATIONAL
DELAWARE STATE UNIVERSITY 1200 N. DUPONT HWY DOVER, DE 19901	512336118	501 C 3	28,487.	0.			EDUCATIONAL
EAU CLAIRE COUNTY-UW EXTENSION 2271 1ST STREET WEST ALTOONA, WI 54720	510305893	501 C 3	8,600.	0.			EDUCATIONAL
EMBASSY SUITES PORTLAND 319 SW PINE STREET PORTLAND, OR 97204	542139630	501 C 3	8,000.	0.			EDUCATIONAL
FLORIDA 4-H FOUNDATION 3103 MCCARTY HALL, P.O. BOX 110225 GAINESVILLE, FL 32611	591000186	501 C 3	48,723.	0.			EDUCATIONAL
FLORIDA 4-H FOUNDATION, INC P.O. BOX 110225 GAINESVILLE, FL 32611	591000186	501 C 3	17,500.	0.			EDUCATIONAL

2 Enter total number of Section 501(c)(3) and government organizations

3 Enter total number of other organizations

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)
Attach to Form 990 to list additional information for
Part II and Part III, Schedule I (Form 990).**

OMB No. 1545-0047
2008

Open to Public
Inspection

Name of the organization

Employer identification number

36-2862206

NATIONAL 4-H COUNCIL

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FOND DU LAC COUNTY UW EXT. 400 UNIVERSITY DRIVE FOND DU LAC, WI 54935	396100393	501 C 3	49,500.	0.			EDUCATIONAL
GEORGIA 4-H FOUNDATION THE UNIVERSITY OF GEORGIA, HOKE SM ATHENS, GA 30602	580832988	501 C 3	65,200.	0.			EDUCATIONAL
GORHAM FAMILY RESOURCE CENTER 629A MAIN STREET LANCASTER, NH 03584	043383141	501 C 3	19,351.	0.			EDUCATIONAL
IOWA STATE UNIVERSITY 3617 ADMIN SERVICES BLDG. AMES, IA 50011-3617	426527697	501 C 3	37,500.	0.			EDUCATIONAL
KENTUCKY 4-H FOUNDATION 209 SCOVELL HALL LEXINGTON, KY 40506-0064	237437297	501 C 3	23,232.	0.			EDUCATIONAL
KENTUCKY STATE UNIVERSITY 400 EAST MAIN STREET FRANKFORT, KY 40601-2355	611099712	501 C 3	17,500.	0.			EDUCATIONAL
LSU AGRICULTURE CENTER 104 EFFERSON HALL BATON ROUGE, LA 70803	726000848	501 C 3	40,550.	0.			EDUCATIONAL
MARSHALL COUNTY EXTENSION 2608 SOUTH 2ND STREET MARSHALLTOWN, IA 50158	263305087	501 C 3	5,400.	0.			EDUCATIONAL

2 Enter total number of Section 501(c)(3) and government organizations

3 Enter total number of other organizations

SCHEDULE I-1
(Form 990)
Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
Attach to Form 990 to list additional information for
Part II and Part III, Schedule I (Form 990).

OMB No. 1545-0047
2008
Open to Public
Inspection

Name of the organization

Employer identification number

36-2862206

NATIONAL 4-H COUNCIL

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MARYLAND 4-H FOUNDATION 8020 GREENMEAD DRIVE COLLEGE PARK, MD 20740	526056016	501 C 3	14,710.	0.			EDUCATIONAL
MASSACHUSETTS 4-H FOUNDATION 400 MAIN ST WALPOLE, MA 02081	042303708	501 C 3	26,580.	0.			EDUCATIONAL
MERCER COUNTY 4-H 930 SPRUCE ST TRENTON, NJ 08648	226070229	501 C 3	29,700.	0.			EDUCATIONAL
MICHIGAN 4-H FOUNDATION 14901 4H DRIVE TUSTIN, MI 49688	381539997	501 C 3	51,950.	0.			EDUCATIONAL
MINNESOTA 4-H FOUNDATION 270-B MCNAMARA ALUMNI CENTRE, 200 MINNEAPOLIS, MN 55455	411408161	501 C 3	129,211.	0.			EDUCATIONAL
MISSISSIPPI 4H CLUB FOUNDATION P.O. BOX 9601 MISSISSIPPI STATE, MS 39762	646023591	501 C 3	38,500.	0.			EDUCATIONAL
MISSISSIPPI STATE UNIVERSITY P.O DRAWER 5227 MISSISSIPPI STATE, MS 39762	067589752	501 C 3	8,955.	0.			EDUCATIONAL
MONTANA 4-H FOUNDATION 210 TAYLOR HALL BOZEMAN, MT 59717	237051460	501 C 3	6,500.	0.			EDUCATIONAL

2 Enter total number of Section 501(c)(3) and government organizations

3 Enter total number of other organizations

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)
Attach to Form 990 to list additional information for
Part II and Part III, Schedule I (Form 990).**

OMB No. 1545-0047
2008

Open to Public
Inspection

Name of the organization

Employer identification number

NATIONAL 4-H COUNCIL
36-2862206

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NAE4-HA 2009 CONFERENCE 50 WEST HIGH STREET BALLSTON SPA, NY 12020	237127452	501 C 3	10,000.	0.			EDUCATIONAL
NORTH CAROLINA 4-H DEVELOPMENT FUND - 120 PATTERSON HALL / BOX 7645 - RALEIGH, NC 27695	566049505	501 C 3	21,472.	0.			EDUCATIONAL
NORTH CAROLINA A&T STATE UNIVERSITY - 1890 COOPERATIVE EXTENSION P.O. BOX 21928 - GREENSBORO, NC 27411	566023166	501 C 3	37,840.	0.			EDUCATIONAL
NYS 4-H FOUNDATION 50 WEST HIGH STREET BALLSTON SPA, NY 12020	146021395	501 C 3	7,890.	0.			EDUCATIONAL
OKLAHOMA 4-H FOUNDATION 205 4-H YOUTH DEVELOPMENT STILLWATER, OK 74078	736109761	501 C 3	45,500.	0.			EDUCATIONAL
OKLAHOMA STATE UNIVERSITY SOUTHEAST DISTRICT, P.O BOX 1378 ADA, OK 74820	736017987	501 C 3	29,995.	0.			EDUCATIONAL
OREGON 4-H FOUNDATION 200 WARNER-MILNE ROAD OREGON CITY, OR 97045	930790867	501 C 3	37,500.	0.			EDUCATIONAL
PASSAIC COUNTY 4-H LEADERS ASSOCIATION - 317 PENNSYLVANIA AVE., RM. 204 - PATERSON, NJ 07503	237318967	501 C 3	15,480.	0.			EDUCATIONAL

2 Enter total number of Section 501(c)(3) and government organizations

3 Enter total number of other organizations

Name of the organization

NATIONAL 4-H COUNCIL

Employer identification number

36-2862206

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PINE TREE STATE 4-H FOUNDATION 9 OLSON ROAD SOUTH PARIS, ME 04281	016011487	501 C 3	39,148.	0.			EDUCATIONAL
PRAIRIE VIEW A & M UNIVERSITY P. O. BOX 667 PRAIRIE VIEW, TX 77446	746001078	501 C 3	24,505.	0.			EDUCATIONAL
PUERTO RICO AGRICULTURAL EXT. SERV 1204 CEIBA STREET SAN JUAN, PR 00926	356002041	501 C 3	37,500.	0.			EDUCATIONAL
PURDUE UNIVERSITY 615 W STATE ST, AGAD BUILDING WEST LAFAYETTE, IN 47907	351097611	501 C 3	17,988.	0.			EDUCATIONAL
RUTGERS COOP. EXT. OF MIDDLESEX CO 42 RIVA AVE NORTH BRUNSWICK, NJ 08902	226043015	501 C 3	15,000.	0.			EDUCATIONAL
RUTGERS, THE UNIVERSITY OF NEW JERSEY - MARTIN HALL, ROOM 329, 88 - NORTH BRUNSWICK, NJ 08901	226001086	501 C 3	37,500.	0.			EDUCATIONAL
SOUTH DAKOTA 4-H FOUNDATION AG HALL, ROOM 116 BROOKINGS, SD 57007	466016086	501 C 3	23,665.	0.			EDUCATIONAL
SOUTH DAKOTA STATE UNIVERSITY 2097 MEADOW LANE BROOKINGS, SD 57703	466000634	501 C 3	5,805.	0.			EDUCATIONAL

2 Enter total number of Section 501(c)(3) and government organizations

3 Enter total number of other organizations

**SCHEDULE I-1
(Form 990)**
Department of the Treasury
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)
Attach to Form 990 to list additional information for
Part II and Part III, Schedule I (Form 990).**

OMB No. 1545-0047
2008
Open to Public
Inspection

Name of the organization

Employer identification number

36-2862206

NATIONAL 4-H COUNCIL

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II).

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOUTHERN UNIVERSITY AGRICULTURAL PO BOX 10010 BATON ROUGE, LA 70813	726000817	501 C 3	45,375.	0.			EDUCATIONAL
SULLIVAN COUNTY UNH COOP. EXTENSION - 240 MAIN STREET - NEWPORT, NH 03773	026000937	501 C 3	8,107.	0.			EDUCATIONAL
TERRELL COUNTY 4-H PO BOX 271 DAWSON, GA 39842	581510984	501 C 3	23,220.	0.			EDUCATIONAL
TEXAS AGRILIFE EXTENSION 4-H TAMUS 2147, CONTRACTS & GRANTS COLLEGE STATION, TX 77843	746000541	501 C 3	48,750.	0.			EDUCATIONAL
TEXAS COOPERATIVE EXTENSION 5600 FM 3021 BROWNWOOD, TX 76801-0666	746000537	501 C 3	10,000.	0.			EDUCATIONAL
THE BOARD OF REGENTS OF THE UNIVERSITY OF WISCONSIN - 432 N LAKE ST, 104 EXTENSION BLDG - MADISON, WI 53702	391805963	501 C 3	10,000.	0.			EDUCATIONAL
THE BOARD OF REGENTS OF THE UNIVERSITY OF WISCONSIN - 432 N LAKE ST, 104 EXTENSION BLDG - MADISON, WI 53706	391805963	501 C 3	20,000.	0.			EDUCATIONAL
THE OHIO STATE UNIVERSITY 2120 FYFFE ROAD, ROOM 25 COLUMBUS, OH 43210	316025986	501 C 3	33,375.	0.			EDUCATIONAL

2 Enter total number of Section 501(c)(3) and government organizations

3 Enter total number of other organizations

SCHEDULE I-1
(Form 990)
Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
Attach to Form 990 to list additional information for
Part II and Part III, Schedule I (Form 990).

OMB No. 1545-0047
2008
Open to Public
Inspection

Name of the organization

NATIONAL 4-H COUNCIL

Employer identification number
36-2862206

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II).

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE OHIO STATE UNIVERSITY FOUNDATION - 1480 W. LANE AVE - COLUMBUS, OH 43215	316401599	501 C 3	69,000.	0.			EDUCATIONAL
THE PENNSYLVANIA STATE UNIVERSITY THE PENN STATE CONFERENCES CENTER HOTEL, ROOM 78 - UNIVERSITY PARK, PA 16802	024600376	501 C 3	23,852.	0.			EDUCATIONAL
THE REGENTS OF THE UNIV. OF CALIFORNIA - 1111 FRANKLIN STREET, 6TH FLOOR - OAKLAND, CA 94607	943067788	501 C 3	10,000.	0.			EDUCATIONAL
THE REGENTS OF THE UNIVERSITY OF IDAHO - P.O. BOX 443020 - MOSCOW, ID 83844-3020	826000945	501 C 3	20,000.	0.			EDUCATIONAL
THE UNIVERSITY OF TENNESSEE 205 MORGAN HALL, 2621 MORGAN CIRCL KNOXVILLE, TN 37996-4510	626047753	501 C 3	13,500.	0.			EDUCATIONAL
UNH COOPERATIVE EXT., STRAFFORD CO 268 COUNTY FARM ROAD DOVER, NH 03820	020228707	501 C 3	19,351.	0.			EDUCATIONAL
UNH COOPERATIVE EXTENSION 59 COLLEGE ROAD DURHAM, NH 03824-3587	026009699	501 C 3	63,320.	0.			EDUCATIONAL
UNH MERRIMACK COUNTY EXTENSION SER 315 DANIEL WEBSTER HIGHWAY BOSCAWEN, NH 03303	026012635	501 C 3	27,091.	0.			EDUCATIONAL

2 Enter total number of Section 501(c)(3) and government organizations

3 Enter total number of other organizations

SCHEDULE I-1
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
Attach to Form 990 to list additional information for
Part II and Part III, Schedule I (Form 990).

OMB No. 1545-0047
2008

Open to Public
Inspection

Name of the organization

Employer identification number

NATIONAL 4-H COUNCIL
36-2862206

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNHCE GRAFTON COUNTY 3855 DARTMOUTH COLLEGE HIGHWAY, BO NORTH HAVERHILL, NH 03774	026000339	501 C 3	46,440.	0.			EDUCATIONAL
UNHCE ROCKINGHAM COUNTY, 4-H YOUTH DEV. - 113 NORTH ROAD - BRENTWOOD, NH 03833	026000937	501 C 3	14,707.	0.			EDUCATIONAL
UNIV OF ARKANSAS COOP EXT SVC BOX 391 LITTLE ROCK, AR 72203	716060767	501 C 3	5,895.	0.			EDUCATIONAL
UNIVERSITY OF ALASKA, FAIRBANKS 3295 COLLEGE RD, ROOM 109 FAIRBANKS, AK 99775	926000147	501 C 3	9,000.	0.			EDUCATIONAL
UNIVERSITY OF CALIFORNIA 11477 E AVE AUBURN, CA 95603	946036494	501 C 3	15,000.	0.			EDUCATIONAL
UNIVERSITY OF CONNECTICUT 843 UNIVERSITY DRIVE TORRINGTON, CT 06720	060772160	501 C 3	83,310.	0.			EDUCATIONAL
UNIVERSITY OF DELAWARE 113 TOWNSEND HALL, 531 SOUTH COLLEGE AVENUE - NEWARK, DE 19716-2210	510236118	501 C 3	10,395.	0.			EDUCATIONAL
UNIVERSITY OF DELAWARE, COOP EXT SERVICE - 210 HULLIHEN HALL - NEWARK, DE 19716-2210	510236118	501 C 3	27,250.	0.			EDUCATIONAL

2 Enter total number of Section 501(c)(3) and government organizations

3 Enter total number of other organizations

832241 12-17-08 LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I-1 (Form 990) 2008

SCHEDULE I-1
(Form 990)
Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
▲ Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990).

OMB No. 1545-0047
2008
Open to Public Inspection

Name of the organization

Employer identification number
36-2862206

NATIONAL 4-H COUNCIL

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF DELAWARE, COOP EXT. 210 HULLIHEN HALL NEWARK, DE 19716-2210	510236118	501 C 3	20,000.	0.			EDUCATIONAL
UNIVERSITY OF DELAWARE-CASHIER UNIVERSITY OF DELAWARE NEWARK, DE 19716	510236118	501 C 3	10,000.	0.			EDUCATIONAL
UNIVERSITY OF HAWAII OFFICE OF RESEARCH SERVICES: 2530 DOLE STREET SAKAMAKI D200 - HONOLULU, HI 9	530260105	501 C 3	37,500.	0.			EDUCATIONAL
UNIVERSITY OF ILLINOIS 302 E. JOHN # 1901 CHAMPAIGN, IL 61820	376000511	501 C 3	49,835.	0.			EDUCATIONAL
UNIVERSITY OF KENTUCKY ROOM 212 SCOVELL HALL LEXINGTON, KY 40546	237437297	501 C 3	15,000.	0.			EDUCATIONAL
UNIVERSITY OF KENTUCKY RESEARCH FOUND. - 109 KINKEAD HALL - LEXINGTON, KY 40506	616033693	501 C 3	9,915.	0.			EDUCATIONAL
UNIVERSITY OF KENTUCKY RESEARCH FOUND. - 109 KINKEAD HALL - LEXINGTON, KY 40506	616033693	501 C 3	20,000.	0.			EDUCATIONAL
UNIVERSITY OF NEBRASKA-LINCOLN 312 N. 14TH ST., ALEXANDER WEST LINCOLN, NE 68588	470049123	501 C 3	22,811.	0.			EDUCATIONAL

2 Enter total number of Section 501(c)(3) and government organizations

3 Enter total number of other organizations

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)
Attach to Form 990 to list additional information for
Part II and Part III, Schedule I (Form 990).**

OMB No. 1545-0047

2008

Open to Public
Inspection

Name of the organization

Employer identification number

36-2862206

NATIONAL 4-H COUNCIL

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part I).

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF NEW HAMPSHIRE 180 MAIN STREET DURHAM, NH 03824	026000937	501 C 3	37,500.	0.			EDUCATIONAL
UNIVERSITY OF TENNESSEE 205 MORGAN HALL, 2621 MORGAN CIRCL KNOXVILLE, TN 37996-4510	626047753	501 C 3	26,250.	0.			EDUCATIONAL
UNIVERSITY OF WISCONSIN EXTENSION US BANK LOCKBOX 78138 MILWAUKEE, WI 53278-0138	391805963	501 C 3	10,000.	0.			EDUCATIONAL
UNIVERSITY OF WISCONSIN-EXT 637 EXTENSION BLDG, 432 N. LAKE ST MADISON, WI 53706	391805963	501 C 3	37,500.	0.			EDUCATIONAL
UNIVERSITY OF ARIZONA, FRS#408400 888 N EUCLID AVE, ROOM 510 TUCSON, AZ 85719	742652689	501 C 3	25,000.	0.			EDUCATIONAL
UTAH STATE UNIVERSITY 5049 OLD MAIN HILL LOGAN, UT 84322-5049	876000528	501 C 3	199,180.	0.			EDUCATIONAL
UW EXTENSION-LA CROSSE COUNTY 400 4TH ST. N LA CROSSE, WI 54601	391473039	501 C 3	17,415.	0.			EDUCATIONAL
VIRGINIA 4-H FOUNDATION 2000 KRAFT DR, SUITE 2100 BLACKSBURG, VA 24060	546001805	501 C 3	25,150.	0.			EDUCATIONAL

2 Enter total number of Section 501(c)(3) and government organizations

3 Enter total number of other organizations

Name of the organization

NATIONAL 4-H COUNCIL

Employer identification number
 36-2862206

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VIRGINIA POLYTECHNIC INSTITUTE AND STATE UNIVERSITY - 1880 PRATT DRIVE, SUITE 2006 - BLACKSBURG, VA 24060	546001805	501 C 3	17,500.	0.			EDUCATIONAL
VIRGINIA STATE UNIVERSITY P.O. BOX 9081 PETERSBURG, VA 23806	547300760	501 C 3	5,412.	0.			EDUCATIONAL
WASHINGTON COUNTY 4-H LEADERS ASSO. - 18460 NW WALKER RD, SUITE 1400 - BEAVERTON, OR 97006	930229514	501 C 3	15,000.	0.			EDUCATIONAL
WASHINGTON STATE 4H FOUNDATION 7612 PIONEER WAY E. PUYALLUP, WA 98371	916055395	501 C 3	12,000.	0.			EDUCATIONAL
WEBSTER COUNTY EXTENSION OFFICE 217 S. 25TH STREET, SUITE C-12 FORT DODGE, IA 50501	426021484	501 C 3	7,425.	0.			EDUCATIONAL
WEST VIRGINIA UNIVERSITY FOUNDATION - 160 JACKSON MILL RD - WESTON, WV 26452	556084204	501 C 3	15,000.	0.			EDUCATIONAL
WEST VIRGINIA UNIVERSITY RESEARCH CORP. - 886 CHESTNUT RIDGE RD, ROOM 202 - MORGANTOWN, WV 26506	550665758	501 C 3	8,750.	0.			EDUCATIONAL
WINNEBAGO COUNTY TREASURER 625 E CTY RD. Y SUITE 600 OSHKOSH, WI 54901	396101443	501 C 3	11,611.	0.			EDUCATIONAL

2 Enter total number of Section 501(c)(3) and government organizations

3 Enter total number of other organizations

Part IV Supplemental Information

(CONTINUED FROM PAGE 24)

MONITORING BEGINS WITH A DESCRIPTION OF UNALLOWABLE COSTS IN THE REQUEST FOR PROPOSALS ISSUED FOR A GRANT OPPORTUNITY. SUBMITTED BUDGETS ARE REVIEWED, AND UNCLEAR ITEMS ARE QUESTIONED AND CLARIFIED BEFORE EITHER FINAL APPROVAL OR REJECTION.

TYPICALLY GRANTEES SUBMIT AT LEAST MID-TERM AND FINAL FINANCIAL REPORTS REFLECTING ACTUAL EXPENSES ON AN ANNUAL BASIS. THESE REFLECT SPENDING AGAINST APPROVED BUDGET LINES.

ANY OF THESE STAGES MAY BE AMENDED OR DROPPED AS APPROPRIATE FOR THE SPECIFICS OF A GIVEN GRANT. GRANTEES SUPPORTED THROUGH FEDERAL DOLLARS MAY REQUIRE SITE VISITS AND/OR ADDITIONAL AUDITING PROCEDURES.

Compensation Information

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

2008

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990. To be completed by organizations that
answered "Yes" to Form 990, Part IV, line 23.

Name of the organization

NATIONAL 4-H COUNCIL

Employer identification number

36-2862206

Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <input checked="checked" type="checkbox"/> First-class or charter travel <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Travel for companions <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Tax indemnification and gross-up payments <input checked="checked" type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
b If line 1a is 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	x	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	x	
3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply. <input checked="checked" type="checkbox"/> Compensation committee <input checked="checked" type="checkbox"/> Written employment contract <input checked="checked" type="checkbox"/> Independent compensation consultant <input checked="checked" type="checkbox"/> Compensation survey or study <input checked="checked" type="checkbox"/> Form 990 of other organizations <input checked="checked" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a: a Receive a severance payment or change of control payment?	x	
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	x	
c Participate in, or receive payment from, an equity-based compensation arrangement?		x
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.		
5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization?		x
b Any related organization?		x
If "Yes," to line 5a or 5b, describe in Part III.		
6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization?		x
b Any related organization?		x
If "Yes" to line 6a or 6b, describe in Part III.		
7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III		x
8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III		x

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

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

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

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
DONALD T. FLOYD	(i)	437,073	0	15,000	64,717	516,790	425,545
	(ii)	0	0	0	0	0	0
JENNIFER SIRANGELO	(i)	259,334	0	0	42,555	301,889	256,198
	(ii)	0	0	0	0	0	0
PAUL J. KOHLER	(i)	196,414	0	0	40,675	237,089	191,100
	(ii)	0	0	0	0	0	0
ANDY FERRIN	(i)	161,590	0	0	39,010	200,600	0
	(ii)	0	0	0	0	0	0
KARLA HOWARD	(i)	190,623	0	0	29,789	220,412	185,833
	(ii)	0	0	0	0	0	0
SHARON SCHAINKER	(i)	136,494	0	15,500	25,444	177,438	137,848
	(ii)	0	0	0	0	0	0
KIRK JAMES	(i)	137,949	0	0	32,452	170,401	137,848
	(ii)	0	0	0	0	0	0
ROBERT RANSON	(i)	130,689	0	0	22,807	153,496	0
	(ii)	0	0	0	0	0	0
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							

Part III Supplemental Information

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

PART I, LINE 1A: FIRST CLASS TRAVEL PRIMARILY ASSOCIATED WITH LONG HAUL

INTERNATIONAL TRAVEL IN SUPPORT OF THE GLOBAL 4-H NETWORK, OR SCHEDULE

REQUIREMENTS IN DOMESTIC TRAVEL.

LUNCH AND DINNER CLUB FOR RECOGNITION OF ASSOCIATES AND BUSINESS MEETINGS.

PART I, LINE 4A: SEVERANCE

NAME: UNDISCLOSED

AMOUNT: UNDISCLOSED

TERMS: THE ORGANIZATION PROVIDES A SEVERANCE PACKAGE CONSISTENT WITH

INDUSTRY STANDARDS, THE TERMS OF WHICH ARE CONFIDENTIAL

DONALD T. FLOYD, JR. PARTICIPATED IN A SECTION 457 PLAN SPONSORED BY

NATIONAL 4-H COUNCIL. A CONTRIBUTION OF \$15,000 WAS MADE TO THE PLAN BY

NATIONAL 4-H COUNCIL FOR THE YEAR ENDED DECEMBER 31, 2008. THE COUNCIL

MAINTAINS AN INDIVIDUAL ACCOUNT THAT IS CREDITED WITH THE CONTRIBUTIONS AND

ANY GAINS, LOSSES AND EARNINGS BASED UPON THE TERMS OF THE PLAN WITH

EXECUTIVE'S RIGHTS VESTING ANNUALLY ON DECEMBER 31ST.

SCHEDULE J-2
(Form 990)

Continuation Sheet for Form 990

OMB No. 1545-0047

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

Name of the Organization

NATIONAL 4-H COUNCIL

Employer Identification number

36-2862206

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
DOUGLAS R. COFFEY PUBLIC CLASS	0.50	X						0.	0.	0.
W. GAINES SMITH EXTENSION & INSTITUTION	0.50	X						0.	0.	0.
NATALIE CHENG YOUTH CLASS	0.50	X						0.	0.	0.
HERMAN L. SCOTT PUBLIC CLASS	0.50	X						0.	0.	0.
DONALD H. SCHRIVER PUBLIC CLASS	0.50	X						0.	0.	0.
DOUGLAS L. STEELE EXTENSION & INSTITUTION	0.50	X						0.	0.	0.
CORINNA M. BYRUM YOUTH CLASS	0.50	X						0.	0.	0.
KEN C. HICKS PUBLIC CLASS	0.50	X						0.	0.	0.
MICHAEL JOHNSON YOUTH CLASS	0.50	X						0.	0.	0.
MARK A. MCCANN EXTENSION & INSTITUTION	0.50	X						0.	0.	0.
EDWARD J. BECKWITH SECRETARY	0.50			X				0.	0.	0.
DONALD T. FLOYD PRESIDENT & CEO, N4H COU	59.50			X				437,073.	0.	79,717.
JENNIFER SIRANGELO SVP, CHIEF RESOURCE DEVP	50.50				X			259,334.	0.	42,555.
PAUL J. KOEHLER SVP, NATIONAL 4-H YOUTH	45.50				X			196,414.	0.	40,675.
ANDY FERRIN SVP, CHIEF MARKETING OFF	51.50					X		161,590.	0.	39,010.
KARLA HOWARD CHIEF FINANCIAL OFFICER	44.50					X		190,623.	0.	29,789.
SHARON SCHAIKNER DIRECTOR, HUMAN RESOURCE	57.50					X		136,494.	0.	40,944.
KIRK JAMES DIRECTOR, IT DEPARTMENT	45.00					X		137,949.	0.	32,452.
ROBERT RANSON DIRECTOR, ACCESS 4-H	50.00					X		130,689.	0.	22,807.

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

Schedule J-2 (Form 990) 2008

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Attach to Form 990 or Form 990-EZ.
▶ To be completed by organizations that answered
"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, lines 38a or 40b.

OMB No. 1545-0047

2008
Open To Public Inspection

Name of the organization: NATIONAL 4-H COUNCIL Employer identification number: 36-2862206

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

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

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

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ▶ \$ _____
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

Part II Loans to and/or From Interested Persons.

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

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

Total ▶ \$ _____

Part III Grants or Assistance Benefiting Interested Persons.

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27.

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

Part IV Business Transactions Involving Interested Persons.

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 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
EDWARD J. BECKWITH, ESQ	BUSINESS	185,955.	LAW FIRM		X

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule L (Form 990 or 990-EZ) 2008

SEE SCHEDULE O FOR SCHEDULE L CONTINUATIONS

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

2008
Open to Public
Inspection

Name of the organization

NATIONAL 4-H COUNCIL

Employer identification number

36-2862206

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

TO ADVANCE THE 4-H YOUTH DEVELOPMENT MOVEMENT TO BUILD A WORLD IN WHICH
YOUTH AND ADULTS LEARN, GROW AND WORK TOGETHER AS CATALYSTS FOR
POSITIVE CHANGE.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

TO ADVANCE THE 4-H YOUTH DEVELOPMENT MOVEMENT TO BUILD A WORLD IN WHICH
YOUTH AND ADULTS LEARN, GROW AND WORK TOGETHER AS CATALYSTS FOR
POSITIVE CHANGE.

THE WORLD CAN PRESENT BIG CHALLENGES, BUT 4-H BELIEVES THE ABILITY TO
GENERATE POSITIVE CHANGE IS A CORE STRENGTH OF YOUTH-ONE THAT CAN BE
NOURISHED WITH THE RIGHT RESOURCES. THE 4-H PHILOSOPHY OF LEARNING BY
DOING AND LEADING BY EXAMPLE HAS PROVED TO HAVE A POSITIVE IMPACT ON
YOUNG PEOPLE, THEIR FAMILIES, AND THEIR COMMUNITIES. IT IS WITH THAT
BELIEF AND PROVEN SUCCESS THAT NATIONAL 4-H COUNCIL FOCUSES ITS EFFORTS
TO ADVANCE THE 4-H YOUTH DEVELOPMENT MOVEMENT-AND TO BUILD A WORLD
WHERE YOUTH AND ADULTS WORK TOGETHER AS CATALYSTS FOR POSITIVE CHANGE.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS

EDUCATIONAL PROGRAMS - FOR MORE THAN 100 YEARS 4-H HAS HAD A POSITIVE
INFLUENCE ON OUR NATION BY PREPARING GENERATIONS OF PRODUCTIVE WORKERS,
CITIZENS, AND LEADERS. NATIONAL 4-H COUNCIL STRIVES TO BUILD ON THIS
EFFORT THROUGH INVESTING EDUCATIONAL RESOURCES WHERE CHANGE HAPPENS-AT
THE LOCAL LEVEL. FUNDS THAT SUPPORT INNOVATION IN THE AREAS OF HEALTHY
LIVING; CITIZENSHIP; AND SCIENCE, ENGINEERING AND TECHNOLOGY PROGRAMS

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

Schedule O (Form 990) 2008

832211
12-18-08

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization

NATIONAL 4-H COUNCIL

Employer identification number

36-2862206

ENABLE 4-H PROFESSIONALS AND VOLUNTEERS TO BUILD A BETTER FUTURE FOR TODAY'S YOUTH.

FOR EXAMPLE, NATIONAL 4-H COUNCIL REMAINS FOCUSED ON A BOLD GOAL OF REACHING ONE MILLION NEW YOUNG PEOPLE BY 2013 WITH SCIENCE, ENGINEERING, AND TECHNOLOGY PROGRAMS. TO ADVANCE THAT GOAL, COUNCIL LAUNCHED THE FIRST EVER 4-H NATIONAL YOUTH SCIENCE DAY(TM) IN OCTOBER 2008, WHEN 4-H'ERS AROUND THE COUNTRY DISPLAYED THE KIND OF PASSION FOR SCIENCE EXPLORATION THAT HAS HELPED KEEP AMERICA COMPETITIVE FOR THE PAST 100 YEARS. SIMILAR EFFORTS ARE UNDERWAY FOR THE CITIZENSHIP AND HEALTHY LIVING FOCUS AREAS, PROVIDING 4-H WITH A DIVERSE PORTFOLIO OF CURRICULA, PROFESSIONAL DEVELOPMENT EFFORTS, THOROUGH EVALUATION METHODS, AND TOP TIER WORKFORCE AND LEADERSHIP DEVELOPMENT PROGRAMS FOR MORE THAN 6 MILLION OF OUR NATION'S YOUTH.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS NATIONAL 4-H CENTER: 2009 MARKED NATIONAL 4-H YOUTH CONFERENCE CENTER'S GOLDEN ANNIVERSARY. NOW, 50 YEARS AFTER PRESIDENT DWIGHT D. EISENHOWER PRESIDED OVER ITS OPENING CEREMONIES, CENTER IS ONE OF THE LARGEST NONACADEMIC YOUTH EDUCATION AND CONFERENCE FACILITIES IN THE UNITED STATES AND CONTINUES TO BE THE NATIONAL HOME FOR 4-H, HOSTING ANNUAL 4-H CONFERENCES AND YEAR-ROUND TRAINING PROGRAMS FOR YOUTH, VOLUNTEER LEADERS, AND PROFESSIONAL STAFF.

NATIONAL 4-H YOUTH CONFERENCE CENTER HOSTS MORE THAN 30,000 YOUTH EACH YEAR ON ITS 12-ACRE WASHINGTON, DC METRO CAMPUS WHILE THEY TOUR THE

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

Schedule O (Form 990) 2008

832211
12-18-08

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

2008
Open to Public
Inspection

Name of the organization

NATIONAL 4-H COUNCIL

Employer identification number

36-2862206

CITY'S HISTORIC LANDMARKS, ATTEND CONFERENCES AND LEADERSHIP PROGRAMS,

AND EXPERIENCE THE BEST OF OUR NATION'S CAPITAL, AND EVERY YOUNG

PERSON, VOLUNTEER LEADER, OR PROFESSIONAL WHO HAS VISITED NATIONAL 4-H

YOUTH CONFERENCE CENTER OVER THE YEARS HAS ALWAYS LEFT WITH SOMETHING

TO INSPIRE THEM-SOME NEW POINT OF VIEW, SOME NEW IDEA TO TAKE HOME.

THAT'S THE INGREDIENT THAT HAS KEPT THE EXPERIENCE OF CENTER FRESH AND

EXCITING FOR EVERY ONE OF ITS 50 YEARS.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS

NATIONAL 4-H SUPPLY SERVICE: "MAKE IT HAPPEN" AND "BORN LEADER" AREN'T

JUST GREAT T-SHIRT SLOGANS. FOR THE NATIONAL 4-H SUPPLY SERVICE,

THEY'RE A WAY OF LIFE. SINCE 1924, 4-H SUPPLY HAS PROVIDED HIGH-QUALITY

BRANDED PRODUCTS TO MEET THE NEEDS OF 4-H OFFICES, CLUBS, AND FAMILIES

ALIKE. TODAY, 4-H SUPPLY TAKES ITS CUSTOMER-FRIENDLY APPROACH TO NEW

LEVELS, WITH CONVENIENT ONLINE SHOPPING AND EXPERT ADVICE. 4-H'ERS SHOW

THEIR PRIDE EVERY DAY BY PURCHASING ITEMS WITH THE 4-H NAME AND EMBLEM.

4-H SUPPLY SHOWS THE SAME DEVOTION, PROVIDING THE BEST PRODUCTS AND THE

HIGHEST LEVEL OF CUSTOMER SERVICE TO KEEP THESE DEDICATED CUSTOMERS

COMING BACK, YEAR AFTER YEAR.

FORM 990, PART VI, SECTION A, LINE 10: ALL TRUSTEES ARE FURNISHED DRAFTS

OF FORM 990 AND GIVEN TEN DAYS TO CONFIRM THEIR REVIEW OF THE DOCUMENT. ALL

OF THEIR COMMENTS AND SUGGESTIONS ARE RESOLVED PRIOR TO FILING THE FORM

990.

FORM 990, PART VI, SECTION B, LINE 12C: THE CONFLICT OF INTEREST POLICY IS

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

Schedule O (Form 990) 2008

832211
12-18-08

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

2008
Open to Public
Inspection

Name of the organization

NATIONAL 4-H COUNCIL

Employer identification number

36-2862206

REVIEWED ANNUALLY. ALL NEW ASSOCIATES ARE REQUIRED TO REVIEW AND SIGN THE

CONFLICT OF INTEREST POLICY UPON EMPLOYMENT.

FORM 990, PART VI, SECTION B, LINE 15: THE PROCESS FOR DETERMINING THE

COMPENSATION OF DONALD T. FLOYD, JR. INCLUDES THE FOLLOWING:

-COMPENSATION SURVEY AND STUDY

-INDEPENDENT COMPENSATION CONSULTANT

-REVIEW OF FORM 990 FOR OTHER ORGANIZATIONS

-USE OF A COMPENSATION COMMITTEE

-APPROVAL BY THE BOARD OF TRUSTEES

-WRITTEN EMPLOYMENT CONTRACT

THE PROCESS FOR DETERMINING THE COMPENSATION OF THE SENIOR LEADERSHIP TEAM

INCLUDES THE FOLLOWING:

-COMPENSATION SURVEY AND STUDY

-INDEPENDENT COMPENSATION CONSULTANT

-REVIEW OF FORM 990 FOR OTHER ORGANIZATIONS

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AL, AK, AZ, AR, CA, CT, DC, FL, GA, IL, KS, KY, ME, MD, MA, MI, MN, MS, NH, NJ, NM, NY, NC, ND, OH

OK, OR, PA, RI, SC, TN, TX, UT, VA, WA, WV, WI

FORM 990, PART VI, SECTION C, LINE 19:

GOVERNING DOCUMENTS: UPON REQUEST

CONFLICT OF INTEREST POLICY: UPON REQUEST

FINANCIAL STATEMENTS: ANNUAL REPORT

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization

NATIONAL 4-H COUNCIL

Employer identification number

36-2862206

FORM 990, PART IV, LINE 12 AND PART XI, LINE 2

AUDIT OF CONSOLIDATED FINANCIAL STATEMENTS/OVERSIGHT OF AUDIT

THERE WAS NO CHANGE IN THE PROCESS FOR OVERSIGHT OF THE AUDIT FROM THE

PRIOR YEAR. THE ORGANIZATION IS AUDITED AS PART OF A CONSOLIDATED

FINANCIAL STATEMENT. IT DOES NOT RECEIVE SEPARATE AUDITED STATEMENTS.

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: EDWARD J. BECKWITH, ESQ

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

BUSINESS

(C) AMOUNT OF TRANSACTION \$ 185955.

(D) DESCRIPTION OF TRANSACTION: LAW FIRM BAKER & HOSTETLER LLP, IS AN

INDEPENDENT CONTRACTOR WHICH PROVIDES A FULL RANGE OF LEGAL SERVICES FOR

THE ORGANIZATION. ALL FEES ARE REVIEWED AND APPROVED BY CEO MONTHLY AND

ALL LEGAL SERVICES PROVIDED ARE REVIEWED ANNUALLY BY THE EXECUTIVE

COMMITTEE OF THE BOARD OF TRUSTEES.

(E) SHARING OF ORGANIZATION REVENUES? = NO

Part III Identification of Related Organizations Taxable as a Partnership

(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, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	(H) Disproportion- ate allocations?		(I) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(J) General or managing partner?
							Yes	No		

Part IV Identification of Related Organizations Taxable as a Corporation or Trust

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership

Part V Transactions With Related Organizations

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

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

	Yes	No
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity		<input checked="" type="checkbox"/>
b Gift, grant, or capital contribution to other organization(s)		<input checked="" type="checkbox"/>
c Gift, grant, or capital contribution from other organization(s)		<input checked="" type="checkbox"/>
d Loans or loan guarantees to or for other organization(s)		<input checked="" type="checkbox"/>
e Loans or loan guarantees by other organization(s)		<input checked="" type="checkbox"/>
f Sale of assets to other organization(s)		<input checked="" type="checkbox"/>
g Purchase of assets from other organization(s)		<input checked="" type="checkbox"/>
h Exchange of assets		<input checked="" type="checkbox"/>
i Lease of facilities, equipment, or other assets to other organization(s)		<input checked="" type="checkbox"/>
j Lease of facilities, equipment, or other assets from other organization(s)		<input checked="" type="checkbox"/>
k Performance of services or membership or fundraising solicitations for other organization(s)		<input checked="" type="checkbox"/>
l Performance of services or membership or fundraising solicitations by other organization(s)		<input checked="" type="checkbox"/>
m Sharing of facilities, equipment, mailing lists, or other assets		<input checked="" type="checkbox"/>
n Sharing of paid employees		<input checked="" type="checkbox"/>
o Reimbursement paid to other organization for expenses		<input checked="" type="checkbox"/>
p Reimbursement paid by other organization for expenses		<input checked="" type="checkbox"/>
q Other transfer of cash or property to other organization(s)		<input checked="" type="checkbox"/>
r Other transfer of cash or property from other organization(s)		<input checked="" type="checkbox"/>

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

	(A) Name of other organization(s)	(B) Transaction type (a-r)	(C) Amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Part VI Unrelated Organizations Taxable as a Partnership

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

(A) Name, address, and EIN of entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations?		(E) Share of end-of- year assets	(F) Dispropor- tionate allocations?		(G) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(H) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

- If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box X
 - If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).
- Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

Type or print	Name of Exempt Organization	Employer identification number
	NATIONAL 4-H COUNCIL	36-2862206
	Number, street, and room or suite no. If a P.O. box, see instructions. 7100 CONNECTICUT AVENUE	
File by the due date for filing your return. See instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions. CHEVY CHASE, MD 20815-4999	

Check type of return to be filed (file a separate application for each return):

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

THE ORGANIZATION

- The books are in the care of ► 7100 CONNECTICUT AVENUE - CHEVY CHASE, MD 20815-4999
Telephone No. ► 301-961-2800 FAX No. ► _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until FEBRUARY 15, 2010, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- calendar year _____ or
- tax year beginning JUL 1, 2008, and ending JUN 30, 2009.

2 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	
b	If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	
c	Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	N/A

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

Part II		Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).	
Type or print File by the extended due date for filing the return. See instructions.	Name of Exempt Organization		Employer identification number
	NATIONAL 4-H COUNCIL		36-2862206
	Number, street, and room or suite no. If a P.O. box, see instructions.		For IRS use only
	7100 CONNECTICUT AVENUE		
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.		
	CHEVY CHASE, MD 20815-4999		

Check type of return to be filed (File a separate application for each return):

- Form 990
 Form 990-EZ
 Form 990-T (sec. 401(a) or 408(a) trust)
 Form 1041-A
 Form 5227
 Form 8870
 Form 990-BL
 Form 990-PF
 Form 990-T (trust other than above)
 Form 4720
 Form 6069

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

JOSEPH P. ROCHE

- The books are in the care of 7100 CONNECTICUT AVENUE - CHEVY CHASE, MD 20815-4999
Telephone No. 301-961-2800 FAX No.
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

- 4 I request an additional 3-month extension of time until MAY 15, 2010.
- 5 For calendar year _____, or other tax year beginning JUL 1, 2008, and ending JUN 30, 2009.
- 6 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period
- 7 State in detail why you need the extension _____

DUE TO THE COMPLEXITY OF THE RETURN, ADDITIONAL TIME IS NECESSARY TO COMPILE THE INFORMATION NEEDED FOR A COMPLETE AND ACCURATE RETURN.

8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$
c	Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$ N/A

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature Joseph Underwood Title CPA Date 2/12/10