

Exempt Organization Declaration and Signature for Electronic Filing

For calendar year 2010, or tax year beginning JUL 1, 2010, and ending JUN 30, 2011

For use with Forms 990, 990-EZ, 990-PF, 1120-POL, and 8868

2010

Department of the Treasury
Internal Revenue Service

▶ See instructions.

Name of exempt organization

NATIONAL 4-H COUNCIL

Employer identification number

36-2862206

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the type of return being filed with Form 8453-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a below and the amount on that line of the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). If you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here b Total revenue, if any (Form 990, Part VIII, column (A), line 12) 1b 30477678
 2a Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9) 2b _____
 3a Form 1120-POL check here b Total tax (Form 1120-POL, line 22) 3b _____
 4a Form 990-PF check here b Tax based on investment income (Form 990-PF, Part VI, line 5) 4b _____
 5a Form 8868 check here b Balance due (Form 8868, Part I, line 3c or Part II, line 8c) 5b _____

Part II Declaration of Officer

6 I authorize the U.S. Treasury and its designated Financial Agent to initiate an Automated Clearing House (ACH) electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(ies).

Under penalties of perjury, I declare that I am an officer of the above named organization and that I have examined a copy of the organization's 2010 electronic return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgment of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund.

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Sign Here ▶ *Janina Scraglo* 15/15/12 ▶ CHIEF OPERATING OFFICER
 Signature of officer Date Title

Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions)

I declare that I have reviewed the above organization's return and that the entries on Form 8453-EO are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The organization officer will have signed this form before I submit the return. I will give the officer a copy of all forms and information to be filed with the IRS, and have followed all other requirements in Pub. 4163, Modernized e-file (MeF) Information for Authorized IRS e-file Providers for Business Returns. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

ERO's Use Only *Jpelludrwood* Date 5/15/12 Check if also paid preparer Check if self-employed ERO's SSN or PTIN P00022361
 Firm's name (yours if self-employed), address, and ZIP code BDO USA, LLP EIN 13-5381590
7101 WISCONSIN AVE., SUITE 800 Phone no. (301) 654-4900
BETHESDA 20814-4827

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

Paid Preparer Use Only Print/Type preparer's name Preparer's signature Date Check if self-employed PTIN
 Firm's name ▶ Firm's EIN ▶
 Firm's address ▶ Phone no.

Form **990**

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)

OMB No. 1545-0047

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2010 calendar year, or tax year beginning **JUL 1, 2010** and ending **JUN 30, 2011**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization NATIONAL 4-H COUNCIL		D Employer identification number 36-2862206	
	Doing Business As		E Telephone number 301-961-2800	
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 7100 CONNECTICUT AVENUE			
	City or town, state or country, and ZIP + 4 CHEVY CHASE, MD 20815-4999		G Gross receipts \$ 34,016,739.	
	F Name and address of principal officer: DONALD T. FLOYD, JR. SAME AS C ABOVE		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)	

I Tax-exempt status: 501(c)(3) 501(c)() (insert no.) 4947(a)(1) or 527

J Website: WWW.4-H.ORG

K Form of organization: Corporation Trust Association Other

L Year of formation: 1976 **M** State of legal domicile: OH

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO INCREASE INVESTMENT AND PARTICIPATION IN HIGH QUALITY 4-H POSITIVE YOUTH DEVELOPMENT.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	28
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	28
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	193
	6 Total number of volunteers (estimate if necessary)	6	67
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	155,968.
b Net unrelated business taxable income from Form 990-T, line 34	7b	13,073.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	15,905,293.	16,835,106.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	7,622,309.	7,677,302.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	84,952.	304,483.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	6,028,537.	5,660,787.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	29,641,091.	30,477,678.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	3,323,044.	4,444,616.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	12,183,634.	11,095,559.
	b Total fundraising expenses (Part IX, column (D), line 25)	0.	0.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	2,213,752.	
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	11,487,947.	14,723,651.
Net Assets or Fund Balances	19 Revenue less expenses. Subtract line 18 from line 12	26,994,625.	30,263,826.
	20 Total assets (Part X, line 16)	2,646,466.	213,852.
	21 Total liabilities (Part X, line 26)	Beginning of Current Year	End of Year
	22 Net assets or fund balances. Subtract line 21 from line 20	38,727,453.	43,957,943.

Part II Signature Block

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

Sign Here	Signature of officer JENNIFER STRANGELO, CHIEF OPERATING OFFICER	Date	
Paid Preparer Use Only	Print/Type preparer's name JOYCE M. UNDERWOOD	Preparer's signature	Date
	Firm's name BDO USA, LLP	Firm's EIN	Check if self-employed <input type="checkbox"/> PTIN
	Firm's address 7101 WISCONSIN AVE., SUITE 800 BETHESDA, MD 20814-4827	Phone no.	(301) 654-4900

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

Part III Statement of Program Service Accomplishments

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

X

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? No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? No

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

4a (Code:) (Expenses \$ 16,211,517. including grants of \$ 4,406,455.) (Revenue \$ 19,425.) EDUCATIONAL PROGRAMS - SEE SCHEDULE O

4b (Code:) (Expenses \$ 6,885,517. including grants of \$) (Revenue \$ 10,342,135.) NATIONAL 4-H CENTER - SEE SCHEDULE O

4c (Code:) (Expenses \$ 2,049,531. including grants of \$) (Revenue \$ 2,716,180.) NATIONAL 4-H SUPPLY SERVICE - SEE SCHEDULE O

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

4e Total program service expenses 25,146,565.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <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, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <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, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i>	X	
13 Is the organization a school 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 United States?		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 United States? <i>If "Yes," complete Schedule F, Parts I and IV</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, Parts II and IV</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, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions 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 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	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 lines 24b through 24d and complete Schedule K. If "No," go to line 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 Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		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, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	X	
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	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)?	X	
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		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
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	X	

Note. All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
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		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	X	
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
4b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
11a	Gross income from members or shareholders		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
13b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
13c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

X

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include questions about voting members, family relationships, management duties, significant changes, asset diversions, members, and documentation.

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

Table with 3 columns: Question, Yes, No. Rows include questions about local chapters, written policies, conflict of interest, whistleblower, document retention, compensation, joint ventures, and exempt status.

Section C. Disclosure

- 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.
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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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.
F.A. LOWREY TREASURER	0.50	X		X				0.	0.	0.
LYNN O. HENDERSON PUBLIC CLASS	0.50	X						0.	0.	0.
MARK MARTINO PUBLIC CLASS	0.50	X						0.	0.	0.
ORION C. SAMUELSON PUBLIC CLASS	0.50	X						0.	0.	0.
DELBERT T. FOSTER EXTENSION & INSTITUTION CL	0.50	X						0.	0.	0.
DR. E. GORDON GEE EXTENSION & INSTITUTION CL	0.50	X						0.	0.	0.
DR. JANICE A. SEITZ EXTENSION & INSTITUTION CL	0.50	X						0.	0.	0.
DR. LINDA K. FOX EXTENSION & INSTITUTION CL	0.50	X						0.	0.	0.
DR. THOMAS G. COON EXTENSION & INSTITUTION CL	0.50	X						0.	0.	0.
DR. W. GAINES SMITH EXTENSION & INSTITUTION CL	0.50	X						0.	0.	0.
ROGER A. RENNEKAMP EXTENSION & INSTITUTION CL	0.50	X						0.	0.	0.
CHARLOTTE EBERLEIN EXTENSION & INSTITUTION CL	0.50	X						0.	0.	0.
ALISON LEWIS PUBLIC CLASS	0.50	X						0.	0.	0.
ANTHONY A. TANSIMORE PUBLIC CLASS	0.50	X						0.	0.	0.
CLARENCE KELLEY VICE CHAIR	0.50	X		X				0.	0.	0.
DOUGLAS R. COFFEY 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 (describe hours for related organizations in Schedule O)	(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			
JULIE MURPHY PUBLIC CLASS	0.50	X						0.	0.	0.
APRIL JOHNSON YOUTH CLASS	0.50	X						0.	0.	0.
JEREMY EMBALABALA YOUTH CLASS	0.50	X						0.	0.	0.
JOSEPH B. DZIALO PUBLIC CLASS	0.50	X						0.	0.	0.
WHITNEY KUPFERER YOUTH CLASS	0.50	X						0.	0.	0.
MARTHA BERNADETT PUBLIC CLASS	0.50	X						0.	0.	0.
DAVID EPSTEIN PUBLIC CLASS	0.50	X						0.	0.	0.
E. KENT BAKER PUBLIC CLASS	0.50	X						0.	0.	0.
LILY H. BENTAS PUBLIC CLASS	0.50	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								1,794,371.	0.	289,196.
d Total (add lines 1b and 1c)								1,794,371.	0.	289,196.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **14**

	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 or individual 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	930,369.
BIG RIVER ADVERTISING, LLC, 210 EAST CARY ST, SUITE 200, RICHMOND, VA 23223	ADVERTISING & CREATIVE SERVICES	704,815.
CALIBRE CPA GROUP, 1850 K STREET, NW, STE 1050, WASHINGTON, DC 20006	ACCOUNTING SERVICES	555,000.
MILLIRON AND ASSOCIATES, LLC 8710 TIMBER OAK LANE, LAUREL, MD 20723	COMPUTER SERVICES	400,000.
TRUSTEES OF TUFTS UNIVERSITY LINCOLN FILENE BUILDING, MEDFORD, MA 02155	RESEARCH & PROG EVALS	389,074.
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization		18

SEE PART VII, SECTION A CONTINUATION SHEETS

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			
LANDEL C. HOBBS PUBLIC CLASS	0,50	X						0.	0.	0.
DR. JEFF HOWARD EXTENSION & INSTITUTION CL	0,50	X						0.	0.	0.
LANCE LAVERGNE PUBLIC CLASS	0,50	X						0.	0.	0.
KAYLA MARTELL YOUTH CLASS	0,50	X						0.	0.	0.
DR. RUSSELL PETRELLA PUBLIC CLASS	0,50	X						0.	0.	0.
ANANDA ROBERTS PUBLIC CLASS	0,50	X						0.	0.	0.
JOHN WENDLER PUBLIC CLASS	0,50	X						0.	0.	0.
ANN VENEMAN PUBLIC CLASS	0,50	X						0.	0.	0.
STEPHEN D. BARR PUBLIC CLASS	0,50	X						0.	0.	0.
INA METZGER LINVILLE EXTENSION & INSTITUTION CL	0,50	X						0.	0.	0.
CAROL A. (JOHN) DAVIDSON PUBLIC CLASS	0,50	X						0.	0.	0.
DANIEL GLICKMAN PUBLIC CLASS	0,50	X						0.	0.	0.
DONALD T. FLOYD PRES & CEO-N4H COUNCIL	55,00			X				479,971.	0.	62,164.
EDWARD J. BECKWITH SECRETARY	0,50			X				0.	0.	0.
JENNIFER SIRANGELO EXECUTIVE VICE PRESIDENT	50,50				X			270,400.	0.	42,445.
PAUL J. KOEHLER SVP-GENERAL MANAGER	48,00				X			212,701.	0.	43,119.
ANDREW FERRIN SVP-CHIEF MRK OFFICER	53,00					X		224,125.	0.	40,798.
CRAVEN RAND VP, OPERATIONS	45,00					X		166,051.	0.	23,102.
SHARON SCHAINKER DIR-HUMAN RESOURCES	54,50					X		161,263.	0.	26,034.
KIRK JAMES DIR-IT DEPARTMENT	45,00					X		140,744.	0.	33,536.
Total to Part VII, Section A, line 1c										

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

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	4,406,455.	4,406,455.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	38,161.	38,161.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,110,799.	725,269.	119,612.	265,918.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	7,513,406.	6,464,753.	320,199.	728,454.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	644,621.	515,912.	55,832.	72,877.
9 Other employee benefits	1,254,797.	617,058.	578,066.	59,673.
10 Payroll taxes	571,936.	476,825.	29,167.	65,944.
11 Fees for services (non-employees):				
a Management	322,175.	322,175.		
b Legal	313,110.	177,483.	131,162.	4,465.
c Accounting	813,865.	116,615.	697,135.	115.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	22,558.		22,558.	
g Other	6,224,041.	5,182,242.	363,588.	678,211.
12 Advertising and promotion	654,873.	601,366.	649.	52,858.
13 Office expenses	2,626,561.	2,219,471.	296,510.	110,580.
14 Information technology				
15 Royalties				
16 Occupancy	183,761.	177,243.	5,086.	1,432.
17 Travel	1,126,636.	1,019,356.	34,384.	72,896.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	453,319.	423,380.	6,384.	23,555.
20 Interest	1,688.	42.	1,646.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,308,818.	1,138,018.	114,914.	55,886.
23 Insurance	132,293.	100,900.	31,393.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a OTHER	272,109.	155,997.	95,224.	20,888.
b IN-KIND	267,844.	267,844.		
c				
d				
e				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	30,263,826.	25,146,565.	2,903,509.	2,213,752.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	5,467,575.	1	4,122,220.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	4,745,486.	3	6,555,430.
	4 Accounts receivable, net	1,153,651.	4	2,091,316.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	1,088,724.	8	1,229,707.
	9 Prepaid expenses and deferred charges	113,045.	9	98,541.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 33,905,326.		
	b Less: accumulated depreciation	10b 24,946,090.	8,934,056.	10c 8,959,236.
	11 Investments - publicly traded securities	15,796,870.	11	19,406,677.
	12 Investments - other securities. See Part IV, line 11	1,428,046.	12	1,494,816.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	38,727,453.	16	43,957,943.	
Liabilities	17 Accounts payable and accrued expenses	2,757,633.	17	3,638,164.
	18 Grants payable		18	
	19 Deferred revenue	1,083,353.	19	1,552,700.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties	100,000.	24	
	25 Other liabilities. Complete Part X of Schedule D	9,094,314.	25	7,668,466.
	26 Total liabilities. Add lines 17 through 25	13,035,300.	26	12,859,330.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	8,502,848.	27	12,914,957.
	28 Temporarily restricted net assets	16,953,908.	28	17,948,259.
	29 Permanently restricted net assets	235,397.	29	235,397.
	Organizations that do not follow SFAS 117, check here <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	25,692,153.	33	31,098,613.
34 Total liabilities and net assets/fund balances	38,727,453.	34	43,957,943.	

Part XI Reconciliation of Net Assets

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

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

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
2b	Were the organization's financial statements audited by an independent accountant?	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
2d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	X	

Form 990 (2010)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No. 1545-0047

2010

Open to Public Inspection

Name of the organization NATIONAL 4-H COUNCIL	Employer identification number 36-2862206
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I
 - b Type II
 - c Type III - Functionally integrated
 - d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? _____
 - (ii) A family member of a person described in (i) above? _____
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above? _____
- h Provide the following information about the supported organization(s).

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(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									

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2010

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	9,626,669.	15,700,293.	11,237,195.	15,962,494.	16,856,981.	69,383,632.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	9,626,669.	15,700,293.	11,237,195.	15,962,494.	16,856,981.	69,383,632.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						27,465,903.
6 Public support. Subtract line 5 from line 4.						41,917,729.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	9,626,669.	15,700,293.	11,237,195.	15,962,494.	16,856,981.	69,383,632.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,089,489.	1,977,400.	705,121.	604,050.	455,852.	4,831,912.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	20,153.	20,376.	21,520.	14,399.	13,073.	89,521.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						74,305,065.
12 Gross receipts from related activities, etc. (see instructions)					12	80,739,624.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 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 2010 (line 6, column (f) divided by line 11, column (f))	14	56.41	%
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	52.58	%
16a 33 1/3% support test - 2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>		
b 33 1/3% support test - 2009. 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 - 2010. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<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"/>		

Schedule A (Form 990 or 990-EZ) 2010

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

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, or 990-PF.

OMB No. 1545-0047

2010

Name of the organization

NATIONAL 4-H COUNCIL

Employer identification number

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 an organization 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 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 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 (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions 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 990-EZ that received from any one contributor, during the year, 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. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

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		\$ 1,932,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2		\$ 400,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3		\$ 900,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4		\$ 790,090.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5		\$ 1,590,885.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6		\$ 1,060,000.	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		\$ 1,350,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8		\$ 900,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9		\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10		\$ 1,218,727.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11		\$ 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.)
		\$ _____.	Person <input 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 II Noncash Property (see instructions)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____

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

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2010

**Open to Public
Inspection**

Name of the organization

NATIONAL 4-H COUNCIL

Employer identification number

36-2862206

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<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 education) Preservation of an historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space
- 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.
- | | Held at the End of the Tax Year |
|--|---------------------------------|
| a Total number of conservation easements | 2a |
| b Total acreage restricted by conservation easements | 2b |
| c Number of conservation easements on a certified historic structure included in (a) | 2c |
| d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register | 2d |
- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____
- 4 Number of states where property subject to conservation easement is located ▶ _____
- 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
- 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____
- 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____
- 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?
- 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 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
- (i) Revenues included in Form 990, Part VIII, line 1
- (ii) Assets included in Form 990, Part X
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:
- a Revenues included in Form 990, Part VIII, line 1
- b Assets included in Form 990, Part X

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

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

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

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

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

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

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

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	7,788,249.	7,198,114.	8,743,268.		
b Contributions	669,556.	35,285.	64,595.		
c Net investment earnings, gains, and losses	1,398,225.	803,120.	-1,457,690.		
d Grants or scholarships					
e Other expenditures for facilities and programs	209,402.	248,270.	152,059.		
f Administrative expenses					
g End of year balance	9,646,628.	7,788,249.	7,198,114.		

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

- a Board designated or quasi-endowment 73.80 %
- b Permanent endowment 2.44 %
- c Term endowment 23.76 %

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?		

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		300,000.		300,000.
b Buildings		24,682,811.	16,261,783.	8,421,028.
c Leasehold improvements				
d Equipment		8,922,515.	8,684,307.	238,208.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				8,959,236.

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

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

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

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶		

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	

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

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2) AGENCY FUNDS	811,480.
(3) ACCRUED POST RETIREMENT BENEFIT LIAB	2,313,562.
(4) UNFUNDED PENSION LIABILITY	4,543,424.
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	7,668,466.

FIN 48 (ASC 740) Footnote. 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

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements			
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	30,477,678.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	30,263,826.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	213,852.
4	Net unrealized gains (losses) on investments	4	3,394,692.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	1,797,916.
9	Total adjustments (net). Add lines 4 through 8	9	5,192,608.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	5,406,460.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return			
1	Total revenue, gains, and other support per audited financial statements	1	38,401,819.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	3,394,692.
b	Donated services and use of facilities	2b	78,600.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	1,872,709.
e	Add lines 2a through 2d	2e	5,346,001.
3	Subtract line 2e from line 1	3	33,055,818.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	22,558.
b	Other (Describe in Part XIV.)	4b	-2,600,698.
c	Add lines 4a and 4b	4c	-2,578,140.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	30,477,678.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return			
1	Total expenses and losses per audited financial statements	1	32,995,359.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	78,600.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	2,675,491.
e	Add lines 2a through 2d	2e	2,754,091.
3	Subtract line 2e from line 1	3	30,241,268.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	22,558.
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	22,558.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	30,263,826.

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, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4: ENDOWMENT FUNDS ARE INTENDED TO BE USED FOR
 EDUCATIONAL PROGRAM ACTIVITIES.

PART X, LINE 2: COUNCIL HAS ADOPTED THE PROVISIONS OF FASB ASC 740.

UNDER ASC 740, AN ORGANIZATION MUST RECOGNIZE THE TAX BENEFIT ASSOCIATED

WITH TAX POSITIONS TAKEN FOR TAX RETURN PURPOSES WHEN IT IS

MORE-LIKELY-THAN-NOT THAT THE POSITION WILL BE SUSTAINED. COUNCIL DOES

NOT BELIEVE THERE ARE ANY MATERIAL UNCERTAIN TAX POSITIONS AND,

Part XIV Supplemental Information (continued)

ACCORDINGLY, IT WILL NOT RECOGNIZE ANY LIABILITY FOR UNRECOGNIZED TAX

BENEFITS.

COUNCIL HAS FILED FOR AND RECEIVED INCOME TAX EXEMPTIONS IN THE

JURISDICTIONS WHERE IT IS REQUIRED TO DO SO. ADDITIONALLY, COUNCIL HAS

FILED INTERNAL REVENUE SERVICE FORM 990 AND FORM 990-T TAX RETURNS, AS

REQUIRED, AND ALL OTHER APPLICABLE RETURNS IN JURISDICTIONS WHERE IT IS

REQUIRED. COUNCIL BELIEVES THAT IT IS NO LONGER SUBJECT TO U.S. FEDERAL,

STATE AND LOCAL, OR NON-U.S. INCOME TAX EXAMINATIONS BY TAX AUTHORITIES

FOR YEARS PRIOR TO 2008. NO INTEREST OR PENALTIES WERE ACCRUED AS OF JULY

1, 2007 AS A RESULT OF THE ADOPTION OF FIN 48. FOR THE YEARS ENDED JUNE

30, 2011 AND 2010, NO INTEREST OR PENALTIES WERE RECORDED OR INCLUDED IN

THE CONSOLIDATED STATEMENTS OF ACTIVITIES.

PART XI, LINE 8 - OTHER ADJUSTMENTS:

PENSION RELATED CHANGES OTHER THAN NET PERIOD PENSION COSTS	1,587,037.
POSTRETIREMENT MEDICAL COSTS	234,276.
NAMED FUND SPENDING	-5,609.
CAPITALIZED NONCASH CONTRIBUTIONS	-17,788.
TOTAL TO SCHEDULE D, PART XI, LINE 8	1,797,916.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

PENSION RELATED CHANGES OTHER THEN NET PERIOD PENSION COSTS	1,587,037.
FUNDRAISING EXPENSES	74,793.
POSTRETIREMENT MEDICAL COSTS	234,276.
NAMED FUND SPENDING	-5,609.
CAPITALIZED NONCASH CONTRIBUTIONS	-17,788.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	1,872,709.

Part XIV Supplemental Information (continued)

PART XII, LINE 4B - OTHER ADJUSTMENTS:

COST OF GOODS SOLD -2,600,698.

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

COST OF GOODS SOLD 2,600,698.

FUNDRAISING EXPENSES 74,793.

TOTAL TO SCHEDULE D, PART XIII, LINE 2D 2,675,491.

Multiple horizontal lines for supplemental information.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

OMB No. 1545-0047

2010

Open to Public
Inspection

Name of the organization

Employer identification number

NATIONAL 4-H COUNCIL

36-2862206

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	EDUCATIONAL PROGRAMS	35,931.
EUROPE	0	0	PROGRAM SERVICES	EDUCATIONAL PROGRAMS	2,230.
3 a Sub-total	0	0			38,161.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			38,161.

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

Schedule F (Form 990) 2010

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)* Yes No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see Instructions for Form 5471)* Yes No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* Yes No

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see Instructions for Form 8865)* Yes No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)* Yes No

Schedule F (Form 990) 2010

Part V Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information.

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

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

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

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

		(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
		GALA (event type)	(event type)	(total number)	
Revenue	1	Gross receipts	516,450.		516,450.
	2	Less: Charitable contributions	494,575.		494,575.
	3	Gross income (line 1 minus line 2)	21,875.		21,875.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages	74,793.		74,793.
	8	Entertainment			
	9	Other direct expenses			
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Combine line 3, column (d), and line 10				-52,918.

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue			
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
	7	Direct expense summary. Add lines 2 through 5 in column (d)			()
	8	Net gaming income summary. Combine line 1, column d, and line 7			

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

- 11 Does the organization operate gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity operated in:

a	The organization's facility		%
b	An outside facility		%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

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

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

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

Name ▶ _____

Address ▶ _____

- 16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

- 17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

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

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

OMB No. 1545-0047

2010

Open to Public
Inspection

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

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

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

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
4-H FOUNDATION OF NEW HAMPSHIRE 180 MAIN STREET DURHAM, NH 03824	02-6000937		8,497.	0.			EDUCATIONAL
AUBURN UNIVERSITY 206 DUNCAN HALL AUBURN, AL 36849	63-0457929	501 (C) (3)	22,510.	0.			EDUCATIONAL
ALCORN STATE UNIVERSITY 1000 ASU DRIVE, #285 LORMAN, MS 39096	64-0538010	STATE OF MISSISSIPPI	11,650.	0.			EDUCATIONAL
UNIVERSITY OF ARKANSAS COOP EXT SVC - P.O. BOX 391 - LITTLE ROCK, AR 72203	71-6060767	STATE OF ARKANSAS	21,906.	0.			EDUCATIONAL
BLACKFEET COMMUNITY COLLEGE PO BOX 819 BROWNING, MO 59417-0819	81-0378943	GOVERNMENT AGENCY	9,543.	0.			EDUCATIONAL
UNIVERSITY OF NEVADA, RENO ROSE HALL ROOM 204 MAIN STOP 325 RENO, NV 89557	88-6000024	STATE OF NEVADA	20,000.	0.			EDUCATIONAL

- 2 Enter total number of section 501(c)(3) and government organizations: 117.
- 3 Enter total number of other organizations: 0.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule I (Form 990) (2010)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF WISCONSIN 432 N. LAKE ST., 104 EXT BLDG MADISON, WI 53706	39-1805963	STATE OF WISCONS	20,000.	0.			EDUCATIONAL
UNIVERSITY OF MAINE 4-H CAMP AND LEARNING CENTER AT BRYANT POND - PO BOX 188 - BRYANT POND, MA 04219-0188	26-2664906	STATE OF MAINE	6,921.	0.			EDUCATIONAL
CALIFORNIA 4-H FOUNDATION PO BOX 73673 DAVIS, CA 95617	23-7327765		6,361.	0.			EDUCATIONAL
CALIFORNIA 4-H FOUNDATION PO BOX 73673 DAVIS, CA 95617	23-7327765		5,161.	0.			EDUCATIONAL
CLEMSON UNIVERSITY 210 BARRE HALL CLEMSON, SC 29634	57-6000254	STATE OF S.C.	10,183.	0.			EDUCATIONAL
CLEMSON UNIVERSITY FOUNDATION PO BOX 1889 CLEMSON, SC 29634	57-0426335	501 (C) (3)	5,229.	0.			EDUCATIONAL
COLORADO 4-H FOUNDATION CAMPUS MAIL 4040 FORT COLLINS, CO 80523	74-2586894		38,319.	0.			EDUCATIONAL
COLORADO STATE UNIVERSITY ROOM 108 JOHNSON HALL - SP FORT COLLINS, CO 80523	23-7098397	STATE OF COLORAD	19,445.	0.			EDUCATIONAL
CORNELL COOPERATIVE EXTENSION- ERIE COUNTY 4H OFFICE - 21 SOUTH GROVE STREET SUITE 320 - EAST AURORA, NY 14052	16-6072879	501 (C) (3)	10,396.	0.			EDUCATIONAL

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(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
CORNELL UNIVERSITY 750 CASCADILLA STREET ITHACA, NY 14851	15-0532082	501 (C) (3)	79,750.	0.			EDUCATIONAL
CORNELL COOPERATIVE EXTENSION 21 SOUTH GROVE STREET SUITE 320 EAST AURORA, NY 14052	16-6072879	501 (C) (3)	16,247.	0.			EDUCATIONAL
CORNELL COOPERATIVE EXTENSION- NEW YORK CITY - 16 EAST 34TH STREET, 8TH FLOOR - NEW YORK, NY 10016	15-0532082	501 (C) (3)	23,000.	0.			EDUCATIONAL
DELAWARE STATE UNIVERSITY 1200 N. DUPONT HWY DOVER, DE 19901	51-0305893	STATE OF DELAWARE	44,398.	0.			EDUCATIONAL
NEW YORK STATE 4H FOUNDATION INC 220 HERALD PLACE SYRACUSE, NY 13202	14-6021395		14,530.	0.			EDUCATIONAL
FLORIDA 4-H FOUNDATION 3103 MCCARTY HALL, P.O. BOX 110225 GAINESVILLE, FL 32611	59-1000186		101,751.	0.			EDUCATIONAL
FOND DU LAC COUNTY UW EXT. 400 UNIVERSITY DRIVE FOND DU LAC, WI 54935	39-6100393	COUNTY GOVERNMENT	19,250.	0.			EDUCATIONAL
GEORGIA 4-H FOUNDATION 306 HOKE SMITH ANNEX ATHENS, GA 30602	58-0832988		92,476.	0.			EDUCATIONAL
HAWAII 4-H FOUNDATION 213 GILMORE HALL, 3050 MAILE WAY HONOLULU, HI 96822-2231	23-7043787		5,283.	0.			EDUCATIONAL

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INDIANA 4-H FOUNDATION, INC. 615 W STATE STREET WEST LAFAYETTE, IN 47907	35-1097611		11,947.	0.			EDUCATIONAL
IOWA 4-H FOUNDATION 3630 EXTENSION 4-H YOUTH BUILDING AMES, IA 50111	42-6061606	STATE OF IOWA	44,127.	0.			EDUCATIONAL
IOWA STATE UNIVERSITY 3617 ADMIN SERVICES BLDG. AMES, IA 50111	42-6527697	STATE OF IOWA	5,000.	0.			EDUCATIONAL
IOWA STATE UNIVERSITY EXTENSION 3630 EXTENSION 4-H YOUTH BUILDING AMES, IA 50111	42-6061606	STATE OF IOWA	19,376.	0.			EDUCATIONAL
IOWA STATE UNIVERSITY EXTENSION - JOHNSON COUNTY - 4265 OAK CREST HILL RD SE - IOWA CITY IA 52246	42-6021441	STATE OF IOWA	16,510.	0.			EDUCATIONAL
KANSAS 4-H FOUNDATION, INC. 116 UMBERGER HALL, KSU MANHATTAN, KS 66506	48-0623884		6,124.	0.			EDUCATIONAL
KANSAS STATE UNIVERSITY 201 UMBERGER MANHATTAN, KS 66506	48-0667209	STATE OF KANSAS	51,262.	0.			EDUCATIONAL
KENTUCKY 4-H FOUNDATION 209 SCOVELL HALL LEXINGTON, KY 40506-0054	23-7437297		145,563.	0.			EDUCATIONAL
KENTUCKY STATE UNIVERSITY 400 EAST MAIN STREET FRANKFORT, KY 40601-2355	61-1099712	STATE OF KENTUCKY	61,500.	0.			EDUCATIONAL

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LOUISIANA 4-H FOUNDATION, INC. P.O. BOX 25100 BATON ROUGE, LA 70894	72-1367519		17,308.	0.			EDUCATIONAL
MARYLAND 4-H FOUNDATION, INC. 8020 GREENMEAD DRIVE COLLEGE PARK, MD 20740	52-6056016		187,603.	0.			EDUCATIONAL
MASSACHUSETTS 4-H FOUNDATION 400 MAIN STREET MALPOLE, MA 02081	04-2303708		8,953.	0.			EDUCATIONAL
MICHIGAN 4-H FOUNDATION 14901 4H DRIVE TUSTIN, MI 49688	38-1539997		55,073.	0.			EDUCATIONAL
MICHIGAN 4-H FOUNDATION PAPER CLOVER - 240 SPARTAN WAY - EAST LANSING, MI 48824	38-1539997		14,250.	0.			EDUCATIONAL
MINNESOTA 4-H FOUNDATION 270 - B MCNAMARA ALUMI CENTER, 200 MINNEAPOLIS, MN 55455	41-1408161		23,000.	0.			EDUCATIONAL
MISSISSIPPI 4-H COOP EXT SERVICE P.O. BOX 9601 MISSISSIPPI STATE, MS 39762	64-6023591		10,000.	0.			EDUCATIONAL
MISSISSIPPI 4H CLUB FOUNDATION P.O. BOX 9601 MISSISSIPPI STATE, MS 39762	64-6023591		81,984.	0.			EDUCATIONAL
MISSISSIPPI STATE UNIVERSITY P.O DRAWER 5227 MISSISSIPPI STATE, MS 39762	06-7589752	STATE OF MISSISS	64,467.	0.			EDUCATIONAL

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MISSOURI 4-H FOUNDATION 819 CLARK HALL COLUMBIA, MO 65211	43-6044367		80,051.	0.			EDUCATIONAL
MONTANA 4-H FOUNDATION 210 TAYLOR HALL BOZEMAN, MT 59717	23-7051460		6,629.	0.			EDUCATIONAL
MONTANA STATE UNIVERSITY 309 MONTANA HALL P.O. BOX 172470 BOZEMAN, MT 59717	81-6010045	STATE OF MONTANA	10,917.	0.			EDUCATIONAL
NAE4-HA 2009 CONFERENCE 50 WEST HIGH STREET BALLSTON, NY 12020	23-7127452		10,000.	0.			EDUCATIONAL
NORTH CAROLINA 4-H DEVELOPMENT FUND, INC. - NCSU BOX 1207 - RALEIGH, NC 27695	56-6049505		5,000.	0.			EDUCATIONAL
NEBRASKA 4-H FOUNDATION 6940 O STREET SUITE 2.0 LINCOLN, NE 68510	47-0469703		6,051.	0.			EDUCATIONAL
NEW YORK STATE 4-H FOUNDATION, INC. - 248 GRANT AVE., SUITE II-A - AUBURN, NY 13021	14-6021395		10,830.	0.			EDUCATIONAL
NORTH CAROLINA 4-H DEVELOPMENT FUND - 120 PATTERSON HALL / BOX 7645 - RALEIGH, NC 27695	56-6049505		76,750.	0.			EDUCATIONAL
NORTH CAROLINA AGRICULTURAL FOUNDATION - CAMPUS BOX 7645 - RALEIGH, NC 27695	56-6049304		51,299.	0.			EDUCATIONAL

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

(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
OHIO 4-H YOUTH DEVELOPMENT 2201 FRED TAYLOR DRIVE COLUMBUS, OH 43210	31-1145986		20,103.	0.			EDUCATIONAL
OHIO STATE UNIVERSITY 1480 W. LANE AVE COLUMBUS, OH 43210	31-6401599	STATE OF OHIO	8,000.	0.			EDUCATIONAL
OHIO STATE UNIVERSITY EXTENSION 1480 W. LANE AVE COLUMBUS, OH 43210	31-6401599	STATE OF OHIO	23,000.	0.			EDUCATIONAL
OHIO STATE UNIVERSITY RESEARCH FOUNDATION - 901 WOODY HAYES DR 2020 BLANKENSHIP HALL - COLUMBUS, OH 43210	31-6401599	STATE OF OHIO	24,573.	0.			EDUCATIONAL
OKLAHOMA 4-H FOUNDATION 205 4-H YOUTH DEVELOPMENT STILLWATER, OK 74078	73-6109761		20,589.	0.			EDUCATIONAL
OKLAHOMA STATE UNIVERSITY 205 4-H YOUTH DEVELOPMENT STILLWATER, OK 74078	73-6109761	STATE OF OKLAHOMA	28,592.	0.			EDUCATIONAL
FOND DU LAC COUNTY UW EXT. 400 UNIVERSITY DR FOND DU LAC, WI 54935-2950	39-6100393		19,250.	0.			EDUCATIONAL
OREGON STATE UNIVERSITY PO BOX 1086 CORVALLIS, OR 97339-1036	48-1278540	STATE OF OREGON	6,500.	0.			EDUCATIONAL
PENN STATE UNIVERSITY ONE OLD MAIN UNIVERSITY PARK, PA 16802 LHA	24-6000376	STATE OF PENNSYLVANIA	14,099.	0.			EDUCATIONAL

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(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
PINE TREE STATE 4-H FOUNDATION 5741 LIBBY HALL, ROOM 103 ORONO, ME 04469	01-6011487		5,972.	0.			EDUCATIONAL
PRAIRIE VIEW A&M UNIVERSITY P.O. BOX 667 PRAIRIE VIEW, TX 77446	74-6001078	STATE OF TEXAS	7,354.	0.			EDUCATIONAL
PURDUE UNIVERSITY 615 W. STATE ST., AGAD BUILDING WEST LAFAYETTE, IN 47917	35-1097611	501 (C) (3)	100,390.	0.			EDUCATIONAL
REGENTS OF THE UNIVERSITY OF CALIFORNIA - ONE SHIELDS AVE - DAVIS, CA 95616	23-7327765	STATE OF CALIFOR.	44,750.	0.			EDUCATIONAL
REGENTS OF THE UNIVERSITY OF IDAHO P.O BOX 443020 MOSCOW, ID 83844	82-6000945	STATE OF IDAHO	20,000.	0.			EDUCATIONAL
REGENTS OF THE UNIVERSITY OF MINNESOTA - 1300 S 2ND ST RM 206 - MINNEAPOLIS, MN 55455	41-6007513	STATE OF MINNESO	22,927.	0.			EDUCATIONAL
RUTGERS, THE UNIVERSITY OF NEW JERSEY - MARTIN HALL, ROOM 329, 88 - NORTH BRUNSWICK, NJ 08901	22-6001086	STATE OF NEW JER	11,261.	0.			EDUCATIONAL
RUTGERS, THE UNIVERSITY OF NEW JERSEY - MARTIN HALL, ROOM 329, 88 - NORTH BRUNSWICK, NJ 08901	22-6001086	STATE OF NEW JER	14,316.	0.			EDUCATIONAL
SOUTH CAROLINA STATE UNIVERSITY 300 COLLEGE STREET ORANGEBURG, SC 29117	23-7113930	STATE OF S.C.	13,200.	0.			EDUCATIONAL

Schedule I (Form 990)

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

(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
SIOUX CO EXT OFFICE P.O BOX 462 FORT YATES, NV 58538	45-6002240		13,200.	0.			EDUCATIONAL
SOMERSET COUNTY 4-H ASSOCIATION 310 MILLTOWN RD BRIDGEWATER, NJ 08807	22-6064597		13,000.	0.			EDUCATIONAL
SOUTH DAKOTA 4-H FOUNDATION AG HALL, ROOM 116 BROOKINGS, SD 57007	46-6016086		5,211.	0.			EDUCATIONAL
SOUTHERN UNIVERSITY AGRICULTURAL P.O. BOX 10010 BATON ROUGE, LA 70813	72-6000817	501 (C) (3)	6,454.	0.			EDUCATIONAL
SOUTHERN UNIVERSITY AGRICULTURAL P.O. BOX 10010 BATON ROUGE, LA 70813	72-6000817	501 (C) (3)	8,032.	0.			EDUCATIONAL
UNIVERSITY OF TENNESSEE 205 MORGAN HALL, 2621 MORGAN CIRCL KNOXVILLE, TN 37996	62-6047753	STATE OF TENNESS	38,021.	0.			EDUCATIONAL
TENNESSEE STATE UNIVERSITY 3500 JOHN MERRITT NASHVILLE, TN 37209	23-7105693	STATE OF TENNESS	22,082.	0.			EDUCATIONAL
TEXAS 4-H YOUTH DEVELOPMENT FOUNDATION - P.O BOX 11020 - COLLEGE STATION, TX 77342	74-6091147		40,708.	0.			EDUCATIONAL
TEXAS 4-H FOUNDATION 7607 EASTMARK DR., STE 101 COLLEGE STATION, TX 77340	74-6091147		61,250.	0.			EDUCATIONAL

NATIONAL 4-H COUNCIL
Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TEXAS AGRILIFE EXTENSION SERVICE TAMUS 2147, CONTRACTS & GRANTS COLLEGE STATION, TX 77743	74-6000541		100,087.	0.		EDUCATIONAL	
UNIVERSITY OF NEBRASKA BOARD OF REGENTS - 3835 HOLDREGE ST - LINCOLN, NE 68503	47-0049123	STATE OF NEBRASKA	8,125.	0.		EDUCATIONAL	
THE CURATORS OF THE UNIV. OF MISSOURI - 310 JESSE HALL - COLUMBIA, MO 65211	43-6003859	STATE OF MISSOURI	145,587.	0.		EDUCATIONAL	
FAMILY LEAGUE OF BALTIMORE CITY INC - 2305 N. CHARLES STREET, SUITE 200 - BALTIMORE, MD 21218	52-1734848	GOVERNMENT AGENC	12,500.	0.		EDUCATIONAL	
THE GEORGIA 4-H FOUNDATION 304 HOKE SMITH ANNEX UNIV OF GA ATHENS, GA 30602	58-0832988		36,138.	0.		EDUCATIONAL	
THE OHIO STATE UNIVERSITY 1480 W. LANE AVE COLUMBUS, OH 43215	31-6401599	STATE OF OHIO	19,438.	0.		EDUCATIONAL	
THE PENNSYLVANIA STATE UNIVERSITY THE PENN STATE CONFERENCE CENTER HOTEL, ROOM 78 - UNIVERSITY PARK, PA 16802	02-4600376	STATE OF PENN	13,000.	0.		EDUCATIONAL	
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA - 1 SHIELDS AVE - DAVIS, CA 95616	94-6036494	STATE OF CALIFOR	55,000.	0.		EDUCATIONAL	
THE REGENTS OF THE UNIVERSITY OF IDAHO - 415 W 6TH ST - MOSCOW, ID 83844	82-6000945	STATE OF IDAHO	13,160.	0.		EDUCATIONAL	
LHA							

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF TENNESSEE 205 MORGAN HALL, 2621 MORGAN CIRCL KNOXVILLE, TN 37996	62-6047753	STATE OF TENNESS	30,000.	0.			EDUCATIONAL
UNIVERSITY OF TENNESSEE 121B MORGAN HALL, 2621 MORGAN CIRC KNOXVILLE, TN 37996	62-6047753	STATE OF TENNESS	13,393.	0.			EDUCATIONAL
TUSKEGEE UNIVERSITY KRESGE CENTER 112 TUSKEGEE INSTITUTE, AL 36088	63-0288878	501 (C) (3)	16,250.	0.			EDUCATIONAL
UNHCE COOS COUNTY 629A MAIN STREET LANCASTER, NH 03584	02-0421947		14,900.	0.			EDUCATIONAL
UNIVERSITY OF ARIZONA 888 N EUCLID AVE, RM 512F TUCSON, AZ 85721	86-6004791	STATE OF ARIZONA	13,848.	0.			EDUCATIONAL
UNIVERSITY OF CONNECTICUT 843 UNIVERSITY DRIVE TORRINGTON, CT 06790	06-0772160	STATE OF CONNECT	82,476.	0.			EDUCATIONAL
UNIVERSITY OF DELAWARE 113 TOWNSEND HALL, 531 S. COLLEGE MEWARK, DE 19716-2210	51-0236118	STATE OF DELAWARE	87,606.	0.			EDUCATIONAL
UNIVERSITY OF FLORIDA FOUNDATION - 3103 MCCANNITY HALL B - GAINESVILLE, FL 32611	59-1000186		13,875.	0.			EDUCATIONAL
UNIVERSITY OF KENTUCKY RESEARCH 109 KINKEAD HALL LEXINGTON, KY 40506-0014	61-6033693	STATE OF KENTUCK	21,579.	0.			EDUCATIONAL
LHA							

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF MAINE 5717 CORBETT HALL ORONO, ME 04469	01-6011501	STATE OF MAINE	27,929.	0.			EDUCATIONAL
UNIVERSITY OF MAINE COOPERATIVE EX 5741 LIBBY HALL ORONO, ME 04469	01-6011501	STATE OF MAINE	32,280.	0.			EDUCATIONAL
MARYLAND 4-H CLUB FOUNDATION INC 8020 GREENMEAD DR COLLEGE PARK, MD 20740	52-6056016		6,551.	0.			EDUCATIONAL
UNIVERSITY OF MINNESOTA 200 OAK STREET SE NO 510 MINNEAPOLIS, MN 55455	41-6042488	STATE OF MINNESO	10,213.	0.			EDUCATIONAL
UNIVERSITY OF MISSOURI EXTENSION 1501 NW JEFFERSON BLUE SPRINGS, MO 64015	44-0602985	STATE OF MISSOUR	20,000.	0.			EDUCATIONAL
UNIVERSITY OF NEBRASKA LINCOLN 312 N. 14TH ST., ALEXANDER WEST LINCOLN, NE 68588	47-0049123	STATE OF NEBRASK	61,750.	0.			EDUCATIONAL
UNIVERSITY OF NEVADA-RENO FOUNDATION - MAILSTOP 62 - RENO, NV 89557	94-2781749	STATE OF NEVADA	20,938.	0.			EDUCATIONAL
UNIVERSITY OF NEW HAMPSHIRE 180 MAIN STREET DURHAM, NH 03824	02-6000937	STATE OF NEW HAM	44,879.	0.			EDUCATIONAL
UNIVERSITY OF TENNESSEE 205 MORGAN HALL, 2621 MORGAN CIRCL KNOXVILLE, TN 37996	62-6047753	STATE OF TENNESS	9,000.	0.			EDUCATIONAL

LHA

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF TENNESSEE; EXTENSION 121B MORGAN HALL, 2621 MORGAN CIRC KNOXVILLE, TN 37996	62-6047753	STATE OF TENNESS	90,923.	0.		EDUCATIONAL	
UNIVERSITY OF WISCONSIN; EXTENSION 432 NORTH LAKE STREET, RM 104 MADISON, WI 53706	39-1805963	STATE OF WISCONS	40,228.	0.		EDUCATIONAL	
URBAN AFFAIRS-ALABAMA (COOP. EXT. P.O. BOX 967 NORMAL, AL 35762	63-6000724		45,000.	0.		EDUCATIONAL	
UTAH STATE UNIVERSITY 5049 OLD MAIN HILL LOGAN, UT 84322	87-6000528	STATE OF UTAH	76,956.	0.		EDUCATIONAL	
VIRGINIA POLYTECHNIC INSTITUTE AND STATE UNIVERSITY - 1880 PRATT DRIVE, SUITE 2006 - BLACKSBURG, VA 24060	54-6001805	STATE OF VIRGINI	45,000.	0.		EDUCATIONAL	
WASHINGTON STATE 4-H FOUNDATION 7612 PIONEER WAY E. PUYALLUP, WA 98371-4993	91-6055395	STATE OF WASHING	43,350.	0.		EDUCATIONAL	
WASHINGTON STATE UNIVERSITY FOUNDATION - PO BOX 641927 - PULLMAN, WA 99164	91-1075542	STATE OF WASHING	50,000.	0.		EDUCATIONAL	
WEST VIRGINIA UNIVERSITY FOUNDATION - P.O BOX 6031 - MORGANTOWN, WV 26506	55-6017181	STATE OF WEST VI	134,500.	0.		EDUCATIONAL	
WEST VIRGINIA UNIVERSITY RESEARCH CORP. - 886 CHESTNUT RIDGE RD, ROOM 202 - MORGANTOWN, WV 26506	55-0665758	STATE OF WEST VI	11,250.	0.		EDUCATIONAL	

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WEST VIRGINIA STATE UNIVERSITY RESEARCH AND DEVELOPMENT CORP - PO BOX 1000 - INSTITUTE, WV 25112	55-0708567	STATE OF WEST VI	10,345.	0.			EDUCATIONAL
ALLAMAKEE COUNTY EXTENSION 21 ALLAMAKEE ST WAUKON, IA 52172	42-6021392	STATE OF IOWA	20,000.	0.			EDUCATIONAL
UNIVERSITY OF IDAHO EXTENSION 701 W. COLLEGE AVE SAINT MARIES, ID 83861	82-6000281	STATE OF IDAHO	14,423.	0.			EDUCATIONAL

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

SCHEDULE I, PART I, LINE 2: FOR GRANTEEES SUPPORTED THROUGH CORPORATE, FOUNDATION, AND GOVERNMENT DOLLARS, THE PROCEDURES FOR MONITORING USE OF GRANT FUNDS ARE ESTABLISHED ON A PER-GRANT BASIS.

APPLICATIONS ARE ACCEPTED THROUGH AN ONLINE GRANT MANAGEMENT SYSTEM AND REVIEWED BY INTERNAL AND EXTERNAL STAKEHOLDERS. ONCE GRANTEEES ARE SELECTED, THEY ARE ASSIGNED AN ACCOUNT MANAGER, WHO MONITORS THE GRANT ACTIVITIES THROUGHOUT THE LIFE OF THE GRANT.

Part IV Supplemental Information

MONITORING BEGINS WITH A DESCRIPTION OF UNALLOWABLE COSTS IN THE REQUEST

FOR PROPOSALS ISSUED FOR A GRANT OPPORTUNITY BY A TEAM OF 2-3 PEOPLE.

SUBMITTED BUDGETS ARE REVIEWED, AND UNCLEAR ITEMS ARE QUESTIONED AND

CLARIFIED BEFORE EITHER FINAL APPROVAL OR REJECTION. ONCE APPROVED, A

CONTRACT WITH GRANTEE IS PREPARED OUTLINING THE DELIVERABLES, TIMELINE,

REPORTING SCHEDULE, AND RECOGNITION EXPECTED. THE CONTRACT IS SIGNED BY

COUNCIL AND GRANTEE.

TYPICALLY GRANTEES SUBMIT AT LEAST MID-TERM AND FINAL FINANCIAL REPORTS

REFLECTING ACTUAL EXPENSES ON AN ANNUAL BASIS. THESE REFLECT SPENDING

AGAINST APPROVED BUDGET LINES.

ANY OF THESE STAGES MAY BE AMENDED OR DROPPED AS APPROPRIATE FOR THE

SPECIFICS OF A GIVEN GRANT. GRANTEES SUPPORTED THROUGH FEDERAL DOLLARS MAY

REQUIRE SITE VISITS AND/OR ADDITIONAL AUDITING PROCEDURES.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2010

Open to Public Inspection

Name of the organization

NATIONAL 4-H COUNCIL

Employer identification number

36-2862206

Part I Questions Regarding Compensation

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="" 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="" 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 any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

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?

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="" type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input 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, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment from the organization or a related organization?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?

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?
- b** Any related organization?

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

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 Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b	X	
2	X	
4a		X
4b	X	
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2010

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.
 For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii).
 Do not list any individuals that are not listed on Form 990, Part VII.

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

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 DONALD T. FLOYD	(i)	442,991.	0.	17,720.	44,444.	542,135.	0.
	(ii)	0.	0.	0.	0.	0.	0.
2 JENNIFER SIRANGELO	(i)	270,400.	0.	10,816.	31,629.	312,845.	0.
	(ii)	0.	0.	0.	0.	0.	0.
3 PAUL J. KOEHLER	(i)	198,656.	0.	7,946.	35,173.	255,820.	0.
	(ii)	0.	0.	0.	0.	0.	0.
4 ANDREW FERRIN	(i)	224,125.	0.	8,965.	31,833.	264,923.	0.
	(ii)	0.	0.	0.	0.	0.	0.
5 CRAVEN RAND	(i)	166,051.	0.	6,642.	16,460.	189,153.	0.
	(ii)	0.	0.	0.	0.	0.	0.
6 SHARON SCHAIKNER	(i)	149,744.	0.	5,990.	20,044.	187,297.	0.
	(ii)	0.	0.	0.	0.	0.	0.
7 KIRK JAMES	(i)	149,744.	0.	5,990.	27,546.	183,280.	0.
	(ii)	0.	0.	0.	0.	0.	0.
8	(i)						
	(ii)						
9	(i)						
	(ii)						
10	(i)						
	(ii)						
11	(i)						
	(ii)						
12	(i)						
	(ii)						
13	(i)						
	(ii)						
14	(i)						
	(ii)						
15	(i)						
	(ii)						
16	(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 CLOVER NETWORK, OR SCHEDULE

REQUIREMENTS IN DOMESTIC TRAVEL.

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

PART I, LINE 4B: DONALD T. FLOYD, JR. PARTICIPATED IN A SECTION 457

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

TO THE PLAN BY NATIONAL 4-H COUNCIL FOR THE YEAR ENDED DECEMBER 31, 2010.

THE COUNCIL MAINTAINS AN INDIVIDUAL ACCOUNT THAT IS CREDITED WITH THE

CONTRIBUTIONS AND ANY GAINS, LOSSES AND EARNINGS BASED UPON THE TERMS OF

THE PLAN WITH EXECUTIVE'S RIGHTS VESTING ANNUALLY ON DECEMBER 31ST.

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

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

OMB No. 1545-0047

2010

Open To Public
Inspection

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

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

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

Table with 4 columns: (a) Name of disqualified person, (b) Description of transaction, (c) Corrected? Yes, (c) Corrected? No. Includes row 1.

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

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

Table with 7 main columns: (a) Name of interested person and purpose, (b) Loan to or from the organization? To, From, (c) Original principal amount, (d) Balance due, (e) In default? Yes, No, (f) Approved by board or committee? Yes, No, (g) Written agreement? Yes, No.

Total \$

Part III Grants or Assistance Benefiting Interested Persons.

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

Table with 3 columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount and type of assistance.

Schedule L (Form 990 or 990-EZ) 2010

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
EDWARD J. BECKWITH, ESQ	BUSINESS	260,838.	LAW FIRM		X
UNITED HEALTHCARE	BUSINESS	918,413.	HEALTH INSU		X

Part V Supplemental Information

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

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 \$ 260,838.

(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

(A) NAME OF PERSON: UNITED HEALTHCARE

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

BUSINESS

(C) AMOUNT OF TRANSACTION \$ 918,413.

(D) DESCRIPTION OF TRANSACTION: HEALTH INSURANCE COVERAGE IS PROVIDED TO

NATIONAL 4-H COUNCIL EMPLOYEES BY UNITED HEALTHCARE. DR. RUSSELL

PETRELLA IS THE PRESIDENT OF UNITED HEALTHCARE COMMUNITY AND STATE, A

DIVISION OF UNITED HEALTHCARE. NATIONAL 4-H COUNCIL DOES NOT RECEIVE

Part V Supplemental Information

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

SERVICES FROM UNITED HEALTHCARE COMMUNITY AND STATE.

(E) SHARING OF ORGANIZATION REVENUES? = NO

Lined area for supplemental information.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
▶ **Attach to Form 990.**

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

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (SOFTWARE & OT)	X	2	340,449.	FMV
26 Other ▶ (PRINTING)	X	1	40,770.	FMV
27 Other ▶ (CELL PHONES)	X	1	5,500.	FMV
28 Other ▶ (TICKETS)	X	1	951.	FMV

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

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

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

Schedule M (Form 990) (2010)

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

PART I, OTHER TYPES OF PROPERTY:

BIKE RACK

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTORS = 1

(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 495.

(D) METHOD OF DETERMINING REVENUE: FMV

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2010
Open to Public
Inspection

Name of the organization

NATIONAL 4-H COUNCIL

Employer identification number

36-2862206

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

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

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

NATIONAL 4-H COUNCIL IS THE PRIVATE SECTOR, NON-PROFIT PARTNER OF THE
COOPERATIVE EXTENSION SYSTEM AND 4-H NATIONAL HEADQUARTERS AT THE
NATIONAL INSTITUTE OF FOOD AND AGRICULTURE (NIFA) AND USDA. NATIONAL
4-H COUNCIL FOCUSES ON CREATING THE CONDITIONS THAT LEAD TO HIGHER
LEVELS OF INVESTMENT AND PARTICIPATION IN HIGH QUALITY 4-H PROGRAMS.

BY DOING THIS, COUNCIL WILL INCREASE THE CAPACITY AND CAPABILITES OF
4-H PROFESSIONALS AND VOLUNTEERS IN WAYS THAT CONTRIBUTE TO THE
EXPANSION OF HIGH QUALITY 4-H PROGRAMS AVAILABLE TO YOUTH ACROSS THE
COUNTRY AND THROUGHOUT THE WORLD.

YOUTH WHO GRADUATE FROM A HIGH QUALITY 4-H PYD PROGRAM EMERGE WITH LIFE
SKILLS AND A COMMITMENT TO SERVE AS CATALYSTS FOR POSTIVE CHANGE IN
THEIR COMMUNITIES. THIS COMMITMENT COMES FROM PARTICIPATION IN 4-H'S
PROVEN, EARLY KIND OF "LEADERSHIP DISCOVERY" EXPERIENCE-ONE THAT ASKS A
LOT OF YOUTH AND GIVES THEM MUCH IN RETURN, INCLUDING THE CONFIDENCE
THEY NEED TO SUCCEED AND CONTRIBUTE.

AS A RESULT, THE YOUNG PEOPLE IN 4-H ARE UNIQUELY PREPARED TO STEP UP
TO THE CHALLENGES OF OUR COMPLEX, CHANGING WORLD. THAT'S A REVOLUTION
OF RESPONSIBILITY.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
032211
01-24-11

Schedule O (Form 990 or 990-EZ) (2010)

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

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

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

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

NATIONAL 4-H CENTER: THE CENTER IS ONE OF THE LARGEST NONACADEMIC YOUTH EDUCATION AND CONFERENCE FACILITIES IN THE UNITED STATES AND CONTINUES TO BE THE NATIONAL HOME FOR 4-H, HOSTING ANNUAL 4-H CONFERENCES AND

Name of the organization NATIONAL 4-H COUNCIL	Employer identification number 36-2862206
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YEAR-ROUND TRAINING PROGRAMS FOR YOUTH, VOLUNTEER LEADERS, AND
PROFESSIONAL STAFF.

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

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:
SINCE 1924, 4-H SUPPLY HAS PROVIDED HIGH-QUALITY BRANDED PRODUCTS AND
CURRICULUM TO MEET THE NEEDS OF 4-H OFFICES, CLUBS, AND FAMILIES ALIKE.
TODAY, 4-H SUPPLY IS TAKING ITS CUSTOMER-FRIENDLY APPROACH TO NEW
LEVELS, WITH CONVENIENT ONLINE SHOPPING AND EXPERT ADVICE. 4-H MEMBERS
SHOW THEIR PRIDE EVERY DAY BY PURCHASING ITEMS WITH THE 4-H NAME AND
EMBLEM. 4-H SUPPLY SHOWS THE SAME DEVOTION, PROVIDING THE BEST PRODUCTS
AND THE HIGHEST LEVEL OF CUSTOMER SERVICE TO KEEP THESE DEDICATED
CUSTOMERS COMING BACK, YEAR AFTER YEAR.

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

Name of the organization NATIONAL 4-H COUNCIL	Employer identification number 36-2862206
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FORM 990, PART VI, SECTION B, LINE 12C: THE CONFLICT OF INTEREST POLICY IS

REVIEWED ANNUALLY WITH CURRENT EMPLOYEES. ALL NEW ASSOCIATES ARE REQUIRED

TO REVIEW AND SIGN THE CONFLICT OF INTEREST POLICY UPON EMPLOYMENT.

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 IS AVAILABLE ON A PUBLIC WEBSITE AND BY

REQUEST.

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

032212
01-24-11

Name of the organization NATIONAL 4-H COUNCIL	Employer identification number 36-2862206
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NET UNREALIZED GAINS ON INVESTMENTS:	3,394,692.
PENSION RELATED CHANGES OTHER THAN NET PERIOD PENSION COSTS	1,587,037.
POSTRETIREMENT MEDICAL COSTS	234,276.
NAMED FUND SPENDING	-5,609.
CAPITALIZED NONCASH CONTRIBUTIONS	-17,788.
TOTAL TO FORM 990, PART XI, LINE 5	5,192,608.

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.

SCHEDULE R
(Form 990)
Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships
▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2010
Open to Public Inspection

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

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
NATIONAL 4-H ACTIVITIES FOUNDATION - 52-2292245, 7100 CONNECTICUT AVE, CHEVY CHASE, MD 20815-4999	ACCOUNTING AND ADMINISTRATIVE NEEDS OF NATIONALLY OPERATED 4-H	OHIO	501(C)(3)	509(A)(3)	N/A		X
GLOBAL CLOVER NETWORK - 52-2292242 7100 CONNECTICUT AVE CHEVY CHASE, MD 20815-4999	DEVELOPMENT AND DISSEMINATION OF CURRICULUM-INACTIVE	OHIO	501(C)(3)	509(A)(3)	N/A		X

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule R (Form 990) 2010

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership

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

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

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

	(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) 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

Part VII Supplemental Information

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

Multiple horizontal lines for supplemental information.

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.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

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.

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

Enter the Return code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

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.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **FEBRUARY 15, 2012**, 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, 2010**, and ending **JUN 30, 2011**.

2 If the tax year entered in line 1 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	\$	0.
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.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

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 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 **X**

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 your return. See instructions.	Name of exempt organization NATIONAL 4-H COUNCIL	Employer identification number 36-2862206
	Number, street, and room or suite no. If a P.O. box, see instructions. 7100 CONNECTICUT AVENUE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. CHEVY CHASE, MD 20815-4999	

Enter the Return code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

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, 2012.
- 5 For calendar year _____, or other tax year beginning JUL 1, 2010, and ending JUN 30, 2011.
- 6 If the tax year entered in line 5 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
COMPLETE 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	\$	0.
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	\$	0.
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0.

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 1/19/2012