

Form **8453-EO****Exempt Organization Declaration and Signature for  
Electronic Filing**

OMB No. 1545-1879

For calendar year 2011, or tax year beginning JUL 1, 2011, and ending JUN 30, 2012

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

▶ See instructions.

**2011**Department of the Treasury  
Internal Revenue Service

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 ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	32924004
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here ▶ <input type="checkbox"/>	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 2011 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 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 acknowledgement 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.

Sign  
Here

Signature of officer

Date

CHIEF OPERATING OFFICER

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.

<b>ERO's Use Only</b>	ERO's signature ▶ <u>Joyce Underwood</u>	Date <u>5/14/13</u>	Check if also paid preparer <input checked="" type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's SSN or PTIN <u>P00022361</u>
	Firm's name (or yours if self-employed, address, and ZIP code) ▶ <u>BDO USA, LLP</u>				EIN <u>13-5381590</u>
	<u>7101 WISCONSIN AVE., SUITE 800</u> <u>BETHESDA, MD 20814-4827</u>				Phone no. <u>(301) 654-4900</u>

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 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 <input type="checkbox"/> if self-employed	PTIN
Firm's name ▶				Firm's EIN ▶
Firm's address ▶				Phone no.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the instructions.

Form 8453-EO (2011)

123061 12-02-11

Form

**990**Department of the Treasury  
Internal Revenue Service**Return of Organization Exempt From Income Tax**

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

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

OMB No. 1545-0047

**2011****Open to Public Inspection****A** For the **2011** calendar year, or tax year beginning JUL 1, 2011 and ending JUN 30, 2012**B** Check if applicable:

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Terminated  
☐ Amended return  
☐ Application pending

**C** Name of organization

NATIONAL 4-H COUNCIL

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address)

7100 CONNECTICUT AVENUE

Room/suite

City or town, state or country, and ZIP + 4

CHEVY CHASE, MD 20815-4999

**F** Name and address of principal officer: DONALD T. FLOYD, JR.

SAME AS C ABOVE

**D** Employer identification number

36-2862206

**E** Telephone number

301-961-2800

**G** Gross receipts \$

37,896,684.

**H(a)** Is this a group return

for affiliates?

☐ Yes ☒ No**H(b)** Are all affiliates included?☐ Yes ☐ No

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

**H(c)** Group exemption number ▶**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c)( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ WWW.4-H.ORG**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation: 1976**M** State of legal domicile: OH**Part I** Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>TO INCREASE INVESTMENT AND PARTICIPATION IN HIGH QUALITY 4-H POSITIVE YOUTH DEVELOPMENT.</u>			
	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)	33	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	33	
	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	200	
	6	Total number of volunteers (estimate if necessary)	70	
		7a	Total unrelated business revenue from Part VIII, column (C), line 12	205,616.
7b		Net unrelated business taxable income from Form 990-T, line 34	-2,416.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	16,835,106.	20,305,790.
	9	Program service revenue (Part VIII, line 2g)	7,677,302.	7,261,900.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 5)	304,483.	275,085.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	5,660,787.	5,081,229.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	30,477,678.	32,924,004.
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	4,444,616.
14		Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	11,095,559.	11,643,793.
16a		Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b		Total fundraising expenses (Part IX, column (D), line 25) ▶	2,401,275.	
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	14,723,651.	14,963,628.
18		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	30,263,826.	35,569,261.
19		Revenue less expenses. Subtract line 18 from line 12	213,852.	-2,645,257.
Net Assets or Fund Balances		20	Total assets (Part X, line 16)	43,957,943.
	21	Total liabilities (Part X, line 26)	12,859,330.	16,134,434.
	22	Net assets or fund balances. Subtract line 21 from line 20	31,098,613.	24,089,679.

**Part II** Signature Block

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

Sign Here	▶ Signature of officer	Date			
	JENNIFER SIRANGELO, CHIEF OPERATING OFFICER Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name JOYCE M. UNDERWOOD	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN P00022361
	Firm's name ▶ BDO USA, LLP	Firm's EIN ▶ 13-5381590			
	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? ☐ Yes ☒ No  
If "Yes," describe these new services on Schedule O.
- 3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No  
If "Yes," describe these changes on Schedule O.

- 4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations 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 \$ 25,363,784. including grants of \$ 8,961,421. ) (Revenue \$ 208,735. )  
EDUCATIONAL PROGRAMS - SEE SCHEDULE O

**4b** (Code: ) (Expenses \$ 3,711,103. including grants of \$ ) (Revenue \$ 9,003,252. )  
NATIONAL 4-H CENTER - SEE SCHEDULE O

**4c** (Code: ) (Expenses \$ 1,379,635. including grants of \$ 419. ) (Revenue \$ 2,877,507. )  
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  30,454,522.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> 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>	<b>1</b> X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	<b>2</b> X	
<b>3</b> 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>	<b>3</b>	X
<b>4</b> <b>Section 501(c)(3) organizations.</b> 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>	<b>4</b>	X
<b>5</b> 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>	<b>5</b>	X
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	<b>6</b>	X
<b>7</b> 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>	<b>7</b>	X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	<b>8</b>	X
<b>9</b> 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>	<b>9</b>	X
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	<b>10</b> X	
<b>11</b> 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.		
<b>a</b> 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>	<b>11a</b> X	
<b>b</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>	<b>11b</b>	X
<b>c</b> 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>	<b>11c</b>	X
<b>d</b> 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>	<b>11d</b>	X
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	<b>11e</b> X	
<b>f</b> 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>	<b>11f</b> X	
<b>12a</b> 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>	<b>12a</b>	X
<b>b</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>	<b>12b</b> X	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	<b>13</b>	X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?	<b>14a</b>	X
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	<b>14b</b> X	
<b>15</b> 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>	<b>15</b> X	
<b>16</b> 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>	<b>16</b>	X
<b>17</b> 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>	<b>17</b>	X
<b>18</b> 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>	<b>18</b> X	
<b>19</b> 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>	<b>19</b>	X
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	<b>20a</b>	X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<b>20b</b>	

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**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	X	
<b>22</b> 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
<b>23</b> 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	
<b>24a</b> 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>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a</b> <b>Section 501(c)(3) and 501(c)(4) organizations.</b> 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>b</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
<b>26</b> 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
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....		X
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....	X	
<b>b</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
<b>c</b> 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	
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	X	
<b>30</b> 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
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> 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
<b>33</b> 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
<b>34</b> 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	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....	X	
<b>b</b> 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> .....		X
<b>36</b> <b>Section 501(c)(3) organizations.</b> 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
<b>37</b> 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
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O .....	X	

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**Part V** Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response to any question in this Part V ☐

		Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	<b>1a</b> 89		
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	<b>1b</b> 0		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>1c</b>	X	
<b>2a</b> 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	<b>2a</b> 200		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	<b>2b</b>	X	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>	X	
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	<b>3b</b>	X	
<b>4a</b> 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)?	<b>4a</b>		X
<b>b</b> If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>		X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>		X
<b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>		
<b>6a</b> 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?	<b>6a</b>		X
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
<b>a</b> 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?	<b>7a</b>	X	
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>	X	
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>		X
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>		X
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>		X
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>		
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>		
<b>8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	<b>8</b>		
<b>9 Sponsoring organizations maintaining donor advised funds.</b>			
<b>a</b> Did the organization make any taxable distributions under section 4966?	<b>9a</b>		
<b>b</b> Did the organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>		
<b>10 Section 501(c)(7) organizations.</b> Enter:			
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>		
<b>11 Section 501(c)(12) organizations.</b> Enter:			
<b>a</b> Gross income from members or shareholders	<b>11a</b>		
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>		
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>		
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<b>13b</b>		
<b>c</b> Enter the amount of reserves on hand	<b>13c</b>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>		X
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	<b>14b</b>		

Form **990** (2011)

**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 ☒

**Section A. Governing Body and Management**

	Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year ..... <b>1a</b> 33		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
<b>b</b> Enter the number of voting members included in line 1a, above, who are independent ..... <b>1b</b> 33		
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? ..... <b>2</b>		X
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? ..... <b>3</b>		X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? ..... <b>4</b>		X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets? ..... <b>5</b>		X
<b>6</b> Did the organization have members or stockholders? ..... <b>6</b>		X
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? ..... <b>7a</b>		X
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? ..... <b>7b</b>		X
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b> The governing body? ..... <b>8a</b>	X	
<b>b</b> Each committee with authority to act on behalf of the governing body? ..... <b>8b</b>	X	
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O ..... <b>9</b>		X

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

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

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed ► AL, AK, AZ, AR, CA, CT, DC, FL, GA, IL, KS, KY

**18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
☒ Own website ☒ Another's website ☒ Upon request

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

**20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ►  
JOSEPH P. ROCHE - 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 (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) STEPHEN D. BARR BOARD - PUBLIC CLASS	0.50	X						0.	0.	0.
(2) MARTHA BERNADETT BOARD - PUBLIC CLASS	0.50	X						0.	0.	0.
(3) JAMES C. BOREL CHAIR OF BOARD OF TRUSTEES	0.50	X		X				0.	0.	0.
(4) HOWARD W. BUFFETT BOARD - PUBLIC CLASS	0.50	X						0.	0.	0.
(5) THOMAS G. COON BOARD - EXTENSION & INSTITUTION	0.50	X						0.	0.	0.
(6) JOSEPH B. DZIALO BOARD - PUBLIC CLASS	0.50	X						0.	0.	0.
(7) CHARLOTTE EBERLEIN BOARD - EXTENSION & INSTITUTION	0.50	X						0.	0.	0.
(8) JEREMY EMBALABALA YOUTH CLASS	0.50	X						0.	0.	0.
(9) DAVID L. EPSTEIN BOARD - PUBLIC CLASS	0.50	X						0.	0.	0.
(10) DELBERT T. FOSTER BOARD - EXTENSION & INSTITUTION	0.50	X						0.	0.	0.
(11) E. GORDON GEE BOARD - EXTENSION & INSTITUTION	0.50	X						0.	0.	0.
(12) DANIEL R. GLICKMAN BOARD - PUBLIC CLASS	0.50	X						0.	0.	0.
(13) WILLIAM W. HARE BOARD - EXTENSION & INSTITUTION	0.50	X						0.	0.	0.
(14) LYNN O. HENDERSON BOARD - PUBLIC CLASS	0.50	X						0.	0.	0.
(15) LANDEL C. HOBBS BOARD - PUBLIC CLASS	0.50	X						0.	0.	0.
(16) JEFF W. HOWARD BOARD - EXTENSION & INSTITUTION	0.50	X						0.	0.	0.
(17) APRIL JOHNSON YOUTH 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 (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) CLARENCE KELLEY VICE CHAIR OF BOARD OF TRUSTEES	0.50	X		X				0.	0.	0.
(19) WHITNEY K. KUPFERER YOUTH CLASS	0.50	X						0.	0.	0.
(20) LANCE A. LAVERGNE BOARD - PUBLIC CLASS	0.50	X						0.	0.	0.
(21) ALISON LEWIS BOARD - PUBLIC CLASS	0.50	X						0.	0.	0.
(22) INA M. LINVILLE BOARD - EXTENSION & INSTITUTION	0.50	X						0.	0.	0.
(23) F. A. LOWREY TREASURER	0.50	X		X				0.	0.	0.
(24) KAYLA R. MARTELL YOUTH CLASS	0.50	X						0.	0.	0.
(25) MARK MARTINO BOARD - PUBLIC CLASS	0.50	X						0.	0.	0.
(26) COLLEEN MCCREARY BOARD - PUBLIC CLASS	0.50	X						0.	0.	0.
<b>1b Sub-total</b> .....								0.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b> .....								1,846,707.	0.	165,376.
<b>d Total (add lines 1b and 1c)</b> .....								1,846,707.	0.	165,376.

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **15**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual .....		X
<b>4</b> 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	
<b>5</b> 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. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
EUREST DINING SERVICES P.O. BOX 91337, CHICAGO, IL 60693	FOOD SERVICE	821,166.
CALIBRE CPA GROUP 7501 WISCONSIN AVENUE, BETHESDA, MD 20814	ACCOUNTING	753,452.
FIRST PIC, INC. 2614 CHAPEL LAKE DRIVE, GAMBRILLS, MD 21054	CONSULTING	328,000.
SYMPHONIC STRATEGIES, 1025 CONNECTICUT AVENUE, N.W., WASHINGTON, DC 20036	CONSULTING	323,776.
ABM JANITORIAL SERVICES P.O. BOX 8500, PHILADELPHIA, PA 19178	JANITORIAL	279,782.

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **17**

SEE PART VII, SECTION A CONTINUATION SHEETS

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**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			
(27) JULIE J. MURPHY BOARD - PUBLIC CLASS	0.50	X						0.	0.	0.
(28) RUSSELL C. PETRELLA BOARD - PUBLIC CLASS	0.50	X						0.	0.	0.
(29) ANANDA ROBERTS BOARD - PUBLIC CLASS	0.50	X						0.	0.	0.
(30) BEVERLY SPARKS BOARD - EXTENSION & INSTITUTION	0.50	X						0.	0.	0.
(31) ELIZABETH A. VARLEY BOARD - PUBLIC CLASS	0.50	X						0.	0.	0.
(32) ANN VENEMAN BOARD - PUBLIC CLASS	0.50	X						0.	0.	0.
(33) JOHN D. WENDLER BOARD - PUBLIC CLASS	0.50	X						0.	0.	0.
(34) DONALD T. FLOYD, JR. PRESIDENT & CEO	55.00			X				485,914.	0.	40,448.
(35) EDWARD J. BECKWITH SECRETARY	0.50			X				0.	0.	0.
(36) JENNIFER SIRANGELO CHIEF OPERATING OFFICER	50.50				X			271,960.	0.	23,409.
(37) PAUL J. KOEHLER SVP- GENERAL MANAGER	48.00				X			207,786.	0.	24,029.
(38) ANDREW FERRIN SVP - CHIEF MARKETING OFFICER	53.00					X		225,418.	0.	24,840.
(39) CRAVEN RAND VICE PRESIDENT, OPERATIONS	45.00					X		181,246.	0.	13,083.
(40) SHARON SCHAINKER DIRECTOR OF HUMAN RESOURCES	45.00					X		159,587.	0.	12,561.
(41) JILL BRAMBLE SVP, CHIEF DEVELOPMENT OFFICER	45.00					X		158,442.	0.	7,302.
(42) KIRK JAMES DIRECTOR OF IT	45.00					X		156,354.	0.	19,704.
Total to Part VII, Section A, line 1c								1,846,707.		165,376.

**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
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>	71,792.				
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>	510,410.				
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>	4,806,084.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1f</b>	14,917,504.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ .....		402,957.				
	<b>h Total.</b> Add lines 1a-1f .....			20,305,790.			
	<b>Program Service Revenue</b>			<b>Business Code</b>			
<b>2 a</b> NATL 4-H YOUTH CONF CT .....			721000	5,949,225.	5,743,609.	205,616.	
<b>b</b> REG. FEES AND TUITIONS .....			900099	1,312,675.	1,312,675.		
<b>c</b> .....							
<b>d</b> .....							
<b>e</b> .....							
<b>f</b> All other program service revenue .....							
<b>g Total.</b> Add lines 2a-2f .....				7,261,900.			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....			330,556.			330,556.
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....			65,580.			65,580.
	<b>6 a</b> Gross rents .....	(i) Real	(ii) Personal				
				81,356.			
		<b>b</b> Less: rental expenses .....		0.			
		<b>c</b> Rental income or (loss) .....		81,356.			
	<b>d</b> Net rental income or (loss) .....			81,356.			81,356.
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	(i) Securities	(ii) Other				
				2,082,460.			
		<b>b</b> Less: cost or other basis and sales expenses .....		2,137,931.			
		<b>c</b> Gain or (loss) .....		-55,471.			
	<b>d</b> Net gain or (loss) .....			-55,471.			-55,471.
	<b>8 a</b> Gross income from fundraising events (not including \$ 510,410. of contributions reported on line 1c). See Part IV, line 18 .....	<b>a</b>		24,800.			
		<b>b</b> Less: direct expenses .....	<b>b</b>	123,717.			
		<b>c</b> Net income or (loss) from fundraising events .....			-98,917.		
	<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>a</b>					
<b>b</b> Less: direct expenses .....		<b>b</b>					
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>a</b>		7,744,242.				
	<b>b</b> Less: cost of goods sold .....	<b>b</b>	2,711,032.				
	<b>c</b> Net income or (loss) from sales of inventory .....			5,033,210.	5,033,210.		
<b>Miscellaneous Revenue</b>			<b>Business Code</b>				
<b>11 a</b> .....							
<b>b</b> .....							
<b>c</b> .....							
<b>d</b> All other revenue .....							
<b>e Total.</b> Add lines 11a-11d .....							
<b>12 Total revenue.</b> See instructions. ....				32,924,004.	12,089,494.	205,616.	323,104.

**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).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	8,790,016.	8,790,016.		
<b>2</b> Grants and other assistance to individuals in the United States. See Part IV, line 22				
<b>3</b> Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	171,824.	171,824.		
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	1,784,184.	1,164,939.	192,123.	427,122.
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	7,315,421.	6,282,500.	315,395.	717,526.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)	349,811.	290,359.	59,452.	
<b>9</b> Other employee benefits	1,581,811.	1,303,944.	85,314.	192,553.
<b>10</b> Payroll taxes	612,566.	510,698.	31,239.	70,629.
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management	318,343.	318,343.		
<b>b</b> Legal	258,248.	87,307.	159,849.	11,092.
<b>c</b> Accounting	917,162.	131,416.	785,617.	129.
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees	31,182.		31,182.	
<b>g</b> Other	6,130,653.	4,999,804.	488,054.	642,795.
<b>12</b> Advertising and promotion	495,458.	481,133.	14,325.	
<b>13</b> Office expenses	2,457,117.	2,112,724.	276,966.	67,427.
<b>14</b> Information technology				
<b>15</b> Royalties				
<b>16</b> Occupancy	224,466.	204,149.	19,889.	428.
<b>17</b> Travel	1,502,262.	1,267,545.	56,495.	178,222.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	614,745.	555,697.	26,347.	32,701.
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	1,224,958.	1,128,254.	44,398.	52,306.
<b>23</b> Insurance	135,237.	104,531.	30,706.	
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> IN-KIND	402,957.	369,317.	33,640.	
<b>b</b>				
<b>c</b>				
<b>d</b>				
<b>e</b> All other expenses	250,840.	180,022.	62,473.	8,345.
<b>25</b> Total functional expenses. Add lines 1 through 24e	35,569,261.	30,454,522.	2,713,464.	2,401,275.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here ☐ if following SOP 98-2 (ASC 958-720)

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	4,122,220.	<b>1</b>	1,685,047.
	<b>2</b> Savings and temporary cash investments .....		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net .....	6,555,430.	<b>3</b>	6,166,349.
	<b>4</b> Accounts receivable, net .....	2,091,316.	<b>4</b>	2,435,738.
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>	
	<b>6</b> 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) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....	1,229,707.	<b>8</b>	1,454,211.
	<b>9</b> Prepaid expenses and deferred charges .....	98,541.	<b>9</b>	102,745.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 35,113,828.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 26,117,800.		
		8,959,236.	<b>10c</b>	8,996,028.
	<b>11</b> Investments - publicly traded securities .....	19,406,677.	<b>11</b>	17,909,512.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	1,494,816.	<b>12</b>	1,474,483.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
<b>15</b> Other assets. See Part IV, line 11 .....		<b>15</b>		
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	43,957,943.	<b>16</b>	40,224,113.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	3,638,164.	<b>17</b>	3,812,048.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	1,552,700.	<b>19</b>	1,568,374.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	7,668,466.	<b>25</b>	10,754,012.
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	12,859,330.	<b>26</b>	16,134,434.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets .....	12,914,957.	<b>27</b>	7,773,055.
	<b>28</b> Temporarily restricted net assets .....	17,948,259.	<b>28</b>	16,081,227.
	<b>29</b> Permanently restricted net assets .....	235,397.	<b>29</b>	235,397.
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>	
	<b>33</b> Total net assets or fund balances .....	31,098,613.	<b>33</b>	24,089,679.
	<b>34</b> Total liabilities and net assets/fund balances .....	43,957,943.	<b>34</b>	40,224,113.

Form **990** (2011)

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response to any question in this Part XI ☒

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	32,924,004.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	35,569,261.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-2,645,257.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	31,098,613.
<b>5</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>5</b>	-4,363,677.
<b>6</b>	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	<b>6</b>	24,089,679.

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response to any question in this Part XII ☒

	Yes	No
<b>1</b> 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.		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant?		X
<b>b</b> Were the organization's financial statements audited by an independent accountant?	X	
<b>c</b> 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	
<b>d</b> 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		
<b>3a</b> 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	
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	X	

Form **990** (2011)

Department of the Treasury  
Internal Revenue Service

**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

# 2011

**Open to Public Inspection**

Name of the organization

NATIONAL 4-H COUNCIL

Employer identification number

36-2862206

<b>Part I</b>	<b>Reason for Public Charity Status</b> (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).

[illegible]

**LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.**

Schedule A (Form 990 or 990-EZ) 2011

**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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	15,700,293.	11,237,195.	15,962,494.	16,856,981.	20,305,790.	80,062,753.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	15,700,293.	11,237,195.	15,962,494.	16,856,981.	20,305,790.	80,062,753.
<b>5</b> 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) .....						28,290,335.
<b>6 Public support.</b> Subtract line 5 from line 4.						51,772,418.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>7</b> Amounts from line 4 .....	15,700,293.	11,237,195.	15,962,494.	16,856,981.	20,305,790.	80,062,753.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	1,977,400.	705,121.	604,050.	455,852.	477,492.	4,219,915.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....	20,376.	21,520.	14,399.	13,073.	-2,416.	66,952.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>11 Total support.</b> Add lines 7 through 10						84,349,620.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	81,233,110.
<b>13 First five years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	61.38 %
<b>15</b> Public support percentage from 2010 Schedule A, Part II, line 14 .....	<b>15</b>	56.41 %
<b>16a 33 1/3% support test - 2011.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2010.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2011.</b> 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 <b>stop here.</b> 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>b 10% -facts-and-circumstances test - 2010.</b> 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 <b>stop here.</b> 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>18 Private foundation.</b> 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) 2011



**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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support</b> (Subtract line 7c from line 6.) .....						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>13 Total support</b> (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**

<b>15</b> Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>		%
<b>16</b> Public support percentage from 2010 Schedule A, Part III, line 15 .....	<b>16</b>		%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2011</b> (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>		%
<b>18</b> Investment income percentage from <b>2010</b> Schedule A, Part III, line 17 .....	<b>18</b>		%

**19a 33 1/3% support tests - 2011.** 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 - 2010.** 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, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

**2011****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 foundationCheck 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, total 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 total 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 Part I, 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) (2011)**

Name of organization  NATIONAL 4-H COUNCIL	Employer identification number  36-2862206
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 3,653,570.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2		\$ 1,650,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3		\$ 551,350.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4		\$ 1,605,563.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5		\$ 1,110,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6		\$ 570,566.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

<b>Name of organization</b>	<b>Employer identification number</b>
NATIONAL 4-H COUNCIL	36-2862206

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 4,119,893.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8		\$ 1,499,980.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9		\$ 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.)
10		\$ 646,677.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11		\$ 475,848.	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	Employer identification number
NATIONAL 4-H COUNCIL	36-2862206

**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

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 that total 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.) ► \$ \_\_\_\_\_

Use duplicate copies of Part III if additional space is needed.

(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	

**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ **Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**  
▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No. 1545-0047

**2011**

**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).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> 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? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ .....

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ .....

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part 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

**d** ☐ Loan or exchange programs

**b** ☐ Scholarly research

**e** ☐ Other \_\_\_\_\_

**c** ☐ Preservation for future generations

**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
<b>c</b> Beginning balance	<b>1c</b>
<b>d</b> Additions during the year	<b>1d</b>
<b>e</b> Distributions during the year	<b>1e</b>
<b>f</b> Ending balance	<b>1f</b>

**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
<b>1a</b> Beginning of year balance	9,646,658.	7,788,249.	7,198,114.	8,743,268.	
<b>b</b> Contributions	127,415.	669,556.	35,285.	64,595.	
<b>c</b> Net investment earnings, gains, and losses	-55,051.	1,398,255.	803,120.	-1,457,690.	
<b>d</b> Grants or scholarships					
<b>e</b> Other expenditures for facilities and programs	227,821.	209,402.	248,270.	152,059.	
<b>f</b> Administrative expenses					
<b>g</b> End of year balance	9,491,201.	9,646,658.	7,788,249.	7,198,114.	

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

**a** Board designated or quasi-endowment ☐ 75.24 %

**b** Permanent endowment ☐ 2.48 %

**c** Temporarily restricted endowment ☐ 22.28 %

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

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

(i) unrelated organizations

(ii) related organizations

	Yes	No
<b>3a(i)</b>		X
<b>3a(ii)</b>		X
<b>3b</b>		

**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 property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land		300,000.		300,000.
<b>b</b> Buildings		24,682,811.	16,785,378.	7,897,433.
<b>c</b> Leasehold improvements				
<b>d</b> Equipment		10,131,017.	9,332,422.	798,595.
<b>e</b> Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				8,996,028.

Schedule D (Form 990) 2011



**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) .....		
<b>Total.</b> (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) .....		
<b>Total.</b> (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) .....	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	

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

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) AGENCY FUNDS	886,404.	
(3) ACCRUED POST RETIREMENT BENEFIT LIAB	3,027,621.	
(4) UNFUNDED PENSION LIABILITY	6,839,987.	
(5) .....		
(6) .....		
(7) .....		
(8) .....		
(9) .....		
(10) .....		
(11) .....		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶		10,754,012.

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 FIN 48 (ASC 740).

**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	32,924,004.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	35,569,261.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-2,645,257.
4	Net unrealized gains (losses) on investments	4	-422,234.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	-3,941,443.
9	Total adjustments (net). Add lines 4 through 8	9	-4,363,677.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	-7,008,934.

**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	31,886,253.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	-422,234.
b	Donated services and use of facilities	2b	132,840.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	-3,428,207.
e	Add lines 2a through 2d	2e	-3,717,601.
3	Subtract line 2e from line 1	3	35,603,854.
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	31,182.
b	Other (Describe in Part XIV.)	4b	-2,711,032.
c	Add lines 4a and 4b	4c	-2,679,850.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	32,924,004.

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1	Total expenses and losses per audited financial statements	1	38,555,668.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	132,840.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	2,884,749.
e	Add lines 2a through 2d	2e	3,017,589.
3	Subtract line 2e from line 1	3	35,538,079.
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	31,182.
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	31,182.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	35,569,261.

**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 FOLLOWS THE PROVISIONS OF FASB ASC 740. UNDER

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

TAX POSITIONS TAKEN FOR TAX RETURN PURPOSES WHEN IT IS

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

NOT BELIEVE THERE ARE ANY MATERIAL UNCERTAIN TAX POSITIONS AND,

**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 2009. FOR THE YEARS ENDED JUNE 30, 2012 AND 2011, 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	-3,028,349.
POSTRETIREMENT MEDICAL COSTS	-718,126.
NAMED FUND SPENDING	-194,967.
ROUNDING	-1.
TOTAL TO SCHEDULE D, PART XI, LINE 8	-3,941,443.

## PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES	123,717.
NAMED FUND SPENDING	-194,967.
REVENUE OF AFFILIATES	389,518.
POSTRETIREMENT MEDICAL COSTS	-718,126.
PENSION RELATED CHANGES OTHER THAN NET PERIOD PENSION COSTS	-3,028,349.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	-3,428,207.

## PART XII, LINE 4B - OTHER ADJUSTMENTS:

**Part XIV** Supplemental Information (continued)

COST OF GOODS SOLD -2,711,032.

## PART XIII, LINE 2D - OTHER ADJUSTMENTS:

COST OF GOODS SOLD 2,711,032.

FUNDRAISING EXPENSES 123,717.

EXPENSES OF AFFILIATES 50,000.

TOTAL TO SCHEDULE D, PART XIII, LINE 2D 2,884,749.

**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

**2011****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 its grants and other 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 its grants and other assistance 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 - ANGOLA,	0	0	PROGRAM SERVICES	EDUCATIONAL PROGRAMS	124,428.
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	EDUCATIONAL PROGRAMS	80,943.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	PROGRAM SERVICES	EDUCATIONAL PROGRAMS	3,718.
<b>3 a</b> Sub-total .....	0	0			209,089.
<b>b</b> Total from continuation sheets to Part I .....	0	0			0.
<b>c Totals</b> (add lines 3a and 3b) .....	0	0			209,089.

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

Schedule F (Form 990) 2011

**Part II** **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 ☐   
 Part II can be duplicated if additional space is needed.

<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	EDUCATIONAL PROGRAMS	83,680	WIRE TRANSFER	0	N/A	N/A
		SUB-SAHARAN AFRICA	EDUCATIONAL PROGRAMS	22,794	WIRE TRANSFER	0	N/A	N/A
		EAST ASIA AND THE PACIFIC	EDUCATIONAL PROGRAMS	65,350	WIRE TRANSFER	0	N/A	N/A

- 2** Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 3
- 3** Enter total number of other organizations or entities 0

**Part III** **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

[illegible]

**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, Information 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) 2011



**Part V Supplemental Information**

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

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.

Department of the Treasury  
Internal Revenue Service

## Supplemental Information Regarding Fundraising or Gaming Activities

**Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.**  
**▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No. 1545-0047

# 2011

## Open To Public Inspection

Name of the organization

NATIONAL 4-H COUNCIL

Employer identification number

36-2862206

## Part I

**Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

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

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

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

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

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

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

**Part II Fundraising Events.** Complete if the organization answered "Yes" 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	(d) Total events (add col. (a) through col. (c))
		GALA (event type)	(event type)	NONE (total number)	
Revenue	<b>1</b> Gross receipts .....	535,210.			535,210.
	<b>2</b> Less: Charitable contributions .....	510,410.			510,410.
	<b>3</b> Gross income (line 1 minus line 2) .....	24,800.			24,800.
Direct Expenses	<b>4</b> Cash prizes .....				
	<b>5</b> Noncash prizes .....				
	<b>6</b> Rent/facility costs .....				
	<b>7</b> Food and beverages .....				
	<b>8</b> Entertainment .....				
	<b>9</b> Other direct expenses .....	123,717.			123,717.
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) .....				( 123,717 )
	<b>11</b> Net income summary. Combine line 3, column (d), and line 10 .....				-98,917.

**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	<b>1</b> Gross revenue .....				
Direct Expenses	<b>2</b> Cash prizes .....				
	<b>3</b> Noncash prizes .....				
	<b>4</b> Rent/facility costs .....				
	<b>5</b> Other direct expenses .....				
	<b>6</b> 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	
	<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) .....				( )
	<b>8</b> 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? .....  |     | <input type="checkbox"/> Yes | <input type="checkbox"/> 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? ..... |     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 13 Indicate the percentage of gaming activity operated in:   |     |                              |                             |
| a The organization's facility .....  | 13a |                              | %                           |
| b An outside facility .....  | 13b |                              | %                           |
| 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:   |     |                              |                             |

Name  \_\_\_\_\_

Address 

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ..... ☐ **Yes** ☐ **No**
- b** If "Yes," enter the amount of gaming revenue received by the organization ► \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ► \$ \_\_\_\_\_ .
- c** If "Yes," enter name and address of the third party:

Name  \_\_\_\_\_

Address 

- ## 16 Gaming manager information:

Name  \_\_\_\_\_

Gaming manager compensation ► \$ \_\_\_\_\_

Description of services provided ► \_\_\_\_\_

☐ Director/officer

☐ Employee

☐ Independent contractor

- 17** Mandatory distributions:

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ..... ☐ Yes ☐ No
- b** Enter the amount of distributions required under state law 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

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

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

**▶ Attach to Form 990.**

OMB No. 1545-0047

**2011**

**Open to Public  
Inspection**

Name of the organization

NATIONAL 4-H COUNCIL

**Employer identification number**

36-2862206

**Part I General Information on Grants and Assistance**

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

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

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

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ALABAMA 4-H CLUB FOUNDATION INC. 226 DUNCAN HALL AUBURN UNIVERSITY, AL 36849	63-0457929	501 (C ) (3)	26,000.	0.			EDUCATIONAL
ALABAMA A&M UNIVERSITY 4900 MERIDIAN STREET, P.O. BOX 967 NORMAL, AL 35762	63-6001097	STATE OF ALABAMA	73,678.	0.			EDUCATIONAL
ALABAMA A&M UNIVERSITY FOUNDATION P.O. BOX 1057 NORMAL, AL 35762	63-6214769	501 (C ) (3)	62,500.	0.			EDUCATIONAL
ALCORN STATE UNIVERSITY 1000 ASU DRIVE, #285 LORMAN, MS 39096	64-0538010	STATE OF MISSISSIPPI	51,064.	0.			EDUCATIONAL
ALLAMAKEE COUNTY AGRICULTURAL 21 ALLAMAKEE STREET WAUKON, IA 52172	42-6021392	STATE OF IOWA	30,000.	0.			EDUCATIONAL
AUBURN UNIVERSITY-ALABAMA COOP EXTENSION SERVICE - 206 DUNCAN HALL - AUBURN, AL 36649	63-0457929	STATE OF ALABAMA	13,000.	0.			EDUCATIONAL

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **▶** 110.

**3** Enter total number of other organizations listed in the line 1 table **▶** 0.

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

Schedule I (Form 990) (2011)

**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
AVERY COUNTY AGRICULTURAL COOPERATIVE EXTENSION CENTER - 805 CRANBERRY ST - NEWLAND, NC 28657	58-2118380	501 (C ) (3)	42,500.	0.			EDUCATIONAL
CAMDEN COUNTY 4-H ASSOCIATION 1301 PARK BLVD CHERRY HILL, NJ 08002	32-0224621	501 (C ) (3)	18,000.	0.			EDUCATIONAL
CLEMSON UNIVERSITY 210 BARRE HALL CLEMSON, SC 29634	57-6000254	STATE OF S.C.	155,398.	0.			EDUCATIONAL
COLORADO 4-H FOUNDATION CAMPUS MAIL 4040 FORT COLLINS, CO 80523	74-2586894	501 (C ) (3)	16,750.	0.			EDUCATIONAL
COLORADO STATE UNIVERSITY ROOM 108 JOHNSON HALL - SP FORT COLLINS, CO 80523	23-7098397	STATE OF COLORAD	61,407.	0.			EDUCATIONAL
COOS COUNTY 4-H ADVISORY COUNCIL 629A MAIN STREET LANCASTER, NH 03584	23-7121463	501 (C ) (3)	19,351.	0.			EDUCATIONAL
CORNELL UNIV - COOPERATIVE EXTENSION - 21 SOUTH GROVE STREET SUITE 320 - EAST AURORA, NY 14052	16-6072879	501 (C ) (3)	80,974.	0.			EDUCATIONAL
CORNELL UNIVERSITY 750 CASCADILLA STREET ITHACA, NY 14851	15-0532082	501 (C ) (3)	120,750.	0.			EDUCATIONAL
DELAWARE COOPERATIVE EXTENSION 531 S. COLLEGE AVE NEWARK, DE 19716	51-6000297	STATE OF DELAWAR	8,800.	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.)

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FLORIDA 4-H CLUB FOUNDATION INC. 3103 MCCARTY HALL, P.O. BOX 110225 GAINESVILLE, FL 32611	59-1000186	501 (C ) (3)	66,250.	0.			EDUCATIONAL
FLORIDA 4-H FOUNDATION INC 400 UNIVERSITY DRIVE FOND DU LAC, WI 54935	39-6100393	501 (C ) (3)	49,000.	0.			EDUCATIONAL
GEORGIA 4-H FOUNDATION 306 HOKE SMITH ANNEX ATHENS, GA 30602	58-0832988	501 (C ) (3)	283,404.	0.			EDUCATIONAL
HAWAII 4-H FOUNDATION 213 GILMORE HALL, 3050 MAILE WAY HONOLULU, HI 96822-2231	23-7043787	501 (C ) (3)	42,447.	0.			EDUCATIONAL
IOWA STATE UNIVERSITY 3617 ADMIN SERVICES BLDG. AMEX, IA 50111	42-6527697	STATE OF IOWA	40,374.	0.			EDUCATIONAL
JOHNSON COUNTY 762 WEST FETTERMAN BUFFALO, WY 82834	83-6000331	STATE OF WYOMING	10,376.	0.			EDUCATIONAL
JOHNSON COUNTY EXTENSION 3109 OLD HIGHWAY 218 S. IOWA CITY, IA 52246	42-6004224	STATE OF IOWA	34,622.	0.			EDUCATIONAL
KANSAS STATE UNIVERSITY 201 UMBERGER MANHATTAN, KS 66506	48-0667209	STATE OF KANSAS	91,679.	0.			EDUCATIONAL
KENTUCKY 4-H FOUNDATION 209 SCOVELL HALL LEXINGTON, KY 40506-0064	23-7437297	501 (C ) (3)	92,290.	0.			EDUCATIONAL

Schedule I (Form 990)

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KENTUCKY STATE UNIVERSITY 400 EAST MAIN STREET FRANKFORT, KY 40601-2355	61-1099712	STATE OF KENTUCK	26,350.	0.			EDUCATIONAL
LOUISIANA 4-H FOUNDATION P.O. BOX 25100 BATON ROUGE, LA 70894	72-1367519	501 (C ) (3)	6,500.	0.			EDUCATIONAL
LOUISIANA STATE UNIVERSITY AGRICULTURAL CENTER - 104 J. NORMAN EPPERSON HALL - BATON ROUGE, LA 70803	72-6020969	STATE OF LOUISIA	222,616.	0.			EDUCATIONAL
MARYLAND 4-H FOUNDATION INC. 8020 GREENMEAD DRIVE COLLEGE PARK, MD 20740	52-6056016	501 (C ) (3)	242,170.	0.			EDUCATIONAL
MASSACHUSETTS 4-H FOUNDATION 400 MAIN STREET MALPOLE, MA 02081	04-2303708	501 (C ) (3)	35,034.	0.			EDUCATIONAL
MERCER COUNTY 4-H 930 SPRUCE STREET TRENTON, NJ 08648	25-1389897	501 (C ) (3)	43,075.	0.			EDUCATIONAL
MICHIGAN 4-H FOUNDATION 14901 4H DRIVE TUSTIN, MI 49688	38-1539997	501 (C ) (3)	249,500.	0.			EDUCATIONAL
MICHIGAN STATE UNIVERSITY EXTENSION - 446 WEST CIRCLE DRIVE, ROOM 106 AGRICULTURE HALL - LANSING, MI 48824-2612	38-6005984	STATE OF MICHIGA	54,856.	0.			EDUCATIONAL
MINNESOTA 4-H FOUNDATION 270 - B MCNAMARA ALUMI CENTER, 200 MINNEAPOLIS, MN 55455	41-1408161	501 (C ) (3)	45,750.	0.			EDUCATIONAL

Schedule I (Form 990)



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(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
MISSISSIPPI 4H CLUB FOUNDATION P.O. BOX 9601 MISSISSIPPI STATE, MS 39762	64-6023591	501 (C ) (3)	6,938.	0.			EDUCATIONAL
MISSISSIPPI STATE UNIVERSITY P.O DRAWER 5227 MISSISSIPPI STATE, MS 39762	06-7589752	STATE OF MISSISS	137,068.	0.			EDUCATIONAL
MISSOURI 4-H FOUNDATION 819 CLARK HALL COLUMBIA, MO 65211	43-6044367	501 (C ) (3)	73,500.	0.			EDUCATIONAL
MONTANA STATE 4-H OFFICE 210 TAYLOR HALL BOZEMAN, MT 59717	23-7051460	501 (C ) (3)	10,737.	0.			EDUCATIONAL
MONTANA STATE UNIVERSITY 4-H CENTER - 309 MONTANA HALL P.O. BOX 172470 - BOZEMAN, MT 59717	81-6010045	STATE OF MONTANA	25,238.	0.			EDUCATIONAL
NEW YORK STATE 4-H FOUNDATION 248 GRANT AVE., SUITE II-A AUBURN, NY 13021	14-6021395	501 (C ) (3)	21,000.	0.			EDUCATIONAL
NORTH CAROLINA AGRICULTURAL FOUNDATION - CAMPUS BOX 7645 - RALEIGH, NC 27695	56-6049304	501 (C ) (3)	92,500.	0.			EDUCATIONAL
NORTH CAROLINA AT&T STATE UNIVERSITY - 1601 E. MARKET ST - GREENSBORO, NC 27411	56-6000007	STATE OF NORTH C	41,750.	0.			EDUCATIONAL
NORTH CAROLINA STATE UNIVERSITY 512 BRICKHAVEN DRIVE, BOX 7606 RALEIGH, NC 27695	56-6049304	STATE OF NORTH C	58,759.	0.			EDUCATIONAL

Schedule I (Form 990)

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NORTH DAKOTA STATE UNIVERSITY 1340 ADMINISTRATION AVENUE FARGO, ND 58102	23-7120898	STATE OF NORTH D	58,089.	0.			EDUCATIONAL
OHIO STATE UNIVERSITY 1480 W. LANE AVE COLUMBUS, OH 43210	31-6401599	STATE OF OHIO	96,704.	0.			EDUCATIONAL
OHIO STATE UNIVERSITY 4-H YOUTH DEVELOPMENT - 2201 FRED TAYLOR DRIVE - COLUMBUS, OH 43210	31-1145986	STATE OF OHIO	5,000.	0.			EDUCATIONAL
OHIO STATE UNIVERSITY EXTENSION 1480 W. LANE AVE COLUMBUS, OH 43210	31-6401599	STATE OF OHIO	25,000.	0.			EDUCATIONAL
OKLAHOMA 4-H FOUNDATION INC. 205 4-H YOUTH DEVELOPMENT STILLWATER, OK 74078	73-6109761	501 (C ) (3)	35,625.	0.			EDUCATIONAL
OKLAHOMA STATE UNIVERSITY 205 4-H YOUTH DEVELOPMENT STILLWATER, OK 74078	73-6109761	STATE OF OKLAHOM	98,729.	0.			EDUCATIONAL
OREGON 4-H FOUNDATION 119 BALLARD EXTENSION HALL, OSU CORVALLIS, OR 97331	93-0711337	501 (C ) (3)	43,750.	0.			EDUCATIONAL
OREGON STATE UNIVERSITY PO BOX 1086 CORVALLIS, OR 97339-1086	48-1278540	STATE OF OREGON	43,699.	0.			EDUCATIONAL
PASSAIC COUNTY 4-H LEADERS ASSOCIATION - 317 PENNSYLVANIA AVE - PATERSON, NJ 07503	23-7318967	501 (C ) (3)	5,738.	0.			EDUCATIONAL

Schedule I (Form 990)

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PRAIRIE VIEW A & M UNIVERSITY P.O. BOX 667 PRAIRIE VIEW, TX 77446	74-6001078	STATE OF TEXAS	40,642.	0.			EDUCATIONAL
PUERTO RICO AGRICULTURAL EXTENSION 1204 CEIBA STREET JARDIN BOTANICO SAN JUAN, PR 00926	66-0433761	COMMONWEALTH OF	28,000.	0.			EDUCATIONAL
PURDUE UNIVERSITY 401 S. GRANT STREET WEST LAFAYETTE, IN 47907	35-6002041	501 (C ) (3)	111,622.	0.			EDUCATIONAL
PURDUE UNIVERSITY SPONSORED PROGRAMS - 401 S. GRANT STREET - WEST LAFAYETTE, IN 47907	35-6002041	501 (C ) (3)	95,610.	0.			EDUCATIONAL
REGENTS OF THE UNIVERSITY OF MINNESOTA - 1300 S 2ND ST RM 206 - MINNEAPOLIS, MN 55455	41-6007513	STATE OF MINNESO	123,089.	0.			EDUCATIONAL
REGENTS OF THE UNIVERSITY OF IDAHO P.O BOX 443020 MOSCOW, ID 83844	82-6000945	STATE OF IDAHO	110,046.	0.			EDUCATIONAL
RHODE ISLAND 4-H CLUB FOUNDATION 75 PECKHAM FARM KINGSTON, RI 02881	05-6016234	501 (C ) (3)	25,117.	0.			EDUCATIONAL
SOMERSET COUNTY 4-H 310 MILLTOWN RD BRIDGEWATER, NJ 08807	22-6064597	501 (C ) (3)	6,500.	0.			EDUCATIONAL
SOUTH DAKOTA 4-H FOUNDATION AG HALL, ROOM 116 BROOKINGS, SD 57007	46-6016086	501 (C ) (3)	45,250.	0.			EDUCATIONAL

Schedule I (Form 990)

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SOUTH DAKOTA STATE UNIVERSITY SDSU WEST RIVER AGRICULTURAL CENTER, 1905 PLAZA BOULEVARD - RAPID CITY, SD 5	46-0273801	STATE OF SOUTH D	88,141.	0.			EDUCATIONAL
SOUTHERN UNIVERSITY AGRICULTURE RESC - P.O. BOX 10010 - BATON ROUGE, LA 70813	72-6000817	501 (C ) (3)	43,581.	0.			EDUCATIONAL
SOUTHERN UNIVERSITY AND A&M COLLEGE - AGRICULTURAL RESEARCH CENTER, P.O. BOX 10010 - BATON ROUGE, LA 70813	23-7052911	STATE OF LOUISIA	38,185.	0.			EDUCATIONAL
TENNESSEE STATE UNIVERSITY 3500 JOHN MERRITT BOULEVARD NASHVILLE, TN 37209	62-0786119	STATE OF TENNESS	24,973.	0.			EDUCATIONAL
TEXAS 4-H FOUNDATION 7607 EASTMARK DR., STE 101 COLLEGE STATION, TX 77840	74-6091147	501 (C ) (3)	53,500.	0.			EDUCATIONAL
TEXAS 4-H YOUTH FOUNDATION P.O BOX 11020 COLLEGE STATION, TX 77842	74-6091147	501 (C ) (3)	16,500.	0.			EDUCATIONAL
TEXAS AGRILIFE EXTENSION SERVICE TAMUS 2147, CONTRACTS & GRANTS COLLEGE STATION, TX 77843	74-6000541	STATE OF TEXAS	52,312.	0.			EDUCATIONAL
THE ATV SAFETY INSTITUTE 2 JENNER ST., #150 IRVINE, CA 92618	33-0044256	CORPORATION	9,216.	0.			EDUCATIONAL
THE BOARD OF TRUSTEES OF THE UNIVERSITY OF ILLINOIS - UNIVERSITY OF ILLINOIS FOUNDATION, 1305 WEST GREEN STREET - URBANA,	37-6006007	STATE OF ILLINOI	58,750.	0.			EDUCATIONAL

Schedule I (Form 990)

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THE PENNSYLVANIA STATE UNIVERSITY THE PENN STATE CONFERENCE CENTER HOTEL, ROOM 78 - UNIVERSITY PARK, PA 16802	02-4600376	STATE OF PENNSYL	201,550.	0.			EDUCATIONAL
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA - 1 SHIELDS AVE - DAVIS, CA 95616	94-6036494	STATE OF CALIFOR	170,866.	0.			EDUCATIONAL
RUTGERS, THE STATE UNIVERSITY OF NEW JERSEY - RUTGERS UNIVERSITY FOUNDATION, 7 COLLEGE AVENUE, WINANT HALL - NEW BRUNSWICK, NJ	23-7318742	STATE OF NEW JER	94,599.	0.			EDUCATIONAL
UNH COOPERATIVE EXTENSION -4H 329 MAST ROAD, UNIT 3 GOFFSTOWN, NH 03045	33-1150168	501 (C ) (3)	34,539.	0.			EDUCATIONAL
UNIVERSITY OF ALASKA PO BOX 755120 FAIRBANKS, AK 99775	23-7394620	STATE OF ALASKA	81,994.	0.			EDUCATIONAL
UNIVERSITY OF ARIZONA 888 N EUCLID AVE, RM 502F TUCSON, AZ 85721	86-6004791	STATE OF ARIZONA	97,984.	0.			EDUCATIONAL
UNIVERSITY OF ARKANSAS COOP EXTENSION - P.O. BOX 391 - LITTLE ROCK, AR 72203	71-6060767	STATE OF ARKANSA	28,458.	0.			EDUCATIONAL
UNIVERSITY OF CONNECTICUT 843 UNIVERSITY DRIVE TORRINGTON, CT 06790	06-0772160	STATE OF CONNECT	103,864.	0.			EDUCATIONAL
UNIVERSITY OF DELAWARE OFFICE OF THE VP FOR FINANCE & ADM NEWARK, DE 19716	51-6000297	STATE OF DELAWAR	253,914.	0.			EDUCATIONAL

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UNIVERSITY OF FLORIDA 4-H FOUNDATION - 3103 MCCARTY HALL B - GAINESVILLE, FL 32611	59-1000186	STATE OF FLORIDA	147,743.	0.			EDUCATIONAL
UNIVERSITY OF HAWAII 2440 CAMPUS ROAD, BOX 368 HONOLULU, HI 96822	99-6000394	STATE OF HAWAII	71,659.	0.			EDUCATIONAL
UNIVERSITY OF IDAHO 701 W. COLLEGE AVE SAINT MARIES, ID 83861	82-6000281	STATE OF IDAHO	140,281.	0.			EDUCATIONAL
UNIVERSITY OF ILLINOIS UNIVERSITY OF ILLINOIS FOUNDATION, 1305 WEST GREEN STREET - URBANA, IL 61801	37-6006007	STATE OF ILLINOI	156,977.	0.			EDUCATIONAL
UNIVERSITY OF KENTUCKY RESEARCH 301 PETERSON SERVICE BUILDING LEXINGTON, KY 40506	61-6033693	501 (C ) (3)	84,348.	0.			EDUCATIONAL
UNIVERSITY OF MAINE RESCH/SPON 5741 LIBBY HALL ORONO, ME 04469	01-6011501	501 (C ) (3)	42,926.	0.			EDUCATIONAL
UNIVERSITY OF MAINE SYSTEM 107 MAINE AVENUE BANGOR, ME 04401	01-6000769	STATE OF MAINE	80,537.	0.			EDUCATIONAL
UNIVERSITY OF MARYLAND 8020 GREENMEAD DR COLLEGE PARK, MD 20740	52-6002033	STATE OF MARYLAN	45,502.	0.			EDUCATIONAL
UNIVERSITY OF MARYLAND 4-H YOUTH DEVELOPMENT - 8020 GREENMEAD DR - COLLEGE PARK, MD 20740	52-6002033	STATE OF MARYLAN	6,500.	0.			EDUCATIONAL

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UNIVERSITY OF MARYLAND COLLEGIATE 4-H - 8020 GREENMEAD DR - COLLEGE PARK, MD 20740	52-6002033	STATE OF MARYLAN	15,468.	0.			EDUCATIONAL
UNIVERSITY OF MISSOURI EXTENSION 1000 W. NIFONG, BUILDING 7, SUITE COLUMBIA, MO 65211	43-6003859	501 (C ) (3)	171,611.	0.			EDUCATIONAL
UNIVERSITY OF NEBRASKA COOPERATIVE 3835 HOLDRIDGE STREET LINCOLN, NE 68503	47-0049123	STATE OF NEBRASK	93,853.	0.			EDUCATIONAL
UNIVERSITY OF NEBRASKA-LINCOLN 312 N 14TH STREET, ALEXANDER WEST LINCOLN, NE 68588	47-0049123	STATE OF NEBRASK	39,786.	0.			EDUCATIONAL
UNIVERSITY OF NEVADA COOP EXTENSION - MAILSTOP 162 - RENO, NV 89557	94-2781749	STATE OF NEVADA	63,750.	0.			EDUCATIONAL
UNIVERSITY OF NEVADA - RENO ROSE HALL ROOM 204, MAIL STOP 325 RENO, NV 89557	88-6000024	STATE OF NEVADA	26,275.	0.			EDUCATIONAL
UNIVERSITY OF NEW HAMPSHIRE 180 MAIN STREET DURHAM, NH 03824	02-6000937	STATE OF NEW HAM	78,871.	0.			EDUCATIONAL
UNIVERSITY OF PUERTO RICO AGRICULTURE - JARDIN BOTANICO SUR - SAN JUAN, PR 00926	66-0433761	COMMONWEALTH OF	13,750.	0.			EDUCATIONAL
UNIVERSITY OF RHODE ISLAND 75 LOWER COLLEGE ROAD KINGSTON, RI 02881	22-3011455	STATE OF RHODE I	11,345.	0.			EDUCATIONAL

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UNIVERSITY OF TENNESSEE 205 MORGAN HALL, 2621 MORGAN CIRCL KNOXVILLE, TN 37996	62-6047753	STATE OF TENNESS	171,662.	0.			EDUCATIONAL
UNIVERSITY OF TENNESSEE EXTENSION 2621 MORGAN CIRCLE, 225 MORGAN HAL KNOXVILLE, TN 37996	62-6047753	STATE OF TENNESS	22,713.	0.			EDUCATIONAL
UNIVERSITY OF THE DISTRICT OF COLUMBIA - 4200 CONN. AVE., BLDG 52, SUITE 322 - WASHINGTON, DC 20008	53-6001131	DISTRICT OF COLU	70,251.	0.			EDUCATIONAL
UNIVERSITY OF VERMONT & STATE AGRICULTURE COLLEGE - 85 S. PROSPECT, ROOM 222 - BURLINGTON, VT 05405	03-0179440	STATE OF VERMONT	52,697.	0.			EDUCATIONAL
UNIVERSITY OF WISCONSIN EXTENSION 432 NORTH LAKE STREET, RM 104 MADISON, WI 53706	39-1805963	STATE OF WISCONS	119,638.	0.			EDUCATIONAL
UNIVERSITY OF WISCONSIN- EXTENSION OFFICE OF EXTR - 432 NORTH LAKE STREET, RM 104 - MADISON, WI 53706	39-1805963	STATE OF WISCONS	16,256.	0.			EDUCATIONAL
UNIVERSITY OF WYOMING 1000 E. UNIVERSITY AVENUE, DEPARTMENT 3314 - LARAMIE, WY 82071	83-6000331	STATE OF WYOMING	50,105.	0.			EDUCATIONAL
UTAH STATE UNIVERSITY 5049 OLD MAIN HILL LOGAN, UT 84322	87-6000528	STATE OF UTAH	166,300.	0.			EDUCATIONAL
VIRGINIA POLYTECHNIC INSTITUTE & STATE UNIVERSITY - 1880 PRATT DRIVE, SUITE 2006 - BLACKSBURG, VA 24060	54-6001805	STATE OF VIRGINI	189,284.	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
WASHINGTON STATE 4-H FOUNDATION 7612 PIONEER WAY E. PUYALLUP, WA 98371-4998	91-6055395	STATE OF WASHING	171,291.	0.			EDUCATIONAL
WEST VIRGINIA STATE UNIVERSITY PO BOX 1000 INSTITUTE, WV 25112	55-0708567	STATE OF WEST VI	28,812.	0.			EDUCATIONAL
WEST VIRGINIA UNIVERSITY 4700 MACCORKLE AVE, SUITE 1108 CHARLESTON, WV 25304	55-6017181	STATE OF WEST VI	141,967.	0.			EDUCATIONAL
WEST VIRGINIA UNIVERSITY FOUNDATION - ONE WATERFRONT PLACE, 7TH FLOOR - MORGANTOWN, WV 26507	55-6017181	501 (C ) (3)	73,500.	0.			EDUCATIONAL
WEST VIRGINIA UNIVERSITY RESEARCH 886 CHESTNUT RIDGE ROAD, ROOM 202 MORGANTOWN, WV 26506	55-0665758	STATE OF WEST VI	50,355.	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 GRANTEES SUPPORTED THROUGH CORPORATE,  
FOUNDATION, AND GOVERNMENT DOLLARS, THE PROCEDURES FOR MONITORING USE OF  
GRANT FUNDS ARE ESTABLISHED ON A PER-GRANT BASIS.

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

**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

**2011**

**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 filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director. Explain in Part III.

- |   |   |
|---|---|
| <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? .....
- 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

<b>1b</b>	X	
<b>2</b>	X	
<b>4a</b>	X	
<b>4b</b>	X	
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2011

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

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

**Note.** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
<b>1</b> DONALD T. FLOYD, JR.	(i)	443,502.	0.	42,412.	19,467.	20,981.	526,362.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
<b>2</b> JENNIFER SIRANGELO	(i)	271,960.	0.	0.	10,946.	12,463.	295,369.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
<b>3</b> PAUL J. KOEHLER	(i)	203,966.	0.	3,820.	8,312.	15,717.	231,815.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
<b>4</b> ANDREW FERRIN	(i)	225,418.	0.	0.	9,027.	15,813.	250,258.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
<b>5</b> CRAVEN RAND	(i)	181,246.	0.	0.	7,250.	5,833.	194,329.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
<b>6</b> SHARON SCHAINKER	(i)	156,707.	0.	2,880.	6,546.	6,015.	172,148.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
<b>7</b> JILL BRAMBLE	(i)	158,442.	0.	0.	6,184.	1,118.	165,744.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
<b>8</b> KIRK JAMES	(i)	156,354.	0.	0.	6,187.	13,517.	176,058.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
<b>9</b>	(i)							
	(ii)							
<b>10</b>	(i)							
	(ii)							
<b>11</b>	(i)							
	(ii)							
<b>12</b>	(i)							
	(ii)							
<b>13</b>	(i)							
	(ii)							
<b>14</b>	(i)							
	(ii)							
<b>15</b>	(i)							
	(ii)							
<b>16</b>	(i)							
	(ii)							

**Part III** Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

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

INTERNATIONAL TRAVEL IN SUPPORT OF THE GLOBAL CLOVER NETWORK, OR SCHEDULE

REQUIREMENTS IN DOMESTIC TRAVEL.

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

PART I, LINES 4A-B: THE ORGANIZATION PROVIDES A SEVERANCE PACKAGE

CONSISTENT WITH INDUSTRY STANDARDS, THE TERMS OF WHICH ARE CONFIDENTIAL.

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

NATIONAL 4-H COUNCIL. A CONTRIBUTION OF \$17,000 WAS MADE TO THE PLAN BY

NATIONAL 4-H COUNCIL FOR THE YEAR ENDED DECEMBER 31, 2011. 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.

Department of the Treasury  
Internal Revenue Service

OMB No. 1545-0047

# 2011

## Open To Public Inspection

NATIONAL 4-H COUNCIL

36-2862206

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

[illegible]

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

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

[illegible]

<b>Total</b> .....	▶	\$			
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Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

[illegible]

Schedule L (Form 990 or 990-EZ) 2011

**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	254,662.	LEGAL SVCS		X
UNITED HEALTHCARE	BUSINESS	686,937.	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 \$ 254,662.

(D) DESCRIPTION OF TRANSACTION: LEGAL SVCS - EDWARD J. BECKWITH, WHO IS

AN OFFICER OF NATIONAL 4-H COUNCIL, ALSO WORKS AT THE LAW FIRM BAKER &amp;

HOSTETLER LLP, AN INDEPENDENT CONTRACTOR, WHICH PROVIDES A FULL RANGE OF

LEGAL SERVICES FOR THE ORGANIZATION. ALL FEES ARE REVIEWED AND APPROVED

BY THE CEO MONTHLY AND ALL LEGAL SERVICES PROVIDED ARE REVIEWED ANNUALLY

BY THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES.

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: UNITED HEALTHCARE

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

BUSINESS

(C) AMOUNT OF TRANSACTION \$ 686,937.

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

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

PETRELLA, WHO IS ON THE BOARD OF NATIONAL 4-H COUNCIL, IS ALSO THE



**Part V** Supplemental Information

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

PRESIDENT OF UNITED HEALTHCARE COMMUNITY AND STATE, A DIVISION OF UNITED

HEALTHCARE. NATIONAL 4-H COUNCIL DOES NOT RECEIVE SERVICES FROM UNITED

HEALTHCARE COMMUNITY AND STATE.

(E) SHARING OF ORGANIZATION REVENUES? = NO

**SCHEDULE M  
(Form 990)**Department of the Treasury  
Internal Revenue Service**Noncash Contributions**

OMB No. 1545-0047

**2011****Open to Public  
Inspection**

► **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	233,801.	FMV
26 Other ► ( CAMPAIGN MATE ) .....	X	8	169,156.	FMV
27 Other ► ( ) .....				
28 Other ► ( ) .....				

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

29

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? .....

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? .....

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash  
contributions? .....

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.

Yes No

30a		X
31	X	
32a		X

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

Schedule M (Form 990) (2011)

**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

**2011**

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 MISSION STATEMENT (CONTINUED):

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) WITHIN 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

CAPABILITIES 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 POSITIVE YOUTH DEVELOPMENT PROGRAM EMERGE WITH

LIFE SKILLS AND A COMMITMENT TO SERVE AS CATALYSTS FOR POSITIVE 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.

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. FUNDING SUPPORTS 4-H PROFESSIONALS AND VOLUNTEERS WHO

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

Schedule O (Form 990 or 990-EZ) (2011)

132211  
01-23-12

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

ARE WORKING TO BUILD A STEM-READY WORKFORCE, A HEALTHIER NATION AND A  
FOOD SECURE PLANET.

FORM 990, PART III, LINE 4A

EDUCATION PROGRAM-DESCRIPTION OF PROGRAM SERVICE (CONTINUED):

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 4-H NATIONAL YOUTH SCIENCE DAY(TM) EACH OCTOBER,  
WHEN 4-H'ERS AROUND THE COUNTRY DISPLAY 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  
YEAR-ROUND TRAINING PROGRAMS FOR YOUTH, VOLUNTEER LEADERS, AND  
PROFESSIONAL STAFF.

FORM 990, PART III, LINE 4B

NATIONAL 4-H CENTER-DESCRIPTION OF PROGRAM SERVICE (CONTINUED):

NATIONAL 4-H YOUTH CONFERENCE CENTER HOSTS MORE THAN 30,000 YOUTH EACH

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

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

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

NATIONAL 4-H SUPPLY SERVICE: SINCE 1924, 4-H MALL HAS PROVIDED HIGH-QUALITY BRANDED PRODUCTS AND CURRICULUM TO MEET THE NEEDS OF 4-H OFFICES, CLUBS, AND FAMILIES ALIKE. TODAY, 4-H MALL TAKES ITS CUSTOMER-FRIENDLY APPROACH TO NEW LEVELS, WITH CONVENIENT ONLINE SHOPPING AND EXPERT ADVICE AT 4-HMALL.ORG. 4-H MEMBERS SHOW THEIR PRIDE EVERY DAY BY PURCHASING ITEMS WITH THE 4-H NAME AND EMBLEM. 4-H MALL 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.

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.

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

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:

NET UNREALIZED LOSSES ON INVESTMENTS: -422,234.

PENSION RELATED CHANGES OTHER THAN NET PERIOD PENSION COSTS -3,028,349.

POSTRETIREMENT MEDICAL COSTS -718,126.

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

NAMED FUND SPENDING	-194,967.
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ROUNDING	-1.
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TOTAL TO FORM 990, PART XI, LINE 5	-4,363,677.
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FORM 990, PART IV, LINE 12 AND PART XI, LINE 2

AUDIT OF CONSOLIDATED FINANCIAL STATEMENTS/OVERSIGHT OF AUDIT:

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

PRIOR YEAR. THE ORGANIZATION IS AUDITED AS PART OF CONSOLIDATED

FINANCIAL STATEMENTS. IT DOES NOT RECEIVE SEPARATE AUDITED FINANCIAL

STATEMENTS.

## 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

**2011**  
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, INC. - 52-2292242 7100 CONNECTICUT AVE CHEVY CHASE, MD 20815-4999	INCREASE GLOBAL 4-H POSITIVE YOUTH DEVELOPMENT	OHIO	501(C)(3)	509(A)(3)	N/A		X
NATIONAL 4-H CONGRESS FOUNDATION - 45-2572008, 7100 CONNECTICUT AVE, CHEVY CHASE, MD 20815-4999	OPERATES AND PROVIDES ASSISTANCE WITH THE NATIONAL 4-H CONGRESS	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) 2011



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

	Yes	No
<b>a</b> Receipt of <b>(i)</b> interest <b>(ii)</b> annuities <b>(iii)</b> royalties or <b>(iv)</b> rent from a controlled entity .....	<b>1a</b>	X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....	<b>1b</b>	X
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....	<b>1c</b>	X
<b>d</b> Loans or loan guarantees to or for related organization(s) .....	<b>1d</b>	X
<b>e</b> Loans or loan guarantees by related organization(s) .....	<b>1e</b>	X
<b>f</b> Sale of assets to related organization(s) .....	<b>1f</b>	X
<b>g</b> Purchase of assets from related organization(s) .....	<b>1g</b>	X
<b>h</b> Exchange of assets with related organization(s) .....	<b>1h</b>	X
<b>i</b> Lease of facilities, equipment, or other assets to related organization(s) .....	<b>1i</b>	X
<b>j</b> Lease of facilities, equipment, or other assets from related organization(s) .....	<b>1j</b>	X
<b>k</b> Performance of services or membership or fundraising solicitations for related organization(s) .....	<b>1k</b>	X
<b>l</b> Performance of services or membership or fundraising solicitations by related organization(s) .....	<b>1l</b>	X
<b>m</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....	<b>1m</b>	X
<b>n</b> Sharing of paid employees with related organization(s) .....	<b>1n</b>	X
<b>o</b> Reimbursement paid to related organization(s) for expenses .....	<b>1o</b>	X
<b>p</b> Reimbursement paid by related organization(s) for expenses .....	<b>1p</b>	X
<b>q</b> Other transfer of cash or property to related organization(s) .....	<b>1q</b>	X
<b>r</b> Other transfer of cash or property from related organization(s) .....	<b>1r</b>	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)			

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

[illegible]

**Part VII** Supplemental Information

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

## PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:

NAME OF RELATED ORGANIZATION:

NATIONAL 4-H ACTIVITIES FOUNDATION

PRIMARY ACTIVITY: ACCOUNTING AND ADMINISTRATIVE NEEDS OF NATIONALLY

OPERATED 4-H INITIATIVES

NAME OF RELATED ORGANIZATION:

GLOBAL CLOVER NETWORK, INC.

PRIMARY ACTIVITY: INCREASE GLOBAL 4-H POSITIVE YOUTH DEVELOPMENT

NAME OF RELATED ORGANIZATION:

NATIONAL 4-H CONGRESS FOUNDATION

PRIMARY ACTIVITY: OPERATES AND PROVIDES ASSISTANCE WITH THE NATIONAL 4-H

CONGRESS

# Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

► **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 ☒
- 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](http://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  File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
	<u>NATIONAL 4-H COUNCIL</u>	<input checked="" type="checkbox"/> 36-2862206
	Number, street, and room or suite no. If a P.O. box, see instructions.	Social security number (SSN)
	<u>7100 CONNECTICUT AVENUE</u>	<input type="checkbox"/>
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	<u>CHEVY CHASE, MD 20815-4999</u>	

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

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	01	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, 2013, 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, 2011, and ending JUN 30, 2012.

- 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 <b>Balance due.</b> 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 Privacy Act and Paperwork Reduction Act Notice, see Instructions.**

Form **8868** (Rev. 1-2012)

- 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).

Enter filer's identifying number, see instructions

Type or print  File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions	Employer identification number (EIN) or
	NATIONAL 4-H COUNCIL	<input checked="" type="checkbox"/> 36-2862206
	Number, street, and room or suite no. If a P.O. box, see instructions.	Social security number (SSN)
	7100 CONNECTICUT AVENUE	<input type="checkbox"/>
	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	01	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, 2013.
- 5 For calendar year 2011, or other tax year beginning JUL 1, 2011, and ending JUN 30, 2012.
- 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 COMPILE THE INFORMATION NEEDED FOR A COMPLETE AND ACCURATE RETURN.

8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	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	<b>Balance due.</b> 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 must be completed for Part II only.**

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 CFADate 1/11/2013

Form 8868 (Rev. 1-2012)

Confirmation Services	Package ID: 9171999991703188783573	E-CERTIFIED 1STCL REGULAR LETTER  PBP Account #: 11930484 Serial #: 6559972 JAN 14 2013 1:44P
	Destination ZIP Code: 84201	
	Customer Reference:	
	Recipient:	
	Address:	

123842  
01-06-12