

**Exempt Organization Declaration and Signature for Electronic Filing**

For calendar year 2013, or tax year beginning JUL 1, 2013, and ending JUN 30, 2014

**2013**

Department of the Treasury  
Internal Revenue Service

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

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	35,993,939.
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	

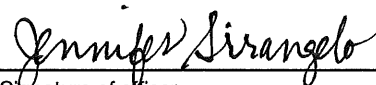
**Part II Declaration of Officer**

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 2013 electronic return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an 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.

COPY FOR PUBLIC INSPECTION

Sign Here  | 5/13/15 | PRESIDENT AND CEO  
Signature of officer | Date | Title

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

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

ERO's Use Only	ERO's signature		Date	5/14/15	Check if also paid preparer	<input checked="" type="checkbox"/>	Check if self-employed	<input type="checkbox"/>	ERO's SSN or PTIN	P00022361
	Firm's name (if yours if self-employed), address, and ZIP code	BDO USA, LLP 7101 WISCONSIN AVE., SUITE 800 BETHESDA, MD 20814-4827			EIN	13-5381590		Phone no.	(301) 654-4900	

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.			

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Do not enter Social Security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990

A For the 2013 calendar year, or tax year beginning JUL 1, 2013 and ending JUN 30, 2014

Form sections B through M: B Check if applicable; C Name of organization; D Employer identification number; E Telephone number; F Name and address of principal officer; G Gross receipts; H(a) Is this a group return; H(b) Are all subordinates included; H(c) Group exemption number; I Tax-exempt status; J Website; K Form of organization; L Year of formation; M State of legal domicile.

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1-7a Activities & Governance; 8-12 Revenue; 13-19 Expenses; 20-22 Net Assets or Fund Balances.

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.

Signature and Preparer information fields: Sign Here (Signature of officer, Date, Name and Title); Paid Preparer (Print/Type preparer's name, Signature, Date, PTIN, Firm's name, Firm's EIN, Firm's address, Phone no.).

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line 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 [X] No

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code: ) (Expenses \$ 23,952,149. including grants of \$ 10,479,901. ) (Revenue \$ 17,967. ) EDUCATIONAL PROGRAMS - SEE SCHEDULE O

4b (Code: ) (Expenses \$ 5,951,020. including grants of \$ ) (Revenue \$ 10,721,841. ) NATIONAL 4-H CENTER - SEE SCHEDULE O

4c (Code: ) (Expenses \$ 4,417,536. including grants of \$ ) (Revenue \$ 2,074,977. ) 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 34,320,705.

**Part IV Checklist of Required Schedules**

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	<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>		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	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>	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, 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>		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

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

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government 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 or 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 25a</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 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> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II .....		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, Part II, III, or IV, and Part 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> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>36 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 11b and 19? .....	X	

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Main form area containing questions 1a through 14b with input fields and Yes/No columns.

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 or note to any line in this Part VI [X]

Section A. Governing Body and Management

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

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17 List the states with which a copy of this Form 990 is required to be filed; 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.; 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 or note to any line 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 (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ALISON LEWIS CHAIR OF BOARD OF TRUSTEES	0.50	X		X				0.	0.	0.
(2) COLLEEN MCCREARY VICE CHAIR OF BOARD OF TRUSTEES	0.50	X		X				0.	0.	0.
(3) EDWARD BECKWITH SECRETARY	0.50	X		X				0.	0.	0.
(4) LANDEL HOBBS TREASURER	0.50	X		X				0.	0.	0.
(5) JOHN AMAYA BOARD - PUBLIC CLASS	0.50	X						0.	0.	0.
(6) TIM AMERSON BOARD - PUBLIC CLASS	0.50	X						0.	0.	0.
(7) MARTHA BERNADETT BOARD - PUBLIC CLASS	0.50	X						0.	0.	0.
(8) JAMES C. BOREL BOARD - PUBLIC CLASS	0.50	X						0.	0.	0.
(9) HOWARD W. BUFFETT BOARD - PUBLIC CLASS	0.50	X						0.	0.	0.
(10) JOSEPH B. DZIALO BOARD - PUBLIC CLASS	0.50	X						0.	0.	0.
(11) DAVID L. EPSTEIN BOARD - PUBLIC CLASS	0.50	X						0.	0.	0.
(12) DANIEL R. GLICKMAN BOARD - PUBLIC CLASS	0.50	X						0.	0.	0.
(13) LYNN O. HENDERSON BOARD - PUBLIC CLASS	0.50	X						0.	0.	0.
(14) LANCE A. LAVERGNE BOARD - PUBLIC CLASS	0.50	X						0.	0.	0.
(15) MARK MARTINO BOARD - PUBLIC CLASS	0.50	X						0.	0.	0.
(16) KIP TOM BOARD - PUBLIC CLASS	0.50	X						0.	0.	0.
(17) ELIZABETH A. VARLEY BOARD - PUBLIC CLASS	0.50	X						0.	0.	0.



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) ANN VENEMAN BOARD - PUBLIC CLASS	0,50	X						0.	0.	0.
(19) CHARLOTTE EBERLEIN BOARD - EXTENSION & INSTITUTION	0,50	X						0.	0.	0.
(20) DELBERT T. FOSTER BOARD - EXTENSION & INSTITUTION	0,50	X						0.	0.	0.
(21) E. GORDON GEE BOARD - EXTENSION & INSTITUTION	0,50	X						0.	0.	0.
(22) JEFF GOODWIN BOARD - EXTENSION & INSTITUTION	0,50	X						0.	0.	0.
(23) WILLIAM W. HARE BOARD - EXTENSION & INSTITUTION	0,50	X						0.	0.	0.
(24) JEFF W. HOWARD BOARD - EXTENSION & INSTITUTION	0,50	X						0.	0.	0.
(25) CATHANN KRESS BOARD - EXTENSION & INSTITUTION	0,50	X						0.	0.	0.
(26) BEVERLY SPARKS BOARD - EXTENSION & INSTITUTION	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>								2,009,827.	0.	280,020.
<b>d Total (add lines 1b and 1c)</b>								2,009,827.	0.	280,020.

**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 **22**

	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
CAUSE CONSULTING GROUP, LLC 52 SALISBURY ROAD, NEWTON, MA 02458	CAUSE/RETAIL CONSULTING	665,025.
FIRST PIC, INC. 2614 CHAPEL LAKE DRIVE, GAMBRILLS, MD 21054	CONSULTING	545,849.
EUREST DINING SERVICES PO BOX 417632, BOSTON, MA 02241	FOOD SERVICE CONTRACTOR	342,464.
CALIBRE CPA GROUP, PLLC, 7501 WISCONSIN AVENUE, SUITE 1200 WEST, BETHESDA, MD	ACCOUNTING CONSULTING SERVICES	299,545.
SOCIAL CAPITAL, INC., 875 NORTH MICHIGAN AVENUE, SUITE 1342, CHICAGO, IL 60611	FUNDRAISING CONSULTING	299,545.

**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 **16**

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2013)



**Part VIII Statement of Revenue**

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

		(A)	(B)	(C)	(D)	
		Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns	<b>1a</b>				
	<b>b</b> Membership dues	<b>1b</b>				
	<b>c</b> Fundraising events	<b>1c</b> 561,500.				
	<b>d</b> Related organizations	<b>1d</b>				
	<b>e</b> Government grants (contributions)	<b>1e</b> 6,946,631.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b> 14,282,988.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$	35,930.				
	<b>h Total.</b> Add lines 1a-1f	21,791,119.				
	<b>Program Service Revenue</b>	<b>2 a</b> NATL 4-H YOUTH CONF CT	<b>Business Code</b> 721000	9,413,053.	9,247,827.	165,226.
<b>b</b> REG. FEES AND TUTIONS		900099	1,491,981.	1,491,981.		
<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			10,905,034.			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		542,853.		542,853.	
	<b>4</b> Income from investment of tax-exempt bond proceeds					
	<b>5</b> Royalties		86,462.		86,462.	
	<b>6 a</b> Gross rents	(i) Real	89,433.			
		(ii) Personal				
		<b>b</b> Less: rental expenses	0.			
		<b>c</b> Rental income or (loss)	89,433.			
	<b>d</b> Net rental income or (loss)		89,433.		89,433.	
	<b>7 a</b> Gross amount from sales of assets other than inventory	(i) Securities	5,445,431.			
		(ii) Other				
		<b>b</b> Less: cost or other basis and sales expenses	4,727,595.			
		<b>c</b> Gain or (loss)	717,836.			
	<b>d</b> Net gain or (loss)		717,836.		717,836.	
	<b>8 a</b> Gross income from fundraising events (not including \$ 561,500. of contributions reported on line 1c). See Part IV, line 18	<b>a</b>	70,100.			
		<b>b</b> Less: direct expenses	283,875.			
<b>c</b> Net income or (loss) from fundraising events			-213,775.		-213,775.	
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>					
	<b>b</b> Less: direct expenses					
	<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>	4,639,365.				
	<b>b</b> Less: cost of goods sold	2,564,388.				
	<b>c</b> Net income or (loss) from sales of inventory		2,074,977.	2,074,977.		
<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.		35,993,939.	12,814,785.	165,226.	1,222,809.	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

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	10,479,901.	10,479,901.		
<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				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	2,405,583.	1,806,658.	274,910.	324,015.
<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	10,969,594.	8,266,861.	1,257,925.	1,444,808.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	696,617.	523,178.	79,609.	93,830.
<b>9</b> Other employee benefits	1,166,354.	881,669.	134,159.	150,526.
<b>10</b> Payroll taxes	837,508.	628,991.	95,710.	112,807.
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management	342,464.	342,464.		
<b>b</b> Legal	295,559.	81,266.	214,293.	
<b>c</b> Accounting	428,855.	343,883.	84,972.	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees	37,428.		37,428.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	4,971,729.	3,868,611.	259,948.	843,170.
<b>12</b> Advertising and promotion	1,117,063.	1,096,459.	1,004.	19,600.
<b>13</b> Office expenses	2,119,367.	1,797,268.	223,987.	98,112.
<b>14</b> Information technology				
<b>15</b> Royalties				
<b>16</b> Occupancy	956,939.	922,199.	22,155.	12,585.
<b>17</b> Travel	1,475,137.	1,054,793.	136,676.	283,668.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	707,385.	584,513.	104,500.	18,372.
<b>20</b> Interest	10,235.		10,235.	
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	1,317,433.	1,187,787.	56,203.	73,443.
<b>23</b> Insurance	154,944.	115,882.	39,062.	
<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> CREDIT CARD/BANK FEES	255,928.	229,503.	19,565.	6,860.
<b>b</b> IN-KIND OTHER	74,155.	70,105.		4,050.
<b>c</b> EMPLOYEE TRAINING	55,704.	38,714.	14,298.	2,692.
<b>d</b> ALLOCATED EXP-GRANTS	-5,685.			-5,685.
<b>e</b> All other expenses				
<b>25</b> Total functional expenses. Add lines 1 through 24e	40,870,197.	34,320,705.	3,066,639.	3,482,853.
<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**

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

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	4,345,565.	<b>1</b>	3,098,675.
	<b>2</b> Savings and temporary cash investments .....	66,927.	<b>2</b>	
	<b>3</b> Pledges and grants receivable, net .....	4,012,147.	<b>3</b>	7,529,191.
	<b>4</b> Accounts receivable, net .....	2,645,273.	<b>4</b>	3,580,349.
	<b>5</b> Loans and other 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> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....	1,733,985.	<b>8</b>	1,495,547.
	<b>9</b> Prepaid expenses and deferred charges .....	124,591.	<b>9</b>	126,660.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 37,549,583.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 28,587,499.	8,970,235.	<b>10c</b> 8,962,084.
	<b>11</b> Investments - publicly traded securities .....	15,914,229.	<b>11</b>	8,880,227.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	1,205,530.	<b>12</b>	1,295,062.
	<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 .....	30,793.	<b>15</b>	0.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	39,049,275.	<b>16</b>	34,967,795.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	4,518,406.	<b>17</b>	5,581,057.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	1,560,966.	<b>19</b>	1,130,551.
	<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> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	675,000.
	<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 .....	7,665,288.	<b>25</b>	6,494,101.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	13,744,660.	<b>26</b>	13,880,709.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), 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 .....	11,224,754.	<b>27</b>	6,790,756.
	<b>28</b> Temporarily restricted net assets .....	13,844,464.	<b>28</b>	14,060,933.
	<b>29</b> Permanently restricted net assets .....	235,397.	<b>29</b>	235,397.
	<b>Organizations that do not follow SFAS 117 (ASC 958), 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 .....	25,304,615.	<b>33</b>	21,087,086.
<b>34</b> Total liabilities and net assets/fund balances .....	39,049,275.	<b>34</b>	34,967,795.	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	35,993,939.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	40,870,197.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-4,876,258.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	25,304,615.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	1,207,517.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	-548,788.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	21,087,086.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line 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? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
<b>2b</b>	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
<b>2c</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>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>3b</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** (2013)

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**  
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2013**

Open to Public Inspection

Name of the organization <p style="text-align: center;">NATIONAL 4-H COUNCIL</p>	Employer identification number <p style="text-align: center;">36-2862206</p>
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**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

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

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

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

**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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	15,962,494.	16,856,981.	20,305,790.	22,919,044.	21,791,119.	97,835,428.
<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 .....	15,962,494.	16,856,981.	20,305,790.	22,919,044.	21,791,119.	97,835,428.
<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) .....						24,673,833.
<b>6 Public support.</b> Subtract line 5 from line 4.						73,161,595.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>7</b> Amounts from line 4 .....	15,962,494.	16,856,981.	20,305,790.	22,919,044.	21,791,119.	97,835,428.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	604,050.	455,852.	477,492.	545,754.	718,748.	2,801,896.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....	14,399.	13,073.		4,512.		31,984.
<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						100,669,308.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	77,366,945.
<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 2013 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	72.68	%
<b>15</b> Public support percentage from 2012 Schedule A, Part II, line 14 .....	<b>15</b>	65.95	%
<b>16a 33 1/3% support test - 2013.</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 - 2012.</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 - 2013.</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 - 2012.</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"/>		



**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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 2013 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2012 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2012 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2013.** 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 - 2012.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

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

**Part IV** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12.

Also complete this part for any additional information. (See instructions).

Multiple horizontal lines for supplemental information.

**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.**  
▶ **Information about Schedule B (Form 990, 990-EZ, or 990-PF) and**  
**its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

OMB No. 1545-0047

**2013**

**Name of the organization**

NATIONAL 4-H COUNCIL

**Employer identification number**

36-2862206

**Organization type** (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

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

**General Rule**

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

**Special Rules**

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

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, 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 its Form 990-PF, Part I, line 2, 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) (2013)

Name of organization  NATIONAL 4-H COUNCIL	Employer identification number  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
1	<hr/> <hr/> <hr/> <hr/>	\$ 517,280.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/> <hr/>	\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/> <hr/>	\$ 1,975,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/> <hr/>	\$ 2,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/> <hr/>	\$ 2,025,366.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  NATIONAL 4-H COUNCIL	Employer identification number  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
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
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.

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

OMB No. 1545-0047

2013

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.

Table with 3 columns: Question number, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate contributions, grants, value, and questions about donor advisement and charitable purposes.

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

Table with 2 columns: Question number, Held at the End of the Tax Year. Rows include purpose of easements, acreage restricted, number of easements, and monitoring details.

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.

Table with 2 columns: Question number, Amount. Rows include reporting requirements for works of art and assets held for financial gain.

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange programs
  - e  Other \_\_\_\_\_

- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" 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 XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	10,552,674.	9,491,201.	9,646,658.	7,788,249.	7,198,114.
b Contributions	82,235.	86,627.	127,415.	669,556.	35,285.
c Net investment earnings, gains, and losses	1,343,425.	1,009,060.	-55,051.	1,398,255.	803,120.
d Grants or scholarships					
e Other expenditures for facilities and programs	3,411,555.	34,214.	227,821.	209,402.	248,270.
f Administrative expenses					
g End of year balance	8,566,779.	10,552,674.	9,491,201.	9,646,658.	7,788,249.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  73.12 %
  - b Permanent endowment  2.75 %
  - c Temporarily restricted endowment  24.14 %
- 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:
- |   | Yes | No |
|---|-----|----|
| (i) unrelated organizations   |     | X  |
| (ii) related organizations  |     | X  |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? |     |    |

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

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		300,000.		300,000.
b Buildings		24,633,397.	17,868,403.	6,764,994.
c Leasehold improvements				
d Equipment		12,616,186.	10,719,096.	1,897,090.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				8,962,084.



**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

**Part IX Other Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

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

**Part X Other Liabilities.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) AGENCY FUNDS	725,454.
(3) ACCRUED POST RETIREMENT BENEFIT LIAB	2,782,936.
(4) UNFUNDED PENSION LIABILITY	2,985,711.
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	6,494,101.

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

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	41,331,560.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains on investments	<b>2a</b>	1,207,517.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	38,225.
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	1,564,919.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	2,810,661.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	38,520,899.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	37,428.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	-2,564,388.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	-2,526,960.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	35,993,939.

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	45,806,662.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	38,225.
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	4,935,668.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	4,973,893.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	40,832,769.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	37,428.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	37,428.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	40,870,197.

**Part XIII Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

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, ACCORDINGLY, IT WILL NOT

RECOGNIZE ANY LIABILITY FOR UNRECOGNIZED TAX BENEFITS.

**Part XIII** Supplemental Information (continued)

COUNCIL HAS FILED FOR AND RECEIVED INCOME TAX EXEMPTIONS IN THE JURISDICTIONS WHERE IT IS REQUIRED TO DO SO. ADDITIONALLY, COUNCIL HAS FILED INTERNAL REVENUE SERVICE FORM 990 AND FORM 990-T TAX RETURNS, AS REQUIRED, AND ALL OTHER APPLICABLE RETURNS IN JURISDICTIONS WHERE IT IS REQUIRED. COUNCIL BELIEVES THAT IT IS NO LONGER SUBJECT TO U.S. FEDERAL, STATE AND LOCAL, OR NON-U.S. INCOME TAX EXAMINATIONS BY TAX AUTHORITIES FOR FISCAL YEARS PRIOR TO 2010. FOR THE YEARS ENDED JUNE 30, 2014 AND 2013, NO INTEREST OR PENALTIES WERE RECORDED OR INCLUDED IN THE CONSOLIDATED STATEMENTS OF ACTIVITIES RELATED TO UNCERTAIN TAX POSITIONS.

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

FUNDRAISING EXPENSES	283,875.
NAMED FUND SPENDING	-7,821.
REVENUE OF AFFILIATES	1,829,834.
POSTRETIREMENT MEDICAL COSTS	17,089.
PENSION RELATED CHANGES OTHER THEN NET PERIOD PENSION COSTS	769,128.
AFFILIATE INCOME - ELIMINATION ENTRIES	-1,327,186.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	1,564,919.

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

COST OF GOODS SOLD	-2,564,388.
--------------------	-------------

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

COST OF GOODS SOLD	2,564,388.
FUNDRAISING EXPENSES	283,875.
EXPENSES OF AFFILIATES	2,087,405.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	4,935,668.



**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 .....	631,600.			631,600.
	<b>2</b> Less: Contributions .....	561,500.			561,500.
	<b>3</b> Gross income (line 1 minus line 2) .....	70,100.			70,100.
Direct Expenses	<b>4</b> Cash prizes .....				
	<b>5</b> Noncash prizes .....				
	<b>6</b> Rent/facility costs .....	159,999.			159,999.
	<b>7</b> Food and beverages .....				
	<b>8</b> Entertainment .....				
	<b>9</b> Other direct expenses .....	123,876.			123,876.
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) .....				283,875.
	<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) .....				-213,775.

**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))
		<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. Subtract line 7 from line 1, column (d) .....					

**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: \_\_\_\_\_



**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

**2013**

**Open to Public  
Inspection**

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

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

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

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

**Part II Grants and Other Assistance to 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. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
4-H FOUNDATION OF NEW HAMPSHIR MOILES HOUSE, 180 MAIN STREET DURHAM, NH 03824	23-7083796	501 (C ) (3)	6,301.	0.			EDUCATIONAL
ALABAMA 4-H CLUB FOUNDATION, INC. 226 DUNCAN HALL AUBURN UNIVERSITY, AL 36849	63-0457929	501 (C ) (3)	15,209.	0.			EDUCATIONAL
ALABAMA A&M UNIVERSITY 4900 MERIDIAN STREET, P.O. BOX 967 NORMAL, AL 35762	63-6001097	STATE OF ALABAMA	109,481.	0.			EDUCATIONAL
ALCORN STATE UNIVERSITY 1000 ASU DRIVE, #285 LORMAN, MS 39096	64-0538010	STATE OF MISSISSIPPI	85,000.	0.			EDUCATIONAL
ASSOCIATION OF PUBLIC & LAND-GRANT 1307 NEW YORK AVE., N.W. SUITE 500 WASHINGTON, DC 20005	53-0183246	501 (C ) (3)	91,250.	0.			EDUCATIONAL
AUBURN UNIVERSITY 208 M. WHITE SMITH HALL AUBURN, AL 38649	63-6000724	501 (C ) (3)	10,500.	0.			EDUCATIONAL

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 100.
- 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) (2013)

**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
BIG BROTHERS & BIG SISTERS OF 450 EAST JOHN CARPENTER FREEWAY, S IRVING, TX 75062	23-1365190	501 (C ) (3)	9,000.	0.			EDUCATIONAL
BOYS & GIRLS CLUBS OF AMERICA RESOURCE DEV NATIONAL HEADQUARTERS 1275 PEACH TREE ST. , NE - ATLANTA, GA 30	13-5562976	501 (C ) (3)	9,000.	0.			EDUCATIONAL
CALIFORNIA 4-H FOUNDATION P.O. BOX 73673 DAVIS, CA 95617	23-7327765	501 (C ) (3)	23,057.	0.			EDUCATIONAL
CLEMSON UNIVERSITY 210 BARRE HALL CLEMSON, SC 29634	57-6000254	STATE OF S.C.	281,293.	0.			EDUCATIONAL
COLORADO STATE UNIVERSITY ROOM 108 JOHNSON HALL - SP FORT COLLINS, CO 80523	23-7098397	STATE OF COLORAD	84,712.	0.			EDUCATIONAL
CORNELL UNIVERSITY 750 CASCADILLA STREET ITHACA, NY 14851	15-0532082	501 (C ) (3)	267,540.	0.			EDUCATIONAL
DELAWARE STATE UNIVERSITY 1200 N. DUPONT HWY DOVER, DE 19901	20-1372435	501 (C ) (3)	35,000.	0.			EDUCATIONAL
FLORIDA 4-H CLUB FOUNDATION 3103 MCCARTY HALL, P.O. BOX 110225 GAINESVILLE, FL 32611	59-1000186	501 (C ) (3)	144,540.	0.			EDUCATIONAL
FORT VALLEY STATE UNIVERSITY 1005 STATE UNIV DR., POB 4061 FORT VALLEY, GA, GA 31030	23-7281905	501 (C ) (3)	41,336.	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
GEORGIA 4-H FOUNDATION 306 HOKE SMITH ANNEX ATHENS, GA 30602	58-0832988	501 (C ) (3)	285,939.	0.			EDUCATIONAL
GIRLS INCORPORATED 441 W MICHIGAN ST INDIANAPOLIS, IN 46202	13-1915124	501 (C ) (3)	9,000.	0.			EDUCATIONAL
HAWAII 4-H FOUNDATION 213 GILMORE HALL, 3050 MAILE WAY HONOLULU, HI 96822-2231	23-7043787	501 (C ) (3)	17,774.	0.			EDUCATIONAL
ILLINOIS 4-H FOUNDATION 106 TAFT HOUSE, 1401 SOUTH MARYLAN URBANA, IL 61801	37-6006007	501 (C ) (3)	14,863.	0.			EDUCATIONAL
INDIANA 4-H FOUNDATION 615 W. STATE STREET WEST LAFAYETTE, IN 47907-1152	35-1097611	501 (C ) (3)	20,200.	0.			EDUCATIONAL
IOWA STATE UNIVERSITY 1138 PEARSON HALL AMES, IA 50011	42-6004224	STATE OF IOWA	52,830.	0.			EDUCATIONAL
JOHNSON COUNTY EXTENSION 3109 OLD HIGHWAY 218 S. IOWA CITY, IA 52246	42-6004224	STATE OF IOWA	72,020.	0.			EDUCATIONAL
KANSAS 4-H FOUNDATION 201 UMBERGER HALL MANHATTAN, KS 66506	48-0623884	501 (C ) (3)	7,706.	0.			EDUCATIONAL
KANSAS STATE UNIVERSITY 201 UMBERGER MANHATTAN, KS 66506	48-0667209	STATE OF KANSAS	121,498.	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
KENTUCKY 4-H FOUNDATION 209 SCOVELL HALL LEXINGTON, KY 40506-0064	23-7437297	501 (C ) (3)	104,063.	0.			EDUCATIONAL
KENTUCKY STATE UNIVERSITY 400 EAST MAIN STREET FRANKFORT, KY 40601-2355	61-1099712	STATE OF KENTUCK	84,124.	0.			EDUCATIONAL
LOUISIANA 4-H FOUNDATION INC P.O. BOX 25100 BATON ROUGE, LA 70894	72-1367519	501 (C ) (3)	15,520.	0.			EDUCATIONAL
LOUISIANA STATE UNIVERSITY 204 THOMAS BOYD HALL BATON ROUGE, LA 70803	72-1367519	STATE OF LOUISIA	194,910.	0.			EDUCATIONAL
MARYLAND 4-H FOUNDATION, INC. 8020 GREENMEAD DRIVE COLLEGE PARK, MD 20740	52-6056016	501 (C ) (3)	262,477.	0.			EDUCATIONAL
MASSACHUSETTS 4-H FOUNDATION 400 MAIN STREET MALPOLE, MA 02081	04-2303708	501 (C ) (3)	23,011.	0.			EDUCATIONAL
MICHIGAN 4-H FOUNDATION 14901 4H DRIVE TUSTIN, MI 49688	38-1539997	501 (C ) (3)	223,970.	0.			EDUCATIONAL
MICHIGAN STATE UNIVERSITY 446 WEST CIRCLE DRIVE, ROOM 106 AGRICULTURE HALL - LANSING, MI 48824-2612	38-6005984	STATE OF MICHIGA	168,918.	0.			EDUCATIONAL
MINNESOTA 4-H FOUNDATION 270 - B MCNAMARA ALUMI CENTER, 200 MINNEAPOLIS, MN 55455	41-1408161	501 (C ) (3)	22,880.	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
MISSISSIPPI STATE UNIVERSITY P.O DRAWER 5227 MISSISSIPPI STATE, MS 39762	06-7589752	STATE OF MISSISS	107,486.	0.			EDUCATIONAL
MISSOURI 4-H FOUNDATION 819 CLARK HALL COLUMBIA, MO 65211	43-6044367	501 (C ) (3)	21,087.	0.			EDUCATIONAL
MONTANA STATE UNIVERSITY 309 MONTANA HALL P.O. BOX 172470 BOZEMAN, MT 59717	81-6010045	STATE OF MONTANA	110,126.	0.			EDUCATIONAL
NEW MEXICO STATE UNIVERSITY P O BOX 30002 LAS CRUCES, NM 88003	85-6000401	501 (C ) (3)	11,224.	0.			EDUCATIONAL
NEW YORK STATE 4-H FOUNDATION 248 GRANT AVE., SUITE II-A AUBURN, NY 13021	14-6021395	501 (C ) (3)	212,636.	0.			EDUCATIONAL
NORTH CAROLINA 4-H DEVELOPMENT FUND - 120 PATTERSON HALL / BOX 7645 - RALEIGH, NC 27695	56-6049505	501 (C ) (3)	39,185.	0.			EDUCATIONAL
NORTH CAROLINA A&T STATE UNIVERSITY - 1601 E. MARKET ST - GREENSBORO, NC 27411	56-6000007	STATE OF NO CARO	27,044.	0.			EDUCATIONAL
NORTH CAROLINA STATE UNIVERSITY 512 BRICKHAVEN DRIVE, BOX 7606 RALEIGH, NC 27695	56-6049304	STATE OF NO CARO	180,344.	0.			EDUCATIONAL
NORTH DAKOTA STATE UNIVERSITY 1340 ADMINISTRATION AVENUE FARGO, ND 58102	23-7120898	STATE OF NO DAKO	107,444.	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
OHIO 4-H YOUTH DEVELOPMENT 2201 FRED TAYLOR DRIVE COLUMBUS, OH 43210	31-1145986	STATE OF OHIO	22,578.	0.			EDUCATIONAL
OHIO STATE UNIVERSITY 1480 W. LANE AVE COLUMBUS, OH 43210	31-6401599	STATE OF OHIO	213,850.	0.			EDUCATIONAL
OKLAHOMA 4-H FOUNDATION INC 205 4-H YOUTH DEVELOPMENT STILLWATER, OK 74078	73-6109761	501 (C ) (3)	55,799.	0.			EDUCATIONAL
OKLAHOMA STATE UNIVERSITY 205 4-H YOUTH DEVELOPMENT STILLWATER, OK 74078	73-6109761	STATE OF OKLAHOM	325,662.	0.			EDUCATIONAL
OREGON 4-H FOUNDATION 119 BALLARD EXTENSION HALL, OSU CORVALLIS, OR 97331	93-0711337	501 (C ) (3)	33,033.	0.			EDUCATIONAL
OREGON STATE UNIVERSITY PO BOX 1086 CORVALLIS, OR 97339-1086	48-1278540	STATE OF OREGON	132,426.	0.			EDUCATIONAL
PRAIRIE VIEW A & M UNIVERSITY P.O. BOX 667 PRAIRIE VIEW, TX 77446	74-6001078	STATE OF TEXAS	71,500.	0.			EDUCATIONAL
PURDUE UNIVERSITY 401 S. GRANT STREET WEST LAFAYETTE, IN 47907	35-6002041	501 (C ) (3)	94,956.	0.			EDUCATIONAL
RHODE ISLAND 4-H CLUB FOUNDATI 75 PECKHAM FARM KINGSTON, RI 02881	05-6016234	501 (C ) (3)	25,226.	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
RUTGERS, THE STATE UNIV OF NEW JERSEY - ASB III-2ND RL-3 RUTGERS PLAZA-L. LIPOV - NEW BRUNSWICK, NJ 08901	23-7318742	STATE OF NEW JER	111,438.	0.			EDUCATIONAL
SOMERSET COUNTY 4-H ASSOCIATIO 310 MILLTOWN RD BRIDGEWATER, NJ 08807	22-6064597	501 (C ) (3)	9,414.	0.			EDUCATIONAL
SOUTH DAKOTA STATE UNIVERSITY SDSU WEST RIVER AGRICULTURAL CENTER, 1905 PLAZA BOULEVARD - RAPID CITY, SD 5	46-0273801	STATE OF SO DAKO	68,345.	0.			EDUCATIONAL
SOUTHERN UNIVERSITY AND A&M COLLEGE - P.O. BOX 10010 - BATON ROUGE, LA 70813	72-6000817	501 (C ) (3)	82,421.	0.			EDUCATIONAL
TENNESSEE 4-H CLUB FOUNDATION, 2621 MORGAN CIRCLE KNOXVILLE, TN 37996	62-6047753	501 (C ) (3)	47,985.	0.			EDUCATIONAL
TENNESSEE STATE UNIVERSITY 3500 JOHN MERRITT BOULEVARD NASHVILLE, TN 37209	62-0786119	STATE OF TENNESS	72,701.	0.			EDUCATIONAL
TEXAS 4-H YOUTH FOUNDATION INC P.O BOX 11020 COLLEGE STATION, TX 77842	74-6091147	501 (C ) (3)	128,066.	0.			EDUCATIONAL
TEXAS AGRILIFE EXT SERVICE TAMUS 2147, CONTRACTS & GRANTS COLLEGE STATION, TX 77843	74-6000541	STATE OF TEXAS	158,885.	0.			EDUCATIONAL
THE CURATORS OF THE UNIV OF MISSOURI - PO BOX 807012 - KANSAS CITY, MO 64180	43-6003859	501 (C ) (3)	217,558.	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
THE PENNSYLVANIA STATE UNIVERSITY THE PENN STATE CONFERENCE CENTER HOTEL, ROOM 78 - UNIVERSITY PARK, PA 16802	02-4600376	STATE - PENNSYLV	207,472.	0.			EDUCATIONAL
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA - 1 SHIELDS AVE - DAVIS, CA 95616	94-6036494	STATE OF CALIFOR	55,719.	0.			EDUCATIONAL
TUSKEGEE UNIVERSITY ROOM 100, CAMPBELL HALL TUSKEGEE INSTITUTE, AL 36088	63-0288878	501 (C ) (3)	23,008.	0.			EDUCATIONAL
UNIVERSITY OF ALASKA PO BOX 755120 FAIRBANKS, AK 99775	23-7394620	501 (C ) (3)	127,198.	0.			EDUCATIONAL
UNIVERSITY OF ARIZONA 888 N EUCLID AVE, RM 502F TUCSON, AZ 85721	86-6004791	STATE OF ARIZONA	109,296.	0.			EDUCATIONAL
UNIVERSITY OF ARKANSAS P.O. BOX 391 LITTLE ROCK, AR 72203	71-6060767	STATE OF ARKANSA	113,136.	0.			EDUCATIONAL
UNIVERSITY OF CALIFORNIA P O BOX 989062 WEST SACRAMENTO, CA 95798	94-3067788	501 (C ) (3)	64,693.	0.			EDUCATIONAL
UNIVERSITY OF CONNECTICUT 843 UNIVERSITY DRIVE TORRINGTON, CT 06790	06-0772160	STATE OF CONNECT	114,108.	0.			EDUCATIONAL
UNIVERSITY OF DELAWARE OFFICE OF THE VP FOR FINANCE & ADM NEWARK, DE 19716	51-6000297	STATE OF DELAWAR	264,651.	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
UNIVERSITY OF FLORIDA 3103 MCCARTY HALL B GAINESVILLE, FL 32611	59-1000186	STATE OF FLORIDA	257,976.	0.			EDUCATIONAL
UNIVERSITY OF HAWAII 2440 CAMPUS ROAD, BOX 368 HONOLULU, HI 96822	99-6000394	STATE OF HAWAII	7,500.	0.			EDUCATIONAL
UNIVERSITY OF IDAHO 701 W. COLLEGE AVE SAINT MARIES, ID 83861	82-6000281	STATE OF IDAHO	125,319.	0.			EDUCATIONAL
UNIVERSITY OF ILLINOIS UNIVERSITY OF ILLINOIS FOUNDATION, 1305 WEST GREEN STREET - URBANA, IL 61801	37-6006007	STATE OF ILLINOI	497,514.	0.			EDUCATIONAL
UNIVERSITY OF KENTUCKY RESEARCH 301 PETERSON SERVICE BUILDING LEXINGTON, KY 40506	61-6033693	501 (C ) (3)	14,127.	0.			EDUCATIONAL
UNIVERSITY OF MAINE 107 MAINE AVENUE BANGOR, ME 04401	01-6000769	501 (C ) (3)	204,110.	0.			EDUCATIONAL
UNIVERSITY OF MASSACHUSETTS 100 VENTURE WAY, STE. 201 HADLEY, MA 01035	04-3167352	STATE OF MASSACH	43,758.	0.			EDUCATIONAL
UNIVERSITY OF MINNESOTA NW P.O. BOX 1450 MINNEAPOLIS, MN 55485	41-6042488	501 (C ) (3)	96,901.	0.			EDUCATIONAL
UNIVERSITY OF MISSOURI 1000 W. NIFONG, BUILDING 7, SUITE COLUMBIA, MO 65211	43-6003859	501 (C ) (3)	43,121.	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
UNIVERSITY OF NEBRASKA 312 N 14TH STREET, ALEXANDER WEST LINCOLN, NE 68588	47-0049123	STATE OF NEBRASK	234,128.	0.			EDUCATIONAL
UNIVERSITY OF NEBRASKA COOPERATIVE 3835 HOLDRIDGE STREET LINCOLN, NE 68503	47-0049123	STATE OF NEBRASK	10,545.	0.			EDUCATIONAL
UNIVERSITY OF NEVADA ROSE HALL ROOM 204, MAIL STOP 325 RENO, NV 89557	88-6000024	STATE OF NEVADA	143,351.	0.			EDUCATIONAL
UNIVERSITY OF NEW HAMPSHIR 180 MAIN STREET DURHAM, NH 03824	02-6000937	STATE- NEW HAMPS	25,675.	0.			EDUCATIONAL
UNIVERSITY OF PUERTO RICO AGRI JARDIN BOTANICO SUR SAN JUAN, PR 00926	66-0433761	TERRI OF PUERTO	17,500.	0.			EDUCATIONAL
UNIVERSITY OF RHODE ISLAND 75 LOWER COLLEGE ROAD KINGSTON, RI 02881	22-3011455	501 (C ) (3)	39,844.	0.			EDUCATIONAL
UNIVERSITY OF TENNESSEE 205 MORGAN HALL, 2621 MORGAN CIRCL KNOXVILLE, TN 37996	62-6047753	STATE OF TENNESS	222,348.	0.			EDUCATIONAL
UNIVERSITY OF THE DISTRICT OF COLUMBIA - 4200 CONN. AVE., BLDG 52, SUITE 322 - WASHINGTON, DC 20008	53-6001131	DISTRICT OF COLU	43,355.	0.			EDUCATIONAL
UNIVERSITY OF THE VIRGIN ISLAND RR-01, BOX 10,000 KINGSHILL, BRITISH VIRGIN ISLANDS 850	68-0432514	501 (C ) (3)	55,000.	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
UNIVERSITY OF VERMONT & STATE 85 S. PROSPECT, ROOM 222 BURLINGTON, VT 05405	03-0179440	STATE OF VERMONT	92,442.	0.			EDUCATIONAL
UNIVERSITY OF WISCONSIN 432 NORTH LAKE STREET, RM 104 MADISON, WI 53706	39-1805963	STATE OF WISCONS	155,205.	0.			EDUCATIONAL
UNIVERSITY OF WYOMING 1000 E. UNIVERSITY AVENUE, DEPARTMENT 3314 - LARAMIE, WY 82071	83-6000331	STATE OF WYOMING	23,785.	0.			EDUCATIONAL
UTAH STATE UNIVERSITY 5049 OLD MAIN HILL LOGAN, UT 84322	87-6000528	STATE OF UTAH	105,719.	0.			EDUCATIONAL
VIRGINIA POLYTECHNIC INSTITUTE 1880 PRATT DRIVE, SUITE 2006 BLACKSBURG, VA 24060	54-6001805	STATE OF VIRGINI	421,872.	0.			EDUCATIONAL
VIRGINIA TECH FOUNDATION 304 LITTON REEVES HALL (0306) BLACKSBURG, VA 24061	54-0721690	501 (C ) (3)	35,528.	0.			EDUCATIONAL
WASHINGTON STATE 4-H FOUNDATION 7612 PIONEER WAY E. PUYALLUP, WA 98371-4998	91-6055395	STATE OF WASHING	447,182.	0.			EDUCATIONAL
WASHINGTON STATE UNIVERSITY 14204 SALMON CREEK AVE VANCOUVER, WA 98686	91-1075542	STATE OF WASHING	80,255.	0.			EDUCATIONAL
WEST VIRGINIA STATE UNIVERSITY PO BOX 1000 INSTITUTE, WV 25112	55-0708567	STATE OF W VIRGI	153,133.	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
WEST VIRGINIA UNIVERSITY FOUND ONE WATERFRONT PLACE, 7TH FLOOR MORGANTOWN, WV 26507	55-6017181	501 (C ) (3)	114,141.	0.			EDUCATIONAL
WEST VIRGINIA UNIVERSITY RESEARCH 886 CHESTNUT RIDGE ROAD, ROOM 202 MORGANTOWN, WV 26506	55-0665758	STATE OF W VIRGI	21,643.	0.			EDUCATIONAL
WISCONSIN 4-H FOUNDATION THE PLY CENTER 702 LONGDON ST MADISON, WI 53706	39-0914868	501 (C ) (3)	17,565.	0.			EDUCATIONAL
YMCA OF THE USA 101 N. WACKER DR SUITE #1600 CHICAGO, IL 60606	36-3258696	501 (C ) (3)	12,000.	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.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

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)**

**Compensation Information**

OMB No. 1545-0047

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

**2013**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
▶ Attach to Form 990. ▶ See separate instructions.

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

Name of the organization

NATIONAL 4-H COUNCIL

Employer identification number

36-2862206

**Part I Questions Regarding Compensation**

	Yes	No								
<p><b>1a</b> 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.</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input checked="" type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<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)		
<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)									
<p><b>b</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 .....</p>	X									
<p><b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a? .....</p>	X									
<p><b>3</b> Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input checked="" type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input checked="" type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input checked="" type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<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				
<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									
<p><b>4</b> 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:</p> <p><b>a</b> Receive a severance payment or change-of-control payment? .....</p> <p><b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....</p> <p><b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? .....</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>										
		X								
	X									
		X								
<p><b>Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.</b></p>										
<p><b>5</b> 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:</p> <p><b>a</b> The organization? .....</p> <p><b>b</b> Any related organization? .....</p> <p>If "Yes" to line 5a or 5b, describe in Part III.</p>										
		X								
		X								
<p><b>6</b> 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:</p> <p><b>a</b> The organization? .....</p> <p><b>b</b> Any related organization? .....</p> <p>If "Yes" to line 6a or 6b, describe in Part III.</p>										
		X								
		X								
<p><b>7</b> 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 .....</p>		X								
<p><b>8</b> 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 .....</p>		X								
<p><b>9</b> If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....</p>										

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

Schedule J (Form 990) 2013

**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 and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) JENNIFER SIRANGELO COO TO 12/31, PRES&CEO FROM 1/1	(i)	318,252.	0.	0.	46,730.	8,606.	373,588.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) DONALD T. FLOYD, JR. FORMER CEO	(i)	533,901.	0.	0.	56,356.	19,617.	609,874.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) CHRISTINA ALFORD EXECUTIVE VICE PRESIDENT	(i)	212,692.	0.	0.	24,008.	393.	237,093.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) JOSEPH P. ROCHE SVP, CHIEF FINANCIAL OFFICER	(i)	239,200.	0.	0.	9,568.	9,070.	257,838.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) JILL BRAMBLE SVP, CHIEF DEVELOPMENT OFFICER	(i)	244,950.	0.	0.	27,298.	561.	272,809.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) ANDREW FERRIN SVP, CHIEF STRATEGY OFFICER	(i)	237,171.	0.	0.	26,987.	11,369.	275,527.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) PAUL J. KOEHLER SVP, GENERAL MANAGER	(i)	223,661.	0.	0.	31,946.	7,511.	263,118.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**Part III** Supplemental Information

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

PART I, LINE 1A:

FIRST CLASS TRAVEL PRIMARILY ASSOCIATED WITH LONG HAUL

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

REQUIREMENTS IN DOMESTIC TRAVEL.

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

PART I, LINE 4B:

DONALD T. FLOYD, JR. AND JENNIFER L. SIRANGELO BOTH

PARTICIPATED IN A SECTION 457 PLAN

SPONSORED BY NATIONAL 4-H COUNCIL.

CONTRIBUTIONS OF \$17,000 AND \$18,154, RESPECTIVELY, WERE MADE TO

THE PLAN BY NATIONAL 4-H COUNCIL FOR THE YEAR ENDED DECEMBER 31, 2013.

NATIONAL 4-H COUNCIL MAINTAINS AN INDIVIDUAL ACCOUNT THAT IS CREDITED WITH

THE

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

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

SCHEDULE L

(Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No. 1545-0047

2013

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. Attach to Form 990 or Form 990-EZ. See separate instructions. Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open To Public Inspection

Name of the organization NATIONAL 4-H COUNCIL

Employer identification number 36-2862206

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

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

Table with 4 main columns: (a) Name of disqualified person, (b) Relationship between disqualified person and organization, (c) Description of transaction, (d) Corrected? (Yes/No)

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

Part II Loans to and/or From Interested Persons.

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

Table with 9 main columns: (a) Name of interested person, (b) Relationship with organization, (c) Purpose of loan, (d) Loan to or from the organization? (To/From), (e) Original principal amount, (f) Balance due, (g) In default? (Yes/No), (h) Approved by board or committee? (Yes/No), (i) Written agreement? (Yes/No)

Total \$

Part III Grants or Assistance Benefiting Interested Persons.

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

Table with 5 main columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of assistance, (d) Type of assistance, (e) Purpose of assistance



**Part IV Business Transactions Involving Interested Persons.**

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
EDWARD J. BECKWITH, ESQ	BUSINESS	260,603.	LEGAL SVCS		X

**Part V Supplemental Information**

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

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

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

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

BUSINESS

(C) AMOUNT OF TRANSACTION \$ 260,603.

(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 &

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

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

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

BY THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES.

(E) SHARING OF ORGANIZATION REVENUES? = NO

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2013**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

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 ▶ ( <u>CAMPAIGN MATE</u> )	X	3	32,930.	FMV
26 Other ▶ ( <u>COMPUTERS</u> )	X	1	3,000.	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**

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

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

Schedule M (Form 990) (2013)

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

SCHEDULE M, PART I, COLUMN (B):

THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTIONS

IN PART I, COLUMN (B).

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

OMB No. 1545-0047

**2013**

**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

NATION'S COOPERATIVE EXTENSION SYSTEM AND 4-H NATIONAL HEADQUARTERS

LOCATED AT THE NATIONAL INSTITUTE OF FOOD AND AGRICULTURE (NIFA) WITHIN

THE UNITED STATES DEPARTMENT OF AGRICULTURE (USDA). COUNCIL'S MISSION

IS TO INCREASE INVESTMENT AND PARTICIPATION IN 4-H POSITIVE YOUTH

DEVELOPMENT PROGRAMS IN THE IMPORTANT AREAS OF SCIENCE, HEALTHY LIVING

AND CITIZENSHIP.

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

EDUCATIONAL PROGRAMS: 4-H IS LED BY A UNIQUE PRIVATE-PUBLIC

PARTNERSHIP OF UNIVERSITIES, FEDERAL AND LOCAL GOVERNMENT AGENCIES,

FOUNDATIONS AND PROFESSIONAL ASSOCIATIONS, INCLUDING NATIONAL 4-H

COUNCIL. AS THE NATION'S LARGEST YOUTH DEVELOPMENT ORGANIZATION, 4-H

GROWS CONFIDENT YOUNG PEOPLE WHO ARE EMPOWERED FOR LIFE TODAY AND

PREPARED FOR CAREER TOMORROW. 4-H PROGRAMS EMPOWER NEARLY SIX MILLION

YOUNG PEOPLE ACROSS THE UNITED STATES THROUGH EXPERIENCES THAT DEVELOP

CRITICAL LIFE SKILLS. IN THE U.S., 4-H SERVES EVERY COUNTY AND PARISH

THROUGH A NETWORK OF 110 UNIVERSITIES AND MORE THAN 3000 LOCAL OFFICES.

GLOBALLY, 4-H ALSO COLLABORATES WITH INDEPENDENT PROGRAMS TO EMPOWER

ONE MILLION YOUTH IN 50 COUNTRIES.

THE RESEARCH-BACKED 4-H EXPERIENCE INCLUDES A CARING ADULT

RELATIONSHIP; HANDS-ON, SKILL-BUILDING PROJECT; AND A MEANINGFUL

LEADERSHIP OPPORTUNITY - RESULTING IN 4-H'ERS WHO ARE FOUR TIMES MORE

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

Schedule O (Form 990 or 990-EZ) (2013)

332211  
09-04-13

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

LIKELY TO CONTRIBUTE TO THEIR COMMUNITIES; TWO TIMES MORE LIKELY TO  
MAKE HEALTHIER CHOICES; TWO TIMES MORE LIKELY TO BE CIVICALLY ACTIVE;  
AND TWO TIMES MORE LIKELY TO PARTICIPATE IN STEM (SCIENCE, TECHNOLOGY,  
ENGINEERING AND MATH) PROGRAMS.

COUNCIL PLAYS AN IMPORTANT ROLE IN GROWING 4-H AND YOUTH IMPACT, WHICH  
INCLUDES A SIGNIFICANT FOCUS ON FUNDRAISING AND MARKETING INITIATIVES.

COUNCIL SUCCESS/HIGHLIGHTS FOR FISCAL YEAR 2014 (JULY 1, 2013-JUNE 30,  
2014) INCLUDED DEVELOPMENT/IMPLEMENTATION OF THE FOLLOWING

## PROGRAMS/EVENTS:

- WORLD'S LARGEST YOUTH-LED SCIENCE EXPERIMENT, 4-H NATIONAL YOUTH

SCIENCE DAY: 4-H MAPS AND APPS

- 4-H NATIONAL MENTORING PROGRAM: REACHED/EMPOWERED AT-RISK YOUTH IN 47

STATES

- LARGEST ANNUAL FUNDRAISING EVENT, NATIONAL 4-H COUNCIL 5TH ANNUAL

LEGACY AWARDS: FEATURED 4-H YOUTH IMPACT AND ALUMNI ACHIEVEMENT

- NEW PROGRAM DEVELOPMENT IN SCIENCE, HEALTHY LIVING, AGRICULTURE IN

PARTNERSHIP WITH DONORS (INCLUDING COMMODITY CARNIVAL, 4-H FOOD SMART

FAMILIES, 4-H AG INNOVATORS EXPERIENCE, MENTOR UP, EXPLORING YOUR

ENVIRONMENT AND THE 4-H CAREER PATHWAY)

- DEVELOPED NEW PARTNERSHIPS, INCLUDING A COLLABORATION CALLED IMAGINE

SCIENCE INITIATIVE WITH THREE OF THE NATION'S LARGEST YOUTH DEVELOPMENT

ORGANIZATIONS (BOYS & GIRLS CLUBS OF AMERICA, YMCA AND GIRLS, INC.) TO

BRING STEM LEARNING TO UNDERSERVED YOUTH

- NEW AUDIENCES ENGAGED THROUGH OUTREACH ON CAPITOL HILL, SPECIFICALLY

TARGETING 4-H ALUMNI, INCLUDING NEARLY 50 MEMBERS OF CONGRESS

- 4-H DIGITAL PRESENCE REVAMPED; INCREASED SOCIAL REACH SIGNIFICANTLY

(NEARLY DOUBLE THE REACH OF OTHER NATIONAL YOUTH DEVELOPMENT

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

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 IN THE UNITED STATES AS WELL AS A BEACON OF INDEPENDENT INTERNATIONAL COOPERATION FOR INDEPENDENT 4-H COUNTRY-LED PROGRAMS AROUND THE WORLD. THE CENTER HOSTS ANNUAL 4-H CONFERENCES AND YEAR-ROUND TRAINING PROGRAMS FOR YOUTH, VOLUNTEER LEADERS, AND PROFESSIONAL STAFF.

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 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 SUPPLY HAS PROVIDED HIGH-QUALITY BRANDED PRODUCTS AND CURRICULUM TO MEET THE NEEDS OF 4-H OFFICES, CLUBS, AND FAMILIES ALIKE. TODAY, 4-H SUPPLY TAKES ITS

Name of the organization  
NATIONAL 4-H COUNCIL

Employer identification number  
36-2862206

CUSTOMER-FRIENDLY APPROACH TO NEW LEVELS, WITH CONVENIENT ONLINE SHOPPING AND EXPERT ADVICE AT 4-HMALL.ORG. 4-H MEMBERS SHOW THEIR PRIDE EVERY DAY BY PURCHASING ITEMS WITH THE 4-H NAME AND EMBLEM. 4-H SUPPLY SHOWS THE SAME DEVOTION, PROVIDING THE BEST PRODUCTS AND THE HIGHEST LEVEL OF CUSTOMER SERVICE TO KEEP THESE DEDICATED CUSTOMERS COMING BACK, YEAR AFTER YEAR.

FORM 990, PART VI, SECTION A, LINE 2:  
TWO BOARD MEMBERS, JIM BOREL AND LYNN HENDERSON, HAVE A FAMILY RELATIONSHIP.

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.

FORM 990, PART VI, SECTION B, LINE 15:  
THE PROCESS FOR DETERMINING THE COMPENSATION OF DONALD T. FLOYD, JR. AND JENNIFER L. SIRANGELO INCLUDES THE FOLLOWING:  
-COMPENSATION SURVEY AND STUDY  
-INDEPENDENT COMPENSATION CONSULTANT  
-REVIEW OF FORM 990 FOR OTHER ORGANIZATIONS

-USE OF A COMPENSATION COMMITTEE

332212  
09-04-13

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

-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 IX, LINE 11G, OTHER FEES:

CONTRACTED SERVICES:

PROGRAM SERVICE EXPENSES	3,820,122.
MANAGEMENT AND GENERAL EXPENSES	247,472.
FUNDRAISING EXPENSES	837,825.
TOTAL EXPENSES	4,905,419.

OTHER PROFESSIONAL FEES:

PROGRAM SERVICE EXPENSES	48,489.
MANAGEMENT AND GENERAL EXPENSES	12,476.



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

FUNDRAISING EXPENSES 5,345.

TOTAL EXPENSES 66,310.

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 4,971,729.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

PENSION RELATED CHANGES OTHER THAN NET PERIOD PENSION COSTS 769,128.

POSTRETIREMENT MEDICAL COSTS 17,089.

NAMED FUND SPENDING -7,821.

NET REVENUE OF AFFILIATES -1,327,184.

TOTAL TO FORM 990, PART XI, LINE 9 -548,788.

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

AUDIT OF CONSOLIDATED FINANCIAL STATEMENTS/OVERSIGHT OF

AUDIT:

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

PRIOR YEAR. THE ORGANIZATION IS AUDITED AS PART OF CONSOLIDATED

FINANCIAL STATEMENTS. IT DOES NOT RECEIVE SEPARATE AUDITED FINANCIAL

STATEMENTS.

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**  
▶ **Attach to Form 990.** ▶ **See separate instructions.**

▶ **Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)**

OMB No. 1545-0047

**2013**

**Open to Public  
Inspection**

Name of the organization

NATIONAL 4-H COUNCIL

Employer identification number

36-2862206

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
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)	LINE 11A, I	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)	LINE 11A, I	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)	LINE 11A, I	N/A		X

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

Schedule R (Form 990) 2013

SEE PART VII FOR CONTINUATIONS



**Part V Transactions With Related Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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

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

	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 .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>d</b> Loans or loan guarantees to or for related organization(s) .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>e</b> Loans or loan guarantees by related organization(s) .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>f</b> Dividends from related organization(s) .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>g</b> Sale of assets to related organization(s) .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>h</b> Purchase of assets from related organization(s) .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>i</b> Exchange of assets with related organization(s) .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>o</b> Sharing of paid employees with related organization(s) .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>p</b> Reimbursement paid to related organization(s) for expenses .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>q</b> Reimbursement paid by related organization(s) for expenses .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>r</b> Other transfer of cash or property to related organization(s) .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>s</b> Other transfer of cash or property from related organization(s) .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

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



**Part VII** Supplemental Information

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