

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2015

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.

Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 07/01, 2015, and ending 06/30, 2016

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization NATIONAL 4-H COUNCIL Doing Business As			D Employer identification number 36-2862206	
	Number and street (or P.O. box if mail is not delivered to street address)		Room/suite	E Telephone number (301) 961-2800	
	City or town, state or province, country, and ZIP or foreign postal code CHEVY CHASE, MD 20815-4999			G Gross receipts \$ 44,545,043.	
	F Name and address of principal officer: JENNIFER L. SIRANGELO SAME AS C ABOVE.			H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527					
J Website: ▶ WWW.4-H.ORG					
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶					
				L Year of formation: 1976	
				M State of legal domicile: OH	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO INCREASE INVESTMENT AND PARTICIPATION IN HIGH QUALITY 4-H POSITIVE YOUTH DEVELOPMENT.				
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.				
	3	Number of voting members of the governing body (Part VI, line 1a)	3	30.	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	30.	
	5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	239.	
	6	Total number of volunteers (estimate if necessary)	6	70.	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	345,058.	
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	15,437.		
Revenue			Prior Year	Current Year	
	8	Contributions and grants (Part VIII, line 1h)	30,383,609.	27,881,969.	
	9	Program service revenue (Part VIII, line 2g)	10,382,561.	10,958,142.	
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,260,425.	582,493.	
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,559,331.	2,208,919.	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	44,585,926.	41,631,523.	
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	10,771,992.	15,332,408.
		14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
		15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	14,884,200.	15,060,627.
		16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b		Total fundraising expenses (Part IX, column (D), line 25) ▶ 2,862,411.			
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	12,629,693.	12,417,105.	
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	38,285,885.	42,810,140.		
19	Revenue less expenses. Subtract line 18 from line 12	6,300,041.	-1,178,617.		
Net Assets or Fund Balances			Beginning of Current Year	End of Year	
	20	Total assets (Part X, line 16)	39,021,389.	39,122,218.	
	21	Total liabilities (Part X, line 26)	13,325,434.	18,304,047.	
22	Net assets or fund balances. Subtract line 21 from line 20	25,695,955.	20,818,171.		

Part II Signature Block

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

Sign Here	Signature of officer JENNIFER L. SIRANGELO	Date 05/12/2017
	Type or print name and title PRESIDENT AND CEO	

Paid Preparer Use Only	Print/Type preparer's name JOYCE UNDERWOOD	Preparer's signature 	Date 5/12/17	Check <input type="checkbox"/> if self-employed	PTIN P00022361	
	Firm's name ▶ BDO USA, LLP			Firm's EIN ▶ 13-5381590		
	Firm's address ▶ 8401 GREENSBORO DRIVE, SUITE 800 MCLEAN, VA 22102			Phone no. 703-893-0600		

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

For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2015)

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III Yes No

1 Briefly describe the organization's mission:

SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O.

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 26,035,785. including grants of \$ 15,332,408.) (Revenue \$ 179,303.)

ATTACHMENT 1

4b (Code:) (Expenses \$ 8,602,455. including grants of \$ 0.) (Revenue \$ 10,796,174.)

ATTACHMENT 2

4c (Code:) (Expenses \$ 2,506,175. including grants of \$ 0.) (Revenue \$ 2,431,572.)

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

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

(Expenses \$ 0. including grants of \$ 0.) (Revenue \$ 0.)

4e Total program service expenses ▶ 37,144,415.

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> (see instructions)?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III.</i>		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> (see instructions).		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

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i>	X	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I.</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II.</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III.</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i>	X	
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
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
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

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

Table with columns for line numbers (1a-14b), descriptions, and Yes/No checkboxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited tax shelter transactions, and charitable contributions.

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 (voting members), 1b (independent members), 2-7a (relationships and governance), 7b (reserved decisions), 8 (documentation), 8a-8b (documentation details), and 9 (reachability).

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-10b (local chapters), 11a-11b (Form 990 distribution), 12a-12c (conflict of interest policy), 13 (whistleblower policy), 14 (document retention), 15 (compensation review), and 16a-16b (joint venture investments).

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed ATTACHMENT 3
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, address, and telephone number of the person who possesses the organization's books and records:

JOSEPH ROCHE 7100 CONNECTICUT AVENUE CHEVY CHASE, MD 20815 301-961-2800

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 dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) LANDEL HOBBS CHAIR	.50 0.	X					0.	0.	0.	
(2) JENNIFER M. WHITLOW VICE-CHAIR	.50 0.	X					0.	0.	0.	
(3) EDWARD BECKWITH SECRETARY	.50 0.	X					0.	0.	0.	
(4) JOHN AMAYA TREASURER	.50 0.	X					0.	0.	0.	
(5) TIM AMERSON BOARD - PUBLIC CLASS	.50 0.	X					0.	0.	0.	
(6) STEVE K. BARBARICK BOARD - PUBLIC CLASS	.50 0.	X					0.	0.	0.	
(7) MARTHA BERNADETT BOARD - PUBLIC CLASS	.50 0.	X					0.	0.	0.	
(8) JAMES C. BOREL BOARD - PUBLIC CLASS	.50 0.	X					0.	0.	0.	
(9) DAVID CRUZ BOARD - PUBLIC CLASS	.50 0.	X					0.	0.	0.	
(10) JOSEPH B. DZIALO BOARD - PUBLIC CLASS	.50 0.	X					0.	0.	0.	
(11) DAVID L. EPSTEIN BOARD - PUBLIC CLASS	.50 0.	X					0.	0.	0.	
(12) DANIEL R. GLICKMAN BOARD - PUBLIC CLASS	.50 0.	X					0.	0.	0.	
(13) TOM LEHR BOARD - PUBLIC CLASS	.50 0.	X					0.	0.	0.	
(14) ALISON E. LEWIS BOARD - PUBLIC CLASS	.50 0.	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 dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) MARK MARTINO ----- BOARD - PUBLIC CLASS	.50 ----- 0.	X					0.	0.	0.	
(16) MICHELLE MUNSON ----- BOARD - PUBLIC CLASS	.50 ----- 0.	X					0.	0.	0.	
(17) JAVIER PALOMAREZ ----- BOARD - PUBLIC CLASS	.50 ----- 0.	X					0.	0.	0.	
(18) TERESA PAULSEN ----- BOARD - PUBLIC CLASS	.50 ----- 0.	X					0.	0.	0.	
(19) AUSTIN PITTMAN ----- BOARD - PUBLIC CLASS	.50 ----- 0.	X					0.	0.	0.	
(20) MAGGIE SANS ----- BOARD - PUBLIC CLASS	.50 ----- 0.	X					0.	0.	0.	
(21) KIP TOM ----- BOARD - PUBLIC CLASS	.50 ----- 0.	X					0.	0.	0.	
(22) ANN VENEMAN ----- BOARD - PUBLIC CLASS	.50 ----- 0.	X					0.	0.	0.	
(23) CHRIS T. BOLEMAN ----- BOARD- EXTENSION & INSTITUTION	.50 ----- 0.	X					0.	0.	0.	
(24) DELBERT T. FOSTER ----- BOARD- EXTENSION & INSTITUTION	.50 ----- 0.	X					0.	0.	0.	
(25) WILLIAM FROST ----- BOARD- EXTENSION & INSTITUTION	.50 ----- 0.	X					0.	0.	0.	
1b Sub-total							0.	0.	0.	
c Total from continuation sheets to Part VII, Section A							3,087,361.	0.	698,789.	
d Total (add lines 1b and 1c)							3,087,361.	0.	698,789.	

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 ► 37

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 12

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 dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(26) E. GORDON GEE BOARD- EXTENSION & INSTITUTION	.50 0.	X					0.	0.	0.	
(27) JEFF GOODWIN BOARD- EXTENSION & INSTITUTION	.50 0.	X					0.	0.	0.	
(28) CATHANN KRESS BOARD- EXTENSION & INSTITUTION	.50 0.	X					0.	0.	0.	
(29) NICK T. PLACE BOARD- EXTENSION & INSTITUTION	.50 0.	X					0.	0.	0.	
(30) MICHELLE RODGERS BOARD- EXTENSION & INSTITUTION	.50 0.	X					0.	0.	0.	
(31) CALEB CHENG YOUTH CLASS	.50 0.	X					0.	0.	0.	
(32) TESS HAMMOCK YOUTH CLASS	.50 0.	X					0.	0.	0.	
(33) LAZARUS LYNCH YOUTH CLASS	.50 0.	X					0.	0.	0.	
(34) ANDREA VESSEL YOUTH CLASS	.50 0.	X					0.	0.	0.	
(35) JENNIFER SIRANGELO CEO & PRESIDENT	55.00 0.	X					445,602.	0.	77,167.	
(36) COLLEEN MCCREARY VICE-CHAIR	0. 0.	X					0.	0.	0.	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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 **▶** 37

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

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

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 dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(37) JANE ANGELICH VP, ECOMMERCE	40.00 0.				X		185,103.	0.	39,658.	
(38) JILL BRAMBLE SVP, CHIEF DEVELOPMENT OFFICER	40.00 0.				X		266,403.	0.	25,777.	
(39) ANDREW FERRIN SVP, CHIEF STRATEGY OFFICER	40.00 0.				X		257,841.	0.	57,996.	
(40) ROBERT JUBA VP, BUSINESS TECHNOLOGY	40.00 0.				X		156,754.	0.	45,574.	
(41) PAUL J. KOEHLER SVP, GENERAL MANAGER	45.00 0.				X		234,470.	0.	60,993.	
(42) JOSEPH P. ROCHE SVP, CHIEF FINANCIAL OFFICER	40.00 0.				X		262,104.	0.	46,910.	
(43) ARTIS STEVENS SVP, CHIEF MARKETING OFFICER	40.00 0.				X		231,483.	0.	55,305.	
(44) DON MOHANLAL SVP, INNOVATION & IMPACT	40.00 0.					X	242,006.	0.	38,433.	
(45) KATE CASKIN SR. DIR, FIELD & COUNCIL COMM	40.00 0.					X	156,848.	0.	46,692.	
(46) HEATHER ELLIOTT VP, DEVELOPMENT	40.00 0.					X	166,290.	0.	46,488.	
(47) CRAIG SHUBA CONTROLLER	40.00 0.					X	180,614.	0.	26,023.	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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 **▶** 37

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

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

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a	31,787.					
	b Membership dues	1b						
	c Fundraising events	1c	673,618.					
	d Related organizations	1d						
	e Government grants (contributions)	1e	10,650,307.					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	16,526,257.					
	g Noncash contributions included in lines 1a-1f: \$		1,807.					
	h Total. Add lines 1a-1f			27,881,969.				
Program Service Revenue				Business Code				
	2a NATL 4-H YOUTH CONF CTR		721000	9,746,797.	9,401,739.	345,058.		
	b REGISTRATION, FEES AND TUITIONS		721000	1,211,345.	1,211,345.			
	c							
	d							
	e							
	f All other program service revenue							
g Total. Add lines 2a-2f			10,958,142.					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts).			582,523.			582,523.	
	4 Income from investment of tax-exempt bond proceeds			0.				
	5 Royalties			0.				
	6a Gross rents		(i) Real					
		b Less: rental expenses		(ii) Personal				
	d Net rental income or (loss)			0.				
	7a Gross amount from sales of assets other than inventory		(i) Securities					
		b Less: cost or other basis and sales expenses		(ii) Other				
	d Net gain or (loss)			-30.			-30.	
	8a Gross income from fundraising events (not including \$ 673,618. of contributions reported on line 1c). See Part IV, line 18			ATCH 5				
a			25,300.					
b Less: direct expenses			265,288.					
c Net income or (loss) from fundraising events.			ATCH 6	-239,988.			-239,988.	
9a Gross income from gaming activities. See Part IV, line 19								
	a							
	b Less: direct expenses							
c Net income or (loss) from gaming activities.				0.				
10a Gross sales of inventory, less returns and allowances								
	a		5,079,804.					
	b Less: cost of goods sold		2,648,232.					
c Net income or (loss) from sales of inventory.				2,431,572.	2,431,572.			
Miscellaneous Revenue			Business Code					
11a OTHER INCOME			900099	17,335.	17,335.			
	b							
	c							
	d All other revenue							
e Total. Add lines 11a-11d				17,335.				
12 Total revenue. See instructions.				41,631,523.	13,061,991.	345,058.	342,505.	

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
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	15,332,408.	15,332,408.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0.			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	2,240,541.	1,884,331.	149,965.	206,245.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	10,041,484.	8,191,618.	651,931.	1,197,935.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	724,272.	590,845.	47,022.	86,405.
9 Other employee benefits	1,283,063.	1,046,694.	83,301.	153,068.
10 Payroll taxes	771,267.	629,182.	50,074.	92,011.
11 Fees for services (non-employees):				
a Management	334,150.	334,150.		
b Legal	325,393.	11,155.	314,238.	
c Accounting	604,497.	289,179.		315,318.
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17.	0.			
f Investment management fees	28,560.			28,560.
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	3,973,645.	3,086,909.	410,532.	476,204.
12 Advertising and promotion	667,672.	648,496.	89.	19,087.
13 Office expenses	1,739,246.	1,271,029.	413,122.	55,095.
14 Information technology	0.			
15 Royalties	0.			
16 Occupancy	797,483.	768,813.	16,311.	12,359.
17 Travel	1,190,791.	975,291.	106,726.	108,774.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	760,306.	652,280.	94,867.	13,159.
20 Interest	12,419.		12,419.	
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	1,495,400.	1,087,382.	324,154.	83,864.
23 Insurance	182,851.	98,375.	84,476.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a EMPLOYEE TRAINING	56,668.	38,265.	16,290.	2,113.
b CREDIT CARD/BANK FEES	234,223.	201,620.	27,797.	4,806.
c PROVISION FOR DOUBTFUL ACCTS	13,801.	6,393.		7,408.
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	42,810,140.	37,144,415.	2,803,314.	2,862,411.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0.			

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	8,243,613.	1	5,319,620.
	2 Savings and temporary cash investments	0.	2	0.
	3 Pledges and grants receivable, net	7,993,518.	3	9,418,493.
	4 Accounts receivable, net	2,398,295.	4	4,155,574.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0.	5	0.
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0.	6	0.
	7 Notes and loans receivable, net	0.	7	0.
	8 Inventories for sale or use	1,596,178.	8	1,966,871.
	9 Prepaid expenses and deferred charges	255,855.	9	136,499.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 39,708,146.		
	b Less: accumulated depreciation	10b 31,484,588.	8,442,821.	10c 8,223,558.
	11 Investments - publicly traded securities	9,717,222.	11	9,538,406.
	12 Investments - other securities. See Part IV, line 11	373,887.	12	363,197.
	13 Investments - program-related. See Part IV, line 11	0.	13	0.
	14 Intangible assets	0.	14	0.
	15 Other assets. See Part IV, line 11	0.	15	0.
16 Total assets. Add lines 1 through 15 (must equal line 34)	39,021,389.	16	39,122,218.	
Liabilities	17 Accounts payable and accrued expenses	4,807,231.	17	6,279,338.
	18 Grants payable	0.	18	0.
	19 Deferred revenue	1,304,675.	19	2,468,838.
	20 Tax-exempt bond liabilities	0.	20	0.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	0.
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0.	22	0.
	23 Secured mortgages and notes payable to unrelated third parties	0.	23	0.
	24 Unsecured notes and loans payable to unrelated third parties	0.	24	0.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	7,213,528.	25	9,555,871.
	26 Total liabilities. Add lines 17 through 25	13,325,434.	26	18,304,047.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	8,079,697.	27	2,590,311.
	28 Temporarily restricted net assets	17,380,861.	28	17,992,463.
	29 Permanently restricted net assets	235,397.	29	235,397.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	25,695,955.	33	20,818,171.
	34 Total liabilities and net assets/fund balances	39,021,389.	34	39,122,218.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	41,631,523.
2	Total expenses (must equal Part IX, column (A), line 25)	2	42,810,140.
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,178,617.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	25,695,955.
5	Net unrealized gains (losses) on investments	5	-524,696.
6	Donated services and use of facilities	6	0.
7	Investment expenses	7	0.
8	Prior period adjustments	8	0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-3,174,471.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	20,818,171.

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? 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 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	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
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** (2015)

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.

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization

NATIONAL 4-H COUNCIL

Employer identification number

36-2862206

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 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 (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An 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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

Schedule A (Form 990 or 990-EZ) 2015

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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	20,305,790.	22,919,044.	21,791,119.	30,383,609.	27,881,969.	123,281,531.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4 Total. Add lines 1 through 3.	20,305,790.	22,919,044.	21,791,119.	30,383,609.	27,881,969.	123,281,531.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						0.
6 Public support. Subtract line 5 from line 4.						123,281,531.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4	20,305,790.	22,919,044.	21,791,119.	30,383,609.	27,881,969.	123,281,531.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	477,492.	545,754.	718,748.	328,947.	582,523.	2,653,464.
9 Net income from unrelated business activities, whether or not the business is regularly carried on		4,512.		915.	13,121.	18,548.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.
11 Total support. Add lines 7 through 10						125,953,543.
12 Gross receipts from related activities, etc. (see instructions)					12	73,347,281.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	97.88%
15 Public support percentage from 2014 Schedule A, Part II, line 14	15	97.78%
16a 33 1/3% support test - 2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10%-facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

Part III Support Schedule for Organizations Described in Section 509(a)(2)
 (Complete only if you checked the box on line 9 of Part I 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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b.						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f)).	15	%
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2015. 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 - 2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

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

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b	A family member of a person described in (a) above?		
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):			
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2	Activities Test. Answer (a) and (b) below.			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
3	Parent of Supported Organizations. Answer (a) and (b) below.			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI .			
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		

Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2015:			
a			
b			
c			
d From 2013			
e From 2014			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2015 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 Excess distributions carryover to 2016. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c Excess from 2013			
d Excess from 2014			
e Excess from 2015			

Part VI **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).

Schedule of Contributors

2015

▶ **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.

Name of the organization NATIONAL 4-H COUNCIL	Employer identification number 36-2862206
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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, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- For an organization described in section 501(c)(3) 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), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions 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 an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled 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 totaling \$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).

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	_____	\$ 7,098,967.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____	\$ 3,404,168.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____	\$ 2,002,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	_____	\$ 10,535,440.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____	\$ _____	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
_____	_____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	_____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	_____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	_____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	_____ _____ _____	\$ _____	_____
(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., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ► \$ _____
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

2015

Attach to Form 990.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization

Employer identification number

NATIONAL 4-H COUNCIL

36-2862206

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 2 columns: Description, Amount. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included in Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included in Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.

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

Schedule D (Form 990) 2015

JSA 5E1268 1.000

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other _____
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | 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, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	6,129,602.	8,566,779.	10,552,674.	9,491,201.	9,646,658.
b Contributions	152,060.	53,806.	82,235.	86,627.	127,415.
c Net investment earnings, gains, and losses	-4,554.	43,106.	1,343,425.	1,009,060.	-55,051.
d Grants or scholarships					
e Other expenditures for facilities and programs	305,468.	2,534,089.	3,411,555.	34,214.	227,821.
f Administrative expenses					
g End of year balance	5,971,640.	6,129,602.	8,566,779.	10,552,674.	9,491,201.

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

- a** Board designated or quasi-endowment 66.3200 %
- b** Permanent endowment 3.9400 %
- c** Temporarily restricted endowment 29.7400 %

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

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

	Yes	No
(i) unrelated organizations	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(ii) related organizations	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	<input type="checkbox"/>	<input type="checkbox"/>

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		300,000.		300,000.
b Buildings		24,633,397.	19,103,030.	5,530,367.
c Leasehold improvements				
d Equipment		14,774,749.	12,381,558.	2,393,191.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				8,223,558.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) AGENCY FUNDS	516,018.	
(3) ACCRUED POST RETIREMENT BENEFI	3,278,783.	
(4) UNFUNDED PENSION LIABILITY	5,761,070.	
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶		9,555,871.

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 XIII Supplemental Information (continued)

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.

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 2013. FOR THE YEARS ENDED JUNE 30, 2016 AND 2015, NO INTEREST OR PENALTIES WERE RECORDED OR INCLUDED IN THE CONSOLIDATED STATEMENTS OF ACTIVITIES RELATED TO UNCERTAIN TAX POSITIONS.

PART XI, LINE 2D:

FUNDRAISING EVENT EXPENSES	265,288
NAMED FUND SPENDING	(56,821)
AFFILIATE REVENUE	979,510
POSTRETIREMENT MEDICAL COSTS	(418,716)

Part XIII Supplemental Information (continued)

PENSION RELATED CHANGES OTHER

THAN NET PERIOD PENSION COSTS	(2,698,934)
TOTAL TO SCHEDULE D PART XI, LINE 2D	(1,929,673)

PART XI, LINE 4B:

COST OF GOODS SOLD:	-2,648,232
---------------------	------------

PART XII, LINE 2D:

COST OF GOODS SOLD	2,648,232
AFFILIATE EXPENSE	871,833
TOTAL TO SCHEDULE D, PART XII, LINE 2D	3,520,065

PART XII, LINE 4B:

FUNDRAISING EVENT EXPENSES	-265,288
----------------------------	----------

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		AWARDS GALA (event type)	(event type)	(total number)	(add col. (a) through col. (c))	
Revenue	1	Gross receipts	698,918.		698,918.	
	2	Less: Contributions	673,618.		673,618.	
	3	Gross income (line 1 minus line 2),	25,300.		25,300.	
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs	13,500.		13,500.	
	7	Food and beverages	69,633.		69,633.	
	8	Entertainment				
	9	Other direct expenses	182,155.		182,155.	
	10	Direct expense summary. Add lines 4 through 9 in column (d) ▶				265,288.
	11	Net income summary. Subtract line 10 from line 3, column (d) ▶				-239,988.

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

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

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

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

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

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

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2015

**Open to Public
Inspection**

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

▶ Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

NATIONAL 4-H COUNCIL

Employer identification number

36-2862206

Part I General Information on Grants and Assistance

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

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

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
(1) ALABAMA 4-H CLUB FOUNDATION 226 DUNCAN HALL AUBURN UNIVERSITY, AL 36849	63-0457929	501(C)(3)	11,654.				EDUCATIONAL
(2) ALABAMA A & M UNIVERSITY 4900 MERIDIAN ST NORMAL, AL 35762	63-6001097	STATE OF AL	160,889.				EDUCATIONAL
(3) ALCORN STATE UNIVERSITY 1000 ASU DR #285 LORMAN, MS 39096	64-0538010	STATE OF MS	123,750.				EDUCATIONAL
(4) CALIFORNIA 4-H FOUNDATION PO BOX 73673 DAVIS, CA 95617	23-7327765	501(C)(3)	106,876.				EDUCATIONAL
(5) CLEMSON UNIVERSITY 210 BARRE HALL CLEMSON, SC 29634	57-6000254	STATE OF SC	399,579.				EDUCATIONAL
(6) COLORADO 4-H FOUNDATION CAMPUS MAIL 4040 FORT COLLINS, CO 80523	74-2586894	501(C)(3)	41,403.				EDUCATIONAL
(7) COLORADO STATE UNIVERSITY #108 JOHNSON HL FORT COLLINS, CO 80523	23-7098397	STATE OF CO	116,395.				EDUCATIONAL
(8) CORNELL UNIVERSITY 750 CASCADILLA ST ITHACA, NY 14851	15-0532082	501(C)(3)	480,737.				EDUCATIONAL
(9) FLORIDA 4-H FOUNDATION 3103 MCCARTY HALL GAINESVILLE, FL 32611	59-1000186	501(C)(3)	33,110.				EDUCATIONAL
(10) FORT VALLEY STATE UNIVERSITY 1005 STATE UNIV DR FORT VALLEY, GA 31030	23-7281905	STATE OF GA	112,516.				EDUCATIONAL
(11) GEORGIA 4-H FOUNDATION 306 HOKE SMITH ANNEX ATHENS, GA 30602	58-0832988	501(C)(3)	395,538.				EDUCATIONAL
(12) ILLINOIS 4-H FOUNDATION 1401 S MARYLAND DR URBANA, IL 61801	37-6044716	501(C)(3)	7,042.				EDUCATIONAL

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

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

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

Schedule I (Form 990) (2015)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

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Name of the organization

NATIONAL 4-H COUNCIL

Employer identification number

36-2862206

Part I General Information on Grants and Assistance

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

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

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
(1) INDIANA 4-H FOUNDATION 615 W STATE ST WEST LAFAYETTE, IN 47907	35-1097611	501(C)(3)	23,164.				EDUCATIONAL
(2) IOWA STATE UNIVERSITY 1138 PEARSON HALL AMES, IA 50011	42-6004224	STATE OF IA	180,265.				EDUCATIONAL
(3) IOWA 4-H FOUNDATION EXT 4-H YOUTH BLDG AMES, IA 50011-3630	42-6061606	STATE OF IA	17,239.				EDUCATIONAL
(4) KANSAS STATE UNIVERSITY 201 UMBERGER MANHATTAN, KS 66506	48-0667209	STATE OF KS	58,898.				EDUCATIONAL
(5) KANSAS 4-H FOUNDATION 116 UMBERGER HALL MANHATTAN, KS 66506-3417	48-0623884	501(C)(3)	15,406.				EDUCATIONAL
(6) KENTUCKY 4-H FOUNDATION 209 SCOVELL HALL LEXINGTON, KY 40506-0064	23-7437297	501(C)(3)	126,614.				EDUCATIONAL
(7) KENTUCKY STATE UNIVERSITY 400 EAST MAIN ST FRANKFORT, KY 40601-2355	61-1099712	STATE OF KY	101,192.				EDUCATIONAL
(8) LOUISIANA 4-H FOUNDATION INC PO BOX 25100 BATON ROUGE, LA 70894	72-1367519	501(C)(3)	43,738.				EDUCATIONAL
(9) LOUISIANA STATE UNIVERSITY 110 LSU UNION SQ BATON ROUGE, LA 70803-0100	72-6000848	STATE OF LA	309,578.				EDUCATIONAL
(10) MARYLAND 4-H FOUNDATION 8020 GREENMEAD DR COLLEGE PARK, MD 20740	52-6056016	501(C)(3)	336,783.				EDUCATIONAL
(11) MICHIGAN 4-H FOUNDATION 14901 4H DR TUSTIN, MI 49688	38-1539997	501(C)(3)	124,848.				EDUCATIONAL
(12) MICHIGAN STATE UNIVERSITY 446 WEST CIR DR 106 LANSING, MI 48824-2612	38-6005984	STATE OF MI	516,801.				EDUCATIONAL

- Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
- Enter total number of other organizations listed in the line 1 table ▶

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Schedule I (Form 990) (2015)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2015

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

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Department of the Treasury
Internal Revenue Service

Name of the organization

NATIONAL 4-H COUNCIL

Employer identification number

36-2862206

Part I General Information on Grants and Assistance

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

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

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
(1) MINNESOTA 4-H FOUNDATION 270B MCNAMARA AC MINNEAPOLIS, MN 55455	41-1408161	501(C)(3)	10,336.				EDUCATIONAL
(2) MISSISSIPPI STATE UNIVERSITY PO DRAWER 5227 MISSISSIPPI STATE, MS 39762	06-7589752	STATE OF MS	151,765.				EDUCATIONAL
(3) MISSOURI 4-H FOUNDATION 819 CLARK HALL COLUMBIA, MO 65211	43-6044367	501(C)(3)	21,337.				EDUCATIONAL
(4) MONTANA STATE UNIVERSITY 4-H CENTER 309 MONTANA HALL BOZEMAN, MT 59717	81-6010045	STATE OF MT	150,303.				EDUCATIONAL
(5) NEBRASKA 4-H FOUNDATION PO BOX 830719 LINCOLN, NE 68583-0700	47-0469703	501(C)(3)	5,588.				EDUCATIONAL
(6) SOMERSET COUNTY 4-H ASSOCIATION 310 MILLTOWN RD BRIDGEWATER, NJ 08807	22-6064597	501(C)(3)	12,480.				EDUCATIONAL
(7) NEW MEXICO STATE UNIVERSITY PO BOX 30002 LAS CRUCES, NM 88003	85-6000401	STATE OF NM	16,328.				EDUCATIONAL
(8) 4-H FOUNDATION OF NEW HAMPSHIRE 180 MAIN ST DURHAM, NH 03824	02-6000937	501(C)(3)	9,606.				EDUCATIONAL
(9) NEW YORK STATE 4-H FOUNDATION 248 GRANT AVE #II-A AUBURN, NY 13021	14-6021395	501(C)(3)	312,284.				EDUCATIONAL
(10) NORTH CAROLINA AT&T STATE UNIVERSITY 1601 E MARKET ST GREENSBORO, NC 27411	56-6000007	STATE OF NC	43,961.				EDUCATIONAL
(11) NORTH CAROLINA STATE UNIVERSITY 512 BRICKHAVEN DR #7606 RALEIGH, NC 27695	56-6049304	STATE OF NC	415,184.				EDUCATIONAL
(12) NORTH DAKOTA 4-H FOUNDATION INC FLC 323 BOX 5436 FARGO, ND 58105	45-6012061	501(C)(3)	8,594.				EDUCATIONAL

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

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

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Schedule I (Form 990) (2015)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2015

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Department of the Treasury
Internal Revenue Service

Name of the organization

NATIONAL 4-H COUNCIL

Employer identification number

36-2862206

Part I General Information on Grants and Assistance

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

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

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
(1) NORTH DAKOTA STATE UNIVERSITY 1340 ADMIN AVE FARGO, ND 58102	23-7120898	STATE OF ND	239,950.				EDUCATIONAL
(2) THE OHIO STATE UNIVERSITY 2202 FRED TAYLOR DR COLUMBUS, OH 43211	31-1145987	STATE OF OH	386,368.				EDUCATIONAL
(3) OKLAHOMA 4-H FOUNDATION 205 4-H YOUTH DEVP STILLWATER, OK 74078	73-6109761	501(C)(3)	90,556.				EDUCATIONAL
(4) OKLAHOMA STATE UNIVERSITY 205 4-H YOUTH DEVP STILLWATER, OK 74078	73-6109761	STATE OF OK	245,601.				EDUCATIONAL
(5) OREGON 4-H FOUNDATION 119 BALLARD EXT HALL CORVALLIS, OR 97331	93-0711337	501(C)(3)	8,302.				EDUCATIONAL
(6) OREGON STATE UNIVERSITY PO BOX 1086 CORVALLIS, OR 97339-1086	48-1278540	STATE OF OR	341,181.				EDUCATIONAL
(7) PENNSYLVANIA STATE UNIVERSITY 8 GRANT ST CLARION, PA 16214	24-6000376	STATE OF PA	275,039.				EDUCATIONAL
(8) PRAIRIE VIEW A & M UNIVERSITY PO BOX 667 PRAIRIE VIEW, TX 77446	74-6001078	STATE OF TX	41,250.				EDUCATIONAL
(9) PURDUE UNIVERSITY 401 S GRANT ST WEST LAFAYETTE, IN 47907	35-6002041	501(C)(3)	94,453.				EDUCATIONAL
(10) RUTGERS, THE STATE UNIVERSITY OF NEW JERSEY ASB III-2ND RL-3 NEW BRUNSWICK, NJ 08901	23-7318742	STATE OF NJ	32,896.				EDUCATIONAL
(11) SOUTH DAKOTA STATE UNIVERSITY 1905 PLAZA BO RAPID CITY, SD 57702	46-0273801	STATE OF SD	14,270.				EDUCATIONAL
(12) SOUTH CAROLINA STATE UNIVERSITY 300 COLLEGE ST ORANGEBURG, SC 29117	57-6000950	STATE OF SC	7,358.				EDUCATIONAL

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

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

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Schedule I (Form 990) (2015)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2015

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Department of the Treasury
Internal Revenue Service

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Name of the organization

NATIONAL 4-H COUNCIL

Employer identification number

36-2862206

Part I General Information on Grants and Assistance

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

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

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
(1) SOUTHERN UNIVERSITY AG RESEARCH PO BOX 10010 BATON ROUGE, LA 70813-0010	72-6000817	STATE OF LA	127,394.				EDUCATIONAL
(2) TEXAS 4-H AND YOUTH DEVELOPMENT FOUNDATION 7607 EASTMARK DR COLLEGE STATION, TX 77840	74-6091147	501(C)(3)	318,069.				EDUCATIONAL
(3) TEXAS A&M AGRILIFE EXTENSION SERVICE? 4180 ST HWY 6 COLLEGE STATION, TX 77845	74-2648747	STATE OF TX	435,783.				EDUCATIONAL
(4) TUSKEGEE UNIVERSITY #100 CAMPBELL HALL TUSKEGEE INST, AL 36088	63-0288878	STATE OF AL	59,461.				EDUCATIONAL
(5) UNIVERSITY OF ALASKA-FAIRBANKS P O BOX 757880 FAIRBANKS, AK 99775	23-7394620	STATE OF AK	198,524.				EDUCATIONAL
(6) UNIVERSITY OF ARIZONA 888 N EUCLID AV RM502F TUCSON, AZ 85721	86-6004791	STATE PF AZ	241,386.				EDUCATIONAL
(7) UNIVERSITY OF ARKANSAS PO BOX 391 LITTLE ROCK, AR 72203	71-6060767	STATE OF AR	257,380.				EDUCATIONAL
(8) UNIVERSITY OF CALIFORNIA PO BOX 989062 WEST SACRAMENTO, CA 95798	94-6002123	STATE OF CA	301,107.				EDUCATIONAL
(9) UNIVERSITY OF CONNECTICUT 843 UNIV DR TORRINGTON, CT 06790	06-0772160	STATE OF CT	163,312.				EDUCATIONAL
(10) UNIVERSITY OF DELAWARE VP FIN&ADMIN RM 220 NEWARK, DE 19716	51-6000297	STATE OF DE	388,867.				EDUCATIONAL
(11) UNIVERSITY OF FLORIDA 3103 MCCARTY HALL B GAINESVILLE, FL 32611	59-1000186	STATE OF FL	646,157.				EDUCATIONAL
(12) UNIVERSITY OF HAWAII 2440 CAMPUS RD #368 HONOLULU, HI 96822	99-6000394	STATE OF HI	5,250.				EDUCATIONAL

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

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

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Schedule I (Form 990) (2015)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2015

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Inspection**

Department of the Treasury
Internal Revenue Service

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Name of the organization

NATIONAL 4-H COUNCIL

Employer identification number

36-2862206

Part I General Information on Grants and Assistance

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

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

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
(1) UNIVERSITY OF IDAHO 701 W. COLLEGE AVE ST MARIES, ID 83861	82-6000281	STATE OF ID	201,129.				EDUCATIONAL
(2) UNIVERSITY OF ILLINOIS 1305 WT GREEN ST URBANA, IL 61801	37-6006007	STATE OF IL	487,227.				EDUCATIONAL
(3) UNIVERSITY OF MAINE 107 MAINE AVE BANGOR, ME 04401	01-6000769	501(C)(3)	494,124.				EDUCATIONAL
(4) UNIVERSITY OF MASSACHUSETTS 70 BUTTERFIELD TER AMHERST, MA 01003	04-3167352	STATE OF MA	130,140.				EDUCATIONAL
(5) UNIVERSITY OF MINNESOTA 1420 ECKELS AVE ST PAUL, MN 55108-1030	41-6007513?	STATE OF MN	234,955.				EDUCATIONAL
(6) CURATORS OF THE UNIVERSITY OF MISSOURI PO BOX 807012 KANSAS CITY, MO 64180	43-6003859	STATE OF MO	300,077.				EDUCATIONAL
(7) UNIVERSITY OF NEBRASKA-LINCOLN 312 N 14TH ST ALEX W LINCOLN, NE 68588	47-0049123	STATE OF NE	251,644.				EDUCATIONAL
(8) UNIVERSITY OF NEVADA ROSE HL RM204 MS325 RENO, NV 89557	88-6000024	STATE OF NV	63,336.				EDUCATIONAL
(9) UNIVERSITY OF NEW HAMPSHIRE 180 MAIN ST DURHAM, NH 03824	02-6000937	STATE OF NH	26,129.				EDUCATIONAL
(10) UNIVERSITY OF PUERTO RICO JARDIN BOTANICO SUR SAN JUAN, PR 00926	66-0433761	TERRITORY OF PR	26,250.				EDUCATIONAL
(11) UNIVERSITY OF TENNESSEE 2621 MORGAN CR KNOXVILLE, TN 37996	62-6047753	STATE OF TN	559,607.				EDUCATIONAL
(12) UNIVERISTY OF THE VIRGIN ISLANDS #1 ESTATE GOLDEN GR KINGSVILLE, VI 00850	66-0432514	TERRITORY OF VI	48,750.				EDUCATIONAL

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

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

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

Schedule I (Form 990) (2015)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

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

Name of the organization

NATIONAL 4-H COUNCIL

Employer identification number

36-2862206

Part I General Information on Grants and Assistance

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

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

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
(1) UNIVERSITY OF VERMONT & STATE 85 S PROSPECT #222 BURLINGTON, VT 05405	03-0179440	STATE OF VT	136,410.				EDUCATIONAL
(2) UNIVERSITY OF WISCONSIN EXTENSION 432 N LAKE ST #104 MADISON, WI 53706	39-1805963	STATE OF WI	206,613.				EDUCATIONAL
(3) UNIVERSITY OF WYOMING 1000 E UNIV AVE #3314 LARAMIE, WY 82071	83-6000331	STATE OF WY	99,485.				EDUCATIONAL
(4) UTAH STATE UNIVERSITY 5049 OLD MAIN HL LOGAN, UT 84322	87-6000528	STATE OF UT	298,253.				EDUCATIONAL
(5) VIRGINIA POLYTECHNIC INSTITUTE & STATE UNIV 1880 PRATT DR #2006 BLACKSBURG, VA 24060	54-6001805	STATE OF VA	655,053.				EDUCATIONAL
(6) WASHINGTON STATE 4-H FOUNDATION 7612 PIONEER WAY E PUYALLUP, WA 98371-4998	91-6055395	STATE OF WA	552,947.				EDUCATIONAL
(7) WEST VIRGINIA STATE UNIVERSITY PO BOX 1000 INSTITUTE, WV 25112-1000	55-0708567	STATE OF WV	55,297.				EDUCATIONAL
(8) WEST VIRGINIA UNIVERSITY FOUNDATION 1 WATERFRONT PL 7TH MORGANTOWN, WV 26507	55-6017181	501(C)(3)	111,045.				EDUCATIONAL
(9) WEST VIRGINIA UNIVERSITY RESEARCH 886 CHESTNUT RG RD MORGANTOWN, WV 26506	55-0665758	STATE OF WV	285,590.				EDUCATIONAL
(10) WASHINGTON STATE UNIVERSITY 14204 SALMON CREEK AV VANCOUVER, WA 98686	91-1075542	STATE OF WA	179,089.				EDUCATIONAL
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 82.

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

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

Schedule I (Form 990) (2015)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

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

PART I, LINE 2: DESCRIPTION OF PROCEDURE FOR MONITORING USE OF FUNDS

FOR GRANTEES SUPPORTED THROUGH CORPORATE, FOUNDATION, AND GOVERNMENT

DOLLAR, THE PROCEDURES FOR MONITORING USE OF GRANT FUNDS ARE ESTABLISHED

ON A PER-GRANT BASIS.

APPLICATIONS ARE ACCEPTED THROUGH AN ONLINE GRANT MANAGEMENT SYSTEM AND

REVIEWED BY INTERNAL AND EXTERNAL STAKEHOLDERS. ONCE GRANTEES ARE

SELECTED, THEY ARE ASSIGNED AN ACCOUNT MANAGER, WHO MONITORS THE GRANT

ACTIVITIES THROUGHOUT THE LIFE OF THE GRANT.

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

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

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

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

AGAINST APPROVED BUDGET LINES.

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

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

NATIONAL 4-H COUNCIL

Compensation Information

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

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

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

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Employer identification number

36-2862206

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|---|
| <input checked="" type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input checked="" type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

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

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

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

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

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

- a** The organization?
 - b** Any related organization?
- If "Yes" to line 5a or 5b, describe in Part III.

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

- a** The organization?
 - b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described on lines 5 and 6? If "Yes," describe in Part III.

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.

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

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

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

Schedule J (Form 990) 2015

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 JENNIFER SIRANGELO CEO & PRESIDENT	(i)	444,761.	0.	841.	54,185.	22,982.	522,769.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 JANE ANGELICH VP, ECOMMERCE	(i)	181,805.	0.	3,298.	17,713.	21,945.	224,761.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3 JILL BRAMBLE SVP, CHIEF DEVELOPMENT OFFICER	(i)	265,748.	0.	655.	14,017.	11,760.	292,180.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
4 ANDREW FERRIN SVP, CHIEF STRATEGY OFFICER	(i)	256,408.	0.	1,433.	28,663.	29,333.	315,837.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
5 ROBERT JUBA VP, BUSINESS TECHNOLOGY	(i)	154,943.	0.	1,811.	30,502.	15,072.	202,328.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
6 PAUL J. KOEHLER SVP, GENERAL MANAGER	(i)	231,656.	0.	2,814.	36,487.	24,506.	295,463.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
7 JOSEPH P. ROCHE SVP, CHIEF FINANCIAL OFFICER	(i)	260,814.	0.	1,290.	17,322.	29,588.	309,014.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
8 ARTIS STEVENS SVP, CHIEF MARKETING OFFICER	(i)	230,922.	0.	561.	26,485.	28,820.	286,788.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
9 DON MOHANLAL SVP, INNOVATION & IMPACT	(i)	235,543.	0.	6,463.	23,837.	14,596.	280,439.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
10 KATE CASKIN SR. DIR, FIELD & COUNCIL COMM	(i)	155,845.	0.	1,003.	18,709.	27,983.	203,540.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
11 HEATHER ELLIOTT VP, DEVELOPMENT	(i)	165,946.	0.	344.	23,762.	22,726.	212,778.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
12 DONALD T. FLOYD, JR. FORMER CEO	(i)	150,526.	0.	5,159.	51,538.	27,384.	234,607.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
13 CRAIG SHUBA CONTROLLER	(i)	179,499.	0.	1,115.	16,750.	9,273.	206,637.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
14 JENNIFER MCIVER VP, FIELD MKTG & PARTNERSHIPS	(i)	145,705.	0.	453.	24,462.	28,389.	199,009.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 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.

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 \$18,000 WERE MADE TO BOTH PLANS BY NATIONAL 4-H COUNCIL FOR THE YEAR ENDED DECEMBER 31, 2015. 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

2015

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.

▶ 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), section 501(c)(4), and 501(c)(29) organizations only).

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

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
			(1)									
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
Total ▶						\$						

Part III Grants or Assistance Benefiting Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) BAKER & HOSTETLER LLP	BUSINESS	310,231.	SEE PART V		X
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

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: BAKER & HOSTETLER LLP

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: BUSINESS (C)

AMOUNT OF TRANSACTION: \$310,231

(D) DESCRIPTION OF TRANSACTION: LEGAL SERVICES - EDWARD J. BECKWITH, WHO IS AN OFFICER OF NATIONAL 4-H COUNCIL, ALSO WORKS AT THE LAW FIRM OF BAKER & HOSTETLER LLP, AN INDEPENDENT CONTRACTOR, WHICH PROVIDES A FULL RANGE OF LEGAL SERVICES FOR THE ORGANIZATION. ALL FEES ARE REVIEWED AND APPROVED BY THE CEO AND CFO 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 O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2015

**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:

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, AGRICULTURE,
HEALTHY LIVING AND CITIZENSHIP.

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 JENNIFER L. SIRANGELO
INCLUDES THE FOLLOWING:

-COMPENSATION SURVEY AND STUDY

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

- INDEPENDENT COMPENSATION CONSULTANT
- REVIEW OF FORM 990 FOR OTHER ORGANIZATIONS
- APPROVAL BY THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES

THE PROCESS FOR DETERMINING THE COMPENSATION OF THE SENIOR LEADERSHIP

TEAM INCLUDES THE FOLLOWING:

- COMPENSATION SURVEY AND STUDY
- INDEPENDENT COMPENSATION CONSULTANT
- REVIEW OF FORM 990 FOR OTHER ORGANIZATIONS

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

GOVERNING DOCUMENTS: UPON REQUEST

CONFLICT OF INTEREST POLICY: UPON REQUEST

FINANCIAL STATEMENTS: ANNUAL REPORT IS AVAILABLE ON A PUBLIC WEBSITE AND
BY REQUEST.

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

PENSION RELATED CHANGES OTHER

THAN NET PERIOD PENSION COSTS	(2,698,934)
POSTRETIREMENT MEDICAL COSTS	(418,716)
NAMED FUND SPENDING	(56,821)
TOTAL TO FORM 990, PART XI, LINE 9	(3,174,471)

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.

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

THE ORGANIZATION IS AUDITED AS PART OF CONSOLIDATED FINANCIAL STATEMENTS.

IT DOES NOT RECEIVE SEPARATE AUDITED FINANCIAL STATEMENTS.

ATTACHMENT 1

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

EDUCATIONAL PROGRAMS: NATIONAL 4-H COUNCIL PLAYS AN ESSENTIAL ROLE IN SUPPORTING 4-H AS PART OF A UNIQUE AND INNOVATIVE PARTNERSHIP WITH AMERICA'S COOPERATIVE EXTENSION SYSTEM AND THE NATIONAL INSTITUTE OF FOOD AND AGRICULTURE WITHIN THE UNITED STATES DEPARTMENT OF AGRICULTURE.

AS THE NATION'S LARGEST YOUTH DEVELOPMENT ORGANIZATION, 4-H BELIEVES IN THE POWER OF YOUNG PEOPLE. WE RECOGNIZE THAT EVERY CHILD HAS VALUABLE STRENGTHS AND CAN HAVE REAL POTENTIAL TO IMPROVE THE WORLD. 4-H PROVIDES THE KINDS OF EXPERIENCES THAT EMPOWER YOUNG PEOPLE WITH THE SKILLS TO LEAD FOR A LIFETIME.

THE RESEARCH-BASED 4-H EXPERIENCE INCLUDES A CARING ADULT RELATIONSHIP; A HANDS-ON, SKILL-BUILDING PROJECT; AND A PROACTIVE LEADERSHIP ROLE. THIS IS THE 4-H POSITIVE YOUTH DEVELOPMENT APPROACH THAT IS PROVEN TO GROW LIFE SKILLS.

4-H REACHES NEARLY SIX MILLION YOUNG PEOPLE THROUGH COOPERATIVE EXTENSION - A COMMUNITY OF 110 PUBLIC UNIVERSITIES AND MORE THAN 3,000 LOCAL OFFICES. PROGRAMS ARE DELIVERED BY MORE THAN 3,500 TRAINED 4-H PROFESSIONALS AND MORE THAN 600,000 VOLUNTEERS WHO SERVE EVERY COUNTY AND PARISH IN THE COUNTRY. YOUNG PEOPLE

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

ATTACHMENT 1 (CONT'D)

EXPERIENCE 4-H THROUGH SCHOOL AND COMMUNITY CLUBS, IN-SCHOOL ENRICHMENT PROGRAMS, 4-H CAMPS AND AFTERSCHOOL PROGRAMS. INDEPENDENT RESEARCH PROVES THE UNPARALLELED IMPACT OF THE 4-H EXPERIENCE. 4-H'ERS ARE: FOUR TIMES MORE LIKELY THAN PEERS TO TAKE ACTION IN THEIR COMMUNITIES; TWO TIMES MORE LIKELY TO MAKE HEALTHY CHOICES; TWO TIMES MORE LIKELY THAN PEERS TO PURSUE SCIENCE, TECHNOLOGY, ENGINEERING AND MATH (STEM) OPPORTUNITIES OUTSIDE OF SCHOOL.

NATIONAL 4-H COUNCIL'S ROLE IN GROWING 4-H AND YOUTH IMPACT INCLUDES A SIGNIFICANT FOCUS ON FUNDRAISING AND MARKETING INITIATIVES. COUNCIL SUCCESS/HIGHLIGHTS FOR FISCAL YEAR 2016 (JULY 1, 2015 - JUNE 30, 2016) INCLUDED THE FOLLOWING PROGRAMS/EVENTS:

- 4-H BRAND/ALUMNI ACTIVATION: LAUNCHED THE GROW TRUE LEADERS CAMPAIGN; A MULTI-MEDIA ENGAGEMENT CAMPAIGN TO BUILD THE BRAND, ENGAGE 4-H ALUMNI TO SUPPORT AND GROW 4-H
- WORLD'S LARGEST YOUTH-LED ENGINEERING DESIGN CHALLENGE, 4-H NATIONAL YOUTH SCIENCE DAY: MOTION COMMOTION
- 4-H NATIONAL MENTORING PROGRAM: REACHED/EMPOWERED AT-RISK YOUTH IN 40 STATES WITH SUPPORT FROM 44 LAND-GRANT UNIVERSITIES
- 7TH ANNUAL LEGACY AWARDS: LARGEST FUNDRAISING EVENT FEATURED 4-H YOUTH IMPACT AND ALUMNI ACHIEVEMENT
- PROGRAM DEVELOPMENT IN THE MISSION AREAS OF SCIENCE, HEALTHY LIVING AND AGRICULTURE IN PARTNERSHIP WITH PRIVATE PARTNERS: 4-H FOOD SMART FAMILIES, YOUTH VOICE: YOUTH CHOICE, AND THE 4-H AG

Name of the organization NATIONAL 4-H COUNCIL	Employer identification number 36-2862206
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ATTACHMENT 1 (CONT'D)

INNOVATORS EXPERIENCE

- STRATEGIC PARTNERSHIP: UNITED STATES HISPANIC CHAMBER OF COMMERCE AND THE HISPANIC ADVISORY COMMITTEE.

ATTACHMENT 2

FORM 990, PART III - PROGRAM SERVICE, LINE 4B

NATIONAL 4-H CENTER: THE CENTER IS ONE OF THE LARGEST NONACADEMIC YOUTH EDUCATION AND CONFERENCE FACILITIES IN THE UNITED STATES AND CONTINUES TO BE THE NATIONAL HOME FOR 4-H IN THE UNITED STATES AS WELL AS A BEACON OF INDEPENDENT INTERNATIONAL COOPERATION FOR INDEPENDENT 4-H COUNTRY-LED PROGRAMS AROUND THE WORLD. THE CENTER HOSTS ANNUAL 4-H CONFERENCES AND YEAR-ROUND TRAINING PROGRAMS FOR STET, VOLUNTEER LEADERS STET AND PROFESSIONAL STAFF.

NATIONAL 4-H CONFERENCE CENTER HOSTS MORE THAN 30,000 YOUTH EACH YEAR ON ITS 12-ACRE WASHINGTON, DC METRO CAMPUS WHILE THEY LEARN ABOUT OUR DEMOCRACY, 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 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.

Name of the organization NATIONAL 4-H COUNCIL	Employer identification number 36-2862206
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ATTACHMENT 3

FORM 990, PART VI, LINE 17 - STATES

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,

ATTACHMENT 4

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
FIRST PIC, INC. 2614 CHAPEL LAKE DRIVE GAMBRILLS, MD 21054	CONSULTING	652,623.
CALIBRE CPA GROUP, PLLC 7501 WISCONSIN AVENUE, SUITE 1200 WEST BETHESDA, MD 20814	ACCOUNTING CONSULT.	481,368.
EUREST DINING SERVICES PO BOX 417632 BOSTON, MA 02241	FOOD SERVICE	334,150.
SECURITAS SECURITY SERVICES USA P.O. BOX 403412 ATLANTA, GA 30384	SECURITY SERVICES	199,769.
GOLIN/HARRIS INTERNATIONAL 733 10TH ST NW, SUITE 900 WASHINGTON, DC 20001	MARKETING/PR SERVICE	166,396.

ATTACHMENT 5

FORM 990, PART VIII - EXCLUDED CONTRIBUTIONS

<u>DESCRIPTION</u>	<u>AMOUNT</u>
LEGACY AWARDS GALA	673,618.
TOTAL	<u>673,618.</u>

Name of the organization NATIONAL 4-H COUNCIL	Employer identification number 36-2862206
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ATTACHMENT 6

FORM 990, PART VIII - FUNDRAISING EVENTS

<u>DESCRIPTION</u>	<u>GROSS INCOME</u>	<u>DIRECT EXPENSES</u>	<u>NET INCOME</u>
LEGACY AWARDS GALA	25,300.	265,288.	-239,988.
TOTALS	<u>25,300.</u>	<u>265,288.</u>	<u>-239,988.</u>

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

▶ **Attach to Form 990.**

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) NATIONAL 4-H ACTIVITIES FOUNDATION 7100 CONNECTICUT AVE CHEVY CHASE, MD 20815 52-2292245	SEE PART VII	OH	501(C)(3)	11A	THE COUNCIL	X	
(2) GLOBAL CLOVER NETWORK, INC. 7100 CONNECTICUT AVE CHEVY CHASE, MD 20815 52-2292242	SEE PART VII	OH	501(C)(3)	11A	THE COUNCIL	X	
(3) NATIONAL 4-H CONGRESS FOUNDATION 7100 CONNECTICUT AVE CHEVY CHASE, MD 20815 45-2572008	SEE PART VII	OH	501(C)(3)	11A	THE COUNCIL	X	
(4)							
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2015

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

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.

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

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

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

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Part VII Supplemental Information

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

SCHEDULE R, PART II:

COLUMN (B) PRIMARY ACTIVITY:

1. NATIONAL 4-H ACTIVITIES FOUNDATION

PRIMARY ACTIVITY: ACCOUNTING AND ADMINISTRATIVE NEEDS OF NATIONALLY
OPERATED 4-H INITIATIVES

2. GLOBAL CLOVER NETWORK, INC.

SUPPORTS INTERNATIONAL COOPERATION WITH THE GLOBAL 4-H NETWORK

3. NATIONAL 4-H CONGRESS FOUNDATION

OPERATES AND PROVIDES ASSISTANCE WITH THE NATIONAL 4-H CONGRESS

Application for Extension of Time To File an Exempt Organization Return

► **File a separate application for each return.**
► Information about Form 8868 and its instructions is at www.irs.gov/form8868.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

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

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

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

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

Enter filer's identifying number, see instructions

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

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

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

JOSEPH ROCHE

- The books are in the care of ► 7100 CONNECTICUT AVENUE CHEVY CHASE, MD 20815

Telephone No. ► 301 961-2800 FAX No. ►

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 02/15, 2017, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► calendar year 20____ or

► tax year beginning 07/01, 2015, and ending 06/30, 2016.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a \$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b \$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c \$	0.

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

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

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box **X**.
- Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Enter filer's identifying number, see instructions

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

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

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

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

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

4 I request an additional 3-month extension of time until 05/15, 20 17 .

5 For calendar year _____, or other tax year beginning 07/01, 20 15, and ending 06/30, 20 16 .

6 If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

7 State in detail why you need the extension DUE TO THE COMPLEXITY OF THE RETURN, ADDITIONAL TIME IS NECESSARY TO COMPILE THE INFORMATION NEEDED FOR A COMPLETE AND ACCURATE RETURN.

8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a \$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b \$	0.
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c \$	0.

Signature and Verification must be completed for Part II only.

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

Signature *Joyce Underwood* Title CPA Date 02/10/2017

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

For calendar year 2015 or other tax year beginning 07/01, 2015, and ending 06/30, 2016

2015

Department of the Treasury Internal Revenue Service

Information about Form 990-T and its instructions is available at www.irs.gov/form990t. Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

Form 990-T header section including: A Check box if address changed; B Exempt under section 501(c)(3); C Book value of all assets at end of year; D Employer identification number; E Unrelated business activity codes; F Group exemption number; G Check organization type.

Form 990-T middle section including: H Describe the organization's primary unrelated business activity; I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?; J The books are in care of; Telephone number.

Table for Part I: Unrelated Trade or Business Income. Columns: (A) Income, (B) Expenses, (C) Net. Rows 1a-13 including Gross receipts or sales, Less returns and allowances, Cost of goods sold, etc.

Table for Part II: Deductions Not Taken Elsewhere. Columns: (A) Income, (B) Expenses, (C) Net. Rows 14-34 including Compensation of officers, directors, and trustees, Salaries and wages, Repairs and maintenance, etc.

Part III Tax Computation

Table with 3 columns: Description, Line Number, Amount. Includes rows for Organizations Taxable as Corporations (35), Trusts Taxable at Trust Rates (36), Proxy tax (37), Alternative minimum tax (38), and Total (39).

Part IV Tax and Payments

Table with 3 columns: Description, Line Number, Amount. Includes rows for Foreign tax credit (40a-d), Total credits (40e), Subtract line 40e (41), Other taxes (42), Total tax (43), Payments (44a-f), Total payments (45), Estimated tax penalty (46), Tax due (47), Overpayment (48), and Refunded (49).

Part V Statements Regarding Certain Activities and Other Information (see instructions)

Table with 3 columns: Question, Yes, No. Includes questions about foreign interest, foreign trusts, and tax-exempt interest.

Schedule A - Cost of Goods Sold. Enter method of inventory valuation

Table with 3 columns: Description, Line Number, Amount. Includes rows for Inventory at beginning/end of year (1, 6), Purchases (2), Cost of labor (3), Additional section 263A costs (4a, 4b), and Total (5, 7).

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.

Signature of officer: Signature, Date, Title (PRESIDENT AND CEO). Includes a box for 'May the IRS discuss this return with the preparer shown below'.

Paid Preparer Use Only: Print/Type preparer's name (JOYCE UNDERWOOD), Preparer's signature, Date (5/12/17), Firm's name (BDO USA, LLP), Firm's EIN (13-5381590), Firm's address (8401 GREENSBORO DRIVE, SUITE 800, MCLEAN, VA 22102), Phone no. (703-893-0600).

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

1. Description of property

Table with 1 column for description of property, rows (1) through (4).

2. Rent received or accrued

Table with 3 columns: (a) From personal property, (b) From real and personal property, and 3(a) Deductions directly connected with the income. Rows (1) through (4) and a Total row.

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A).

(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B).

Schedule E - Unrelated Debt-Financed Income (see instructions)

Table with 5 columns: 1. Description of debt-financed property, 2. Gross income from or allocable to debt-financed property, 3. Deductions directly connected with or allocable to debt-financed property (a) Straight line depreciation, (b) Other deductions, 4. Amount of average acquisition debt, 5. Average adjusted basis, 6. Column 4 divided by column 5, 7. Gross income reportable, 8. Allocable deductions. Includes a Totals row and instructions for entering values on page 1.

Total dividends-received deductions included in column 8

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

Table for Exempt Controlled Organizations with 6 columns: 1. Name of controlled organization, 2. Employer identification number, 3. Net unrelated income (loss), 4. Total of specified payments made, 5. Part of column 4 that is included in the controlling organization's gross income, 6. Deductions directly connected with income in column 5. Rows (1) through (4).

Nonexempt Controlled Organizations

Table for Nonexempt Controlled Organizations with 5 columns: 7. Taxable Income, 8. Net unrelated income (loss), 9. Total of specified payments made, 10. Part of column 9 that is included in the controlling organization's gross income, 11. Deductions directly connected with income in column 10. Includes instructions for adding columns 5 and 10, and 6 and 11.

Totals

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

Table with 5 columns: 1. Description of income, 2. Amount of income, 3. Deductions directly connected, 4. Set-asides, 5. Total deductions and set-asides. Includes a Totals row.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

Table with 7 columns: 1. Description of exploited activity, 2. Gross unrelated business income, 3. Expenses directly connected, 4. Net income (loss), 5. Gross income from activity, 6. Expenses attributable, 7. Excess exempt expenses. Includes a Totals row.

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

Table with 7 columns: 1. Name of periodical, 2. Gross advertising income, 3. Direct advertising costs, 4. Advertising gain or (loss), 5. Circulation income, 6. Readership costs, 7. Excess readership costs. Includes a Totals row.

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

Table with 7 columns: 1. Name of periodical, 2. Gross advertising income, 3. Direct advertising costs, 4. Advertising gain or (loss), 5. Circulation income, 6. Readership costs, 7. Excess readership costs. Includes a Totals row.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

Table with 4 columns: 1. Name, 2. Title, 3. Percent of time devoted to business, 4. Compensation attributable to unrelated business. Includes a Total row.

ATTACHMENT 1FORM 990T - PART II - LINE 28 - TOTAL OTHER DEDUCTIONS

CONTRACTED SERVICES	11,706.
CULTURAL EVENTS	6,313.
CUSTODIAL SERVICES	10,293.
DUES & SUBSCRIPTIONS	2.
EMPLOYEE RELATIONS	76.
EMPLOYEE TRAINING	734.
BANK AND CREDIT CARD FEES	3,556.
FEES AND OTHER	481.
MANAGEMENT FEES	10,789.
LOCAL TRANSPORTATION	5,327.
EDUCATIONAL PROGRAM FEES	1,459.
PROMOTIONAL EXPENSES	7,421.
HOUSEKEEPING EXPENSE	1,095.
UNIFORMS AND OTHERS	174.
OVERTIME	1,481.
OTHER EMPLOYEES' BENEFITS	105.
STAFF TRAVEL	115.
MATERIALS AND SUPPLIES	3,962.
PRINTING AND DUPLICATING	410.
POSTAGE AND BULK	135.
TELEPHONE	764.
UTILITIES	21,315.
INDIRECT EXPENSE	63,370.
GENERAL INSURANCE	3,176.
REPAIRS AND MAINTENANCE	1,898.
GROUNDS AND LANDSCAPING	780.
PROVISION FOR DOUBTFUL ACCOUNTS	139.
INTERNATIONAL T/F EXPENSE REDUCTION	-4,056.
REGISTRATION FEES	1.
RESOURCE TRAVEL	21.
MEETINGS & SEMINARS	12.
TEMPORARY HELP	3,114.
FRINGE BENEFITS	20,789.
HEALTH INSURANCE	2.
 PART II - LINE 28 - OTHER DEDUCTIONS	 <u>176,959.</u>

Application for Extension of Time To File an Exempt Organization Return

► **File a separate application for each return.**
► Information about Form 8868 and its instructions is at www.irs.gov/form8868.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

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

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

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

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

Enter filer's identifying number, see instructions

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

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

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

JOSEPH ROCHE

- The books are in the care of ► 7100 CONNECTICUT AVENUE CHEVY CHASE, MD 20815

Telephone No. ► 301 961-2800 FAX No. ►

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 05/15, 2017, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► calendar year 20__ or

► tax year beginning 07/01, 2015, and ending 06/30, 2016.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a \$	2,500.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b \$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c \$	2,500.

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

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