

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ 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.

OMB No. 1545-0047

2018

Open to Public Inspection

A For the 2018 calendar year, or tax year beginning 03/01, 2018, and ending 02/28, 2019

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization NATIONAL 4-H COUNCIL		D Employer identification number 36-2862206
	Doing Business As		E Telephone number (301) 961-2800
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 7100 CONNECTICUT AVENUE		G Gross receipts \$ 46,415,309.
	City or town, state or province, country, and ZIP or foreign postal code CHEVY CHASE, MD 20815		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)
	F Name and address of principal officer: SAME AS "C" ABOVE JENNIFER L SIRANGELO		H(c) Group exemption number ▶
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		M State of legal domicile: OH	
J Website: ▶ WWW.4-H.ORG		L Year of formation: 1976	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>TO INCREASE INVESTMENT AND PARTICIPATION IN HIGH QUALITY 4-H POSITIVE YOUTH DEVELOPMENT.</u>	
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3 Number of voting members of the governing body (Part VI, line 1a)	3 20.
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4 20.
	5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5 186.
	6 Total number of volunteers (estimate if necessary)	6 70.
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a 526,636.
b Net unrelated business taxable income from Form 990-T, line 34	7b 39,404.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 26,811,383. Current Year 27,952,809.
	9 Program service revenue (Part VIII, line 2g)	5,765,502. 12,243,543.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	971,196. 1,276,114.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,366,853. 1,761,370.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	34,914,934. 43,233,836.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	8,361,454. 11,073,253.
	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)	9,969,510. 15,925,349.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0. 0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 2,307,626.	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	7,851,928. 13,362,852.	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	26,182,892. 40,361,454.	
19 Revenue less expenses. Subtract line 18 from line 12	8,732,042. 2,872,382.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 48,728,219. End of Year 48,663,918.
	21 Total liabilities (Part X, line 26)	18,379,559. 16,423,934.
	22 Net assets or fund balances. Subtract line 21 from line 20.	30,348,660. 32,239,984.

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	<i>Jennifer L Sirangelo</i> Signature of officer	01/13/2020 Date
	JENNIFER L SIRANGELO Type or print name and title	PRESIDENT & CEO

Paid Preparer Use Only	Print/Type preparer's name JOYCE UNDERWOOD	Preparer's signature <i>Joyce Underwood</i>	Date 1/9/2020	Check <input type="checkbox"/> if self-employed	PTIN P00022361
	Firm's name ▶ BDO USA, LLP	Firm's EIN ▶ 13-5381590		Phone no. 703-893-0600	
	Firm's address ▶ 8401 GREENSBORO DRIVE, #800 MCLEAN, VA 22102				

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** (2018)

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
ATTACHMENT 1

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 \$ 23,619,101. including grants of \$ 11,073,523.) (Revenue \$ 973,551.)
ATTACHMENT 2

4b (Code:) (Expenses \$ 7,806,664. including grants of \$) (Revenue \$ 11,269,992.)
ATTACHMENT 3

4c (Code:) (Expenses \$ 2,363,410. including grants of \$) (Revenue \$ 1,946,861.)

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 SHOP4-H.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 \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶ 33,789,175.

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 covering various organizational requirements and schedules.

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 3 columns: Question, Yes, No. Rows 1a, 1b, 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee reporting, tax returns, business income, foreign accounts, prohibited 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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed ► ATTACHMENT 4
- 18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 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 AVE 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 OF BOARD OF TRUSTEES	4.00 0.	X	X				0.	0.	0.	
(2)KRYSTA HARDEN VC, BRD OF TRUSTEES (AS 06/18)	2.00 0.	X	X				0.	0.	0.	
(3)JENNIFER M. WHITLOW VC THRU 6/18 TRSTEE AS OF 6/18	2.00 0.	X	X				0.	0.	0.	
(4)EDWARD BECKWITH SECRETARY (THRU 06/18)	2.00 0.	X	X				0.	0.	0.	
(5)JANIS PENMAN SECRETARY (AS OF 06/18)	2.00 0.	X	X				0.	0.	0.	
(6)KEN HICKS TREASURER	2.00 0.	X	X				0.	0.	0.	
(7)JULIETTE BELL TRUSTEE	2.00 0.	X					0.	0.	0.	
(8)MARTHA BERNADETT TRUSTEE	2.00 0.	X					0.	0.	0.	
(9)MARK BERVEN TRUSTEE	2.00 0.	X					0.	0.	0.	
(10)JAMES C. BOREL TRUSTEE	2.00 0.	X					0.	0.	0.	
(11)DAVID CRUZ TRUSTEE	2.00 0.	X					0.	0.	0.	
(12)DAVID L. EPSTEIN TRUSTEE	2.00 0.	X					0.	0.	0.	
(13)E. GORDON GEE TRUSTEE	2.00 0.	X					0.	0.	0.	
(14)EDWIN JONES TRUSTEE	2.00 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) ALISON E. LEWIS TRUSTEE	2.00 0.	X					0.	0.	0.	
(16) SERGIO MARTINEZ-BELTRAN TRUSTEE (THRU 12/18)	2.00 0.	X					0.	0.	0.	
(17) MARK MARTINO TRUSTEE	2.00 0.	X					0.	0.	0.	
(18) MICHELLE MUNSON TRUSTEE	2.00 0.	X					0.	0.	0.	
(19) AUSTIN PITTMAN TRUSTEE	2.00 0.	X					0.	0.	0.	
(20) MAGGIE SANS TRUSTEE	2.00 0.	X					0.	0.	0.	
(21) MARY SNAPP TRUSTEE	2.00 0.	X					0.	0.	0.	
(22) KIP TOM TRUSTEE	2.00 0.	X					0.	0.	0.	
(23) GABRIELA VALENTIN TRUSTEE (AS OF 12/18)	2.00 0.	X					0.	0.	0.	
(24) JENNIFER SIRANGELO CEO	55.00 0.			X			436,425.	0.	76,407.	
(25) JANE ANGELICH SVP, CHIEF INNOVATION OFFICER	40.00 0.				X		269,607.	0.	51,287.	
1b Sub-total							0.	0.	0.	
c Total from continuation sheets to Part VII, Section A							2,956,933.	0.	486,065.	
d Total (add lines 1b and 1c)							2,956,933.	0.	486,065.	

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 **31**

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. 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 5		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **18**

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) JILL BRAMBLE SVP, CHIEF DEVELOPMENT OFFICER	40.00 0.				X		263,764.	0.	47,668.	
(27) ANDREW FERRIN SVP, CHIEF STRATEGY OFFICER	40.00 0.				X		259,188.	0.	62,411.	
(28) CHRISTA PRIESING VP AND HOTEL MANAGER	40.00 0.				X		170,400.	0.	34,834.	
(29) JOSEPH P. ROCHE SVP, CHIEF FINANCIAL OFFICER	40.00 0.				X		280,544.	0.	34,569.	
(30) ARTIS STEVENS SVP, CHIEF MARKETING OFFICER	40.00 0.				X		260,078.	0.	54,872.	
(31) KATHLEEN CASKIN SR DIR, FIELD & COUNCIL COMMS	40.00 0.					X	161,329.	0.	52,541.	
(32) HEATHER ELLIOTT VP, DEVELOPMENT	40.00 0.				X		175,003.	0.	47,978.	
(33) DANELLE SABATHIER VP, DIGITAL STRATEGY	40.00 0.				X		167,017.	0.	6,193.	
(34) CRAIG SHUBA CONTROLLER	40.00 0.				X		202,637.	0.	10,388.	
(35) REBECCA KELLEY DEVELOPMENT DIR, FDN GIVING	40.00 0.				X		152,168.	0.	6,780.	
(36) PAUL J. KOEHLER SVP, GENERAL MANAGER	40.00 0.					X	158,773.	0.	137.	
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 **31**

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

Section B. Independent Contractors

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

		(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 25,029.			
	b Membership dues	1b			
	c Fundraising events	1c 1,043,494.			
	d Related organizations	1d			
	e Government grants (contributions)	1e 3,456,960.			
	f All other contributions, gifts, grants, and similar amounts not included above	1f 23,427,326.			
	g Noncash contributions included in lines 1a-1f: \$	224,432.			
	h Total. Add lines 1a-1f	▶	27,952,809.		
Program Service Revenue	Business Code				
	2a NATIONAL 4-H YOUTH CONFERENCE CENTER	721000	11,269,992.	10,743,356.	526,636.
	b REGISTRATION FEES	721000	81,686.	81,686.	
	c OTHER PROGRAM SERVICE REVENUE	900099	891,865.	891,865.	
	d				
	e				
	f All other program service revenue				
	g Total. Add lines 2a-2f	▶	12,243,543.		
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts).	▶	1,272,346.		1,272,346.
	4 Income from investment of tax-exempt bond proceeds	▶	0.		
	5 Royalties	▶	0.		
		(i) Real (ii) Personal			
	6a Gross rents				
	b Less: rental expenses				
	c Rental income or (loss)				
	d Net rental income or (loss)	▶	0.		
	7a Gross amount from sales of assets other than inventory	(i) Securities (ii) Other			
		41,000.			
	b Less: cost or other basis and sales expenses		37,232.		
	c Gain or (loss)		3,768.		
	d Net gain or (loss)	▶	3,768.		3,768.
	8a Gross income from fundraising events (not including \$ 1,043,494. of contributions reported on line 1c). See Part IV, line 18	a	50,429.		
	b Less: direct expenses	b	235,920.		
c Net income or (loss) from fundraising events	▶	-185,491.		-185,491.	
9a Gross income from gaming activities. See Part IV, line 19	a	0.			
b Less: direct expenses	b	0.			
c Net income or (loss) from gaming activities	▶	0.			
10a Gross sales of inventory, less returns and allowances	a	4,855,182.			
b Less: cost of goods sold	b	2,908,321.			
c Net income or (loss) from sales of inventory	▶	1,946,861.	1,946,861.		
Miscellaneous Revenue		Business Code			
11a					
b					
c					
d All other revenue					
e Total. Add lines 11a-11d	▶	0.			
12 Total revenue. See instructions	▶	43,233,836.	13,663,768.	526,636.	1,090,623.

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	11,073,253.	11,073,253.		
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	2,301,955.	1,614,984.	414,804.	272,167.
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	10,519,739.	7,587,915.	1,648,922.	1,282,902.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,031,233.	723,482.	185,825.	121,926.
9 Other employee benefits	1,280,474.	898,343.	230,737.	151,394.
10 Payroll taxes	791,948.	555,608.	142,706.	93,634.
11 Fees for services (non-employees):				
a Management	389,327.	389,301.		26.
b Legal	216,664.	11,931.	204,733.	
c Accounting	560,067.	160,696.	399,371.	
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17.	0.			
f Investment management fees	23,182.		23,182.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) ATCH 6	4,842,046.	4,447,826.	218,714.	175,506.
12 Advertising and promotion	504,825.	483,499.		21,326.
13 Office expenses	1,821,601.	1,509,480.	263,145.	48,976.
14 Information technology	0.			
15 Royalties	106,863.	106,863.		
16 Occupancy	913,454.	883,258.	19,146.	11,050.
17 Travel	1,386,319.	1,140,915.	141,980.	103,424.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	922,218.	808,747.	105,737.	7,734.
20 Interest	86,815.		86,815.	
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	1,130,238.	1,045,455.	84,783.	
23 Insurance	180,607.	99,850.	80,757.	
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 BANK & CREDIT CARD FEES	220,499.	215,542.	1,603.	3,354.
b EMPLOYEE TRAINING	40,128.	14,228.	11,693.	14,207.
c PROVISION FOR DOUBTFUL ACCTS	17,999.	17,999.		
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	40,361,454.	33,789,175.	4,264,653.	2,307,626.
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)		(B)	
		Beginning of year		End of year	
Assets	1	Cash - non-interest-bearing	12,553,665.	1	15,904,182.
	2	Savings and temporary cash investments	0.	2	0.
	3	Pledges and grants receivable, net	12,634,669.	3	10,360,949.
	4	Accounts receivable, net	2,664,471.	4	1,806,411.
	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	2,031,296.	8	2,019,951.
	9	Prepaid expenses and deferred charges	133,445.	9	200,717.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	41,398,734.		
			10a		
	b	Less: accumulated depreciation.	34,984,206.	10b	
			6,965,022.	10c	6,414,528.
	11	Investments - publicly traded securities	11,745,651.	11	11,957,180.
	12	Investments - other securities. See Part IV, line 11	0.	12	0.
	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)	48,728,219.	16	48,663,918.	
Liabilities	17	Accounts payable and accrued expenses	3,936,706.	17	4,067,819.
	18	Grants payable	0.	18	0.
	19	Deferred revenue	3,274,177.	19	3,048,637.
	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	3,500,000.	23	2,000,000.
	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	7,668,676.	25	7,307,478.
	26	Total liabilities. Add lines 17 through 25	18,379,559.	26	16,423,934.
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	3,026,477.	27	3,552,100.
	28	Temporarily restricted net assets	27,086,786.	28	28,452,487.
	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	30,348,660.	33	32,239,984.	
34	Total liabilities and net assets/fund balances	48,728,219.	34	48,663,918.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	43,233,836.
2	Total expenses (must equal Part IX, column (A), line 25)	2	40,361,454.
3	Revenue less expenses. Subtract line 2 from line 1	3	2,872,382.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	30,348,660.
5	Net unrealized gains (losses) on investments	5	-1,088,290.
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	107,232.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	32,239,984.

Part XII Financial Statements and Reporting

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

- 1 Accounting method used to prepare the Form 990: Cash Accrual 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:
 Separate basis Consolidated basis Both consolidated and separate basis
- 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:
 Separate basis Consolidated basis Both consolidated and separate basis
- 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.
- 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?
- 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.

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

Form 990 (2018)

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

2018

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 12, 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 agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 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.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - 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 1-10 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						

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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	30,383,609.	27,881,969.	24,236,587.	26,811,383.	27,952,809.	137,266,357.
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.	30,383,609.	27,881,969.	24,236,587.	26,811,383.	27,952,809.	137,266,357.
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).						41,469,068.
6 Public support. Subtract line 5 from line 4						95,797,289.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4.	30,383,609.	27,881,969.	24,236,587.	26,811,383.	27,952,809.	137,266,357.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	328,947.	582,523.	729,045.	973,508.	1,272,346.	3,886,369.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	915.	13,121.	51,580.	0.	0.	65,616.
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						141,218,342.
12 Gross receipts from related activities, etc. (see instructions)					12	73,512,832.
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 2018 (line 6, column (f) divided by line 11, column (f)).	14	67.84 %
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	97.47 %
16a 33 1/3% support test - 2018. 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 - 2017. 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 - 2018. 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 - 2017. 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 10 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 2018 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2018. 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 - 2017. 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 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d 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? 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.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
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)? If "Yes," describe in Part VI when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.		
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)? 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.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? 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).		
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? If "Yes," provide detail in Part VI .		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
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))? If "Yes," provide detail in Part VI .		
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? If "Yes," provide detail in Part VI .		
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? If "Yes," provide detail in Part VI .		
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)? If "Yes," answer 10b below.		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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? Row 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?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year. Sub-rows a, b, c. Row 2: Activities Test. Answer (a) and (b) below. Sub-rows 2a, 2b. Row 3: Parent of Supported Organizations. Answer (a) and (b) below. Sub-rows 3a, 3b.

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 (explain in Part VI). 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	<input type="checkbox"/> 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 2018 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-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required - explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Schedule of Contributors

2018

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

Name of the organization
NATIONAL 4-H COUNCIL

Employer identification number
36-2862206

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, 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 (entering "N/A" in column (b) instead of the contributor name and address), 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. Don't 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 isn't covered by the General Rule and/or the Special Rules doesn't 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 doesn't 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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	 <hr/> <hr/> <hr/>	\$ <u>6,315,400.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	 <hr/> <hr/> <hr/>	\$ <u>3,612,783.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	 <hr/> <hr/> <hr/>	\$ <u>3,419,115.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	 <hr/> <hr/> <hr/>	\$ <u>2,999,350.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	 <hr/> <hr/> <hr/>	\$ <u>1,775,100.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	 <hr/> <hr/> <hr/>	\$ <u>1,624,561.</u>	Person <input checked="" 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 I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 1,500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ 1,250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9		\$ 733,100.	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.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **NATIONAL 4-H COUNCIL**

Employer identification number

36-2862206

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

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

Name of organization NATIONAL 4-H COUNCIL

Employer identification number

36-2862206

Part III Exclusively religious, charitable, etc., 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	
_____		_____	
_____		_____	
_____		_____	
_____	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
_____		_____	
_____	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
_____		_____	
_____	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
_____		_____	

SCHEDULE D (Form 990)

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.

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization NATIONAL 4-H COUNCIL

Employer identification number 36-2862206

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

Complete if the organization answered "Yes" 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: 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: Revenue, Assets. 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, 1b 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 on 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 on 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) 2018

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?

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?
b If "Yes," explain the arrangement in Part XIII and complete the following table:
Table with columns: Amount, 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?
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.

Table with 5 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows include: 1a Beginning of year balance, b Contributions, c Net investment earnings, gains, and losses, d Grants or scholarships, e Other expenditures for facilities and programs, f Administrative expenses, g End of year balance.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
a Board designated or quasi-endowment 71.4000 %
b Permanent endowment 3.1100 %
c Temporarily restricted endowment 25.4900 %
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:
(i) unrelated organizations
(ii) related organizations
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

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

Part VI Land, Buildings, and Equipment.

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

Table with 4 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other, Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

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) UNFUNDED PENSION LIABILITY	3,500,917.
(3) ACCRUED POST RETIREMENT BENEFITS	3,468,529.
(4) AGENCY FUNDS	338,032.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	7,307,478.

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)

SCHEDULE D, PART V, LINE 4:

ENDOWMENT FUNDS ARE INTENDED TO BE USED FOR EDUCATIONAL PROGRAMS.

SCHEDULE D, 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 2016. FOR THE YEARS ENDED FEBRUARY 28, 2019 AND THE EIGHT MONTHS ENDED FEBRUARY 28, 2018, NO INTEREST OR PENALTIES WERE RECORDED OR INCLUDED IN THE CONSOLIDATED STATEMENTS OF ACTIVITIES RELATED TO UNCERTAIN TAX POSITIONS.

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest instructions.

Name of the organization
NATIONAL 4-H COUNCIL

Employer identification number
36-2862206

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

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a Mail solicitations
 - b Internet and email solicitations
 - c Phone solicitations
 - d In-person solicitations
 - e Solicitation of non-government grants
 - f Solicitation of government grants
 - g Special fundraising events
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total							

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

Part II Fundraising Events. Complete if the organization answered "Yes" 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	1,093,923.		1,093,923.
	2	Less: Contributions	1,043,494.		1,043,494.
	3	Gross income (line 1 minus line 2)	50,429.		50,429.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages	84,155.		84,155.
	8	Entertainment	49,718.		49,718.
	9	Other direct expenses	102,047.		102,047.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Subtract line 10 from line 3, column (d)				-185,491.

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	Yes _____ % No _____ %	Yes _____ % No _____ %	Yes _____ % 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

2018

**Open to Public
Inspection**

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

▶ Go to www.irs.gov/Form990 for the latest information.

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

- 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) 4-H FOUNDATION OF NEW HAMPSHIRE MOLLES HOUSE, 180 MAIN ST DURHAM, NH 03824	02-6000937	501(C)(3)	5,592.				EDUCATIONAL
(2) ALABAMA 4-H CLUB FOUNDATION 226 DUNCAN HALL AUBURN UNIVERSITY, AL 36849	63-0457929	501(C)(3)	58,089.				EDUCATIONAL
(3) ALABAMA A & M UNIVERSITY 4900 MERIDIAN, PO BOX 967 NORMAL, AL 35762	63-6001097	STATE OF AL	87,586.				EDUCATIONAL
(4) ALCORN STATE UNIVERSITY 1000 ASU DRIVE, #285 LORMAN, MS 39096	64-0538010	STATE OF MS	116,409.				EDUCATIONAL
(5) BOARD OF REGENTS OF UNIVERSITY OF WISCONSIN 432 N LAKE ST, RM 104 MADISON, WI 53706	39-1805963	STATE OF WI	153,236.				EDUCATIONAL
(6) CALIFORNIA 4-H FOUNDATION P.O. BOX 73673 DAVIS, CA 95617	23-7327765	501(C)(3)	150,429.				EDUCATIONAL
(7) CLEMSON UNIVERSITY 210 BARRE HALL CLEMSON, SC 29634	57-6000254	STATE OF SC	202,407.				EDUCATIONAL
(8) COLORADO 4-H FOUNDATION CAMPUS MAIL 4040 FORT COLLINS, CO 80523	74-2586894	STATE OF CO	19,765.				EDUCATIONAL
(9) COLORADO STATE UNIVERSITY RM 108 JOHNSON HALL FORT COLLINS, CO 80523	23-7098397	STATE OF CO	52,811.				EDUCATIONAL
(10) CORNELL UNIVERSITY 750 CASCADILLA STREET ITHACA, NY 14851	15-0532082	501(C)(3)	205,725.				EDUCATIONAL
(11) CURATORS OF THE UNIVERSITY OF MISSOURI P.O. BOX 807012 KANSAS CITY, MO 64180	43-6003859	STATE OF MO	179,187.				EDUCATIONAL
(12) FLORIDA 4-H FOUNDATION PO BOX 110225, GAINESVILLE, FL 32611	59-1000186	501(C)(3)	60,869.				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) (2018)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2018

**Open to Public
Inspection**

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

▶ Go to www.irs.gov/Form990 for the latest information.

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

- 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) FORT VALLEY STATE UNIVERSITY 1005 STATE UNIV DR, FORT VALLEY, GA 31030	23-7281905	STATE OF GA	114,177.				EDUCATIONAL
(2) GEORGIA 4-H FOUNDATION/UNIVERSITY OF GA 306 HOKE SMITH ANNEX ATHENS, GA 30602	58-0832988	501(C)(3)	351,660.				EDUCATIONAL
(3) INDIANA 4-H FOUNDATION 615 W. STATE ST WEST LAFAYETTE, IN 47907	35-1097611	501(C)(3)	94,432.				EDUCATIONAL
(4) IOWA STATE UNIVERSITY 1138 PEARSON HALL AMES, IA 50011	42-6004224	STATE OF IA	238,556.				EDUCATIONAL
(5) KANSAS 4-H FOUNDATION 116 UMBERGER HALL, MANHATTAN, KS 66506	48-0623884	501(C)(3)	14,071.				EDUCATIONAL
(6) KANSAS STATE UNIVERSITY 201 UMBERGER MANHATTAN, KS 66506	48-0667209	STATE OF KS	80,336.				EDUCATIONAL
(7) KENTUCKY 4-H FOUNDATION 209 SCOVELL HALL LEXINGTON, KY 40506-0064	23-7437297	STATE OF KY	132,410.				EDUCATIONAL
(8) KENTUCKY STATE UNIVERSITY 400 E MAIN ST FRANKFORT, KY 40601	61-1099712	501(C)(3)	90,868.				EDUCATIONAL
(9) LOUISIANA 4-H FOUNDATION INC P.O. BOX 25100 BATON ROUGE, LA 70894	72-1367519	501(C)(3)	37,251.				EDUCATIONAL
(10) LOUISIANA STATE UNIVERSITY 110 LSU UNION SQUARE BATON ROUGE, LA 70803	72-6000848	STATE OF LA	173,070.				EDUCATIONAL
(11) MARYLAND 4-H FOUNDATION 8020 GREENMEAD DRIVE COLLEGE PARK, MD 20740	52-6056016	501(C)(3)	142,953.				EDUCATIONAL
(12) MASSACHUSETTS 4-H FOUNDATION 400 MAIN STREET MALPOLE, MA 02081	04-2303708	501(C)(3)	16,163.				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) (2018)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2018

**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.

▶ Go to www.irs.gov/Form990 for the latest information.

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. Yes No

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) MICHIGAN 4-H FOUNDATION 14901 4H DRIVE TUSTIN, MI 49688	38-1533997	501 (C) (3)	196,847.				EDUCATIONAL
(2) MICHIGAN STATE UNIVERSITY 446 W CIRCLE DR, RM 106 LANSING, MI 48824	38-6005984	STATE OF MI	228,092.				EDUCATIONAL
(3) MINNESOTA 4-H FOUNDATION 9 COFFE HALL SAINT PAUL, MN 55108	41-1408161	501 (C) (3)	9,454.				EDUCATIONAL
(4) MISSISSIPPI STATE UNIVERSITY P.O. DRAWER 5227 MISSISSIPPI STATE, MS 39762	06-7589752	STATE OF MS	104,118.				EDUCATIONAL
(5) MISSOURI 4-H FOUNDATION 819 CLARK HALL COLUMBIA, MO 65211	43-6044367	501 (C) (3)	21,070.				EDUCATIONAL
(6) MONTANA STATE UNIVERSITY 4-H CENTER 309 MT HALL PO BOX 172470 BOZEMAN, MT 59717	81-6010045	STATE OF MT	52,639.				EDUCATIONAL
(7) NEBRASKA 4-H FOUNDATION P.O. BOX 830719 LINCOLN, NE 68583-0700	47-0469703	501 (C) (3)	8,259.				EDUCATIONAL
(8) NEW MEXICO STATE 4-H FOUNDATION P.O. BOX 3590 LAS CRUCES, NM 88003-3590	85-0170157	STATE OF NM	39,300.				EDUCATIONAL
(9) NEW MEXICO STATE UNIVERSITY P.O. BOX 30002 LAS CRUCES, NM 88003	85-6000401	STATE OF NM	40,358.				EDUCATIONAL
(10) NEW YORK STATE 4-H FOUNDATION 248 GRANT AVE, STE II-A AUBURN, NY 13021	14-6021395	501 (C) (3)	280,448.				EDUCATIONAL
(11) NORTH CAROLINA AT&T STATE UNIVERSITY 1601 E. MARKET ST GREENSBORO, NC 27411	56-6000007	STATE OF NC	64,926.				EDUCATIONAL
(12) NORTH CAROLINA STATE UNIVERSITY 512 BRICKHAVEN DR BOX 7606 RALEIGH NC 27695	56-6049304	STATE OF NC	242,509.				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) (2018)**

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2018

**Open to Public
Inspection**

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

▶ Go to www.irs.gov/Form990 for the latest information.

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

- 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. Yes No

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 4-H FOUNDATION INC FLC 323 BOX 5436, DEPT 7280 FARGO, ND 58105	45-6012061	501(C)(3)	17,964.				EDUCATIONAL
(2) NORTH DAKOTA STATE UNIVERSITY 1340 ADMINISTRATION AVENUE FARGO, ND 58102	23-7120898	STATE OF ND	293,975.				EDUCATIONAL
(3) OKLAHOMA 4-H FOUNDATION 205 4-H YOUTH DEV STILLWATER, OK 74078	73-6109761	501(C)(3)	81,978.				EDUCATIONAL
(4) OKLAHOMA STATE UNIVERSITY 205 4-H YOUTH DEV STILLWATER, OK 74078	73-6109761	STATE OF OK	71,202.				EDUCATIONAL
(5) OREGON 4-H FOUNDATION 119 BALLARD EXTENSION CORVALLIS, OR 97331	93-0711337	501(C)(3)	6,447.				EDUCATIONAL
(6) OREGON STATE UNIVERSITY PO BOX 1086 CORVALLIS, OR 97339-1086	48-1278540	STATE OF OR	57,960.				EDUCATIONAL
(7) PENNSYLVANIA STATE UNIVERSITY 8 GRANT STREET CLARION, PA 16214	24-6000376	STATE OF PA	349,335.				EDUCATIONAL
(8) PRAIRIE VIEW A & M UNIVERSITY P.O. BOX 667 PRAIRIE VIEW, TX 77446	74-6001078	STATE OF TX	117,149.				EDUCATIONAL
(9) PURDUE UNIVERSITY 1281 WINHENTSCHEL BLVD W LAFAYETTE IN 47906	35-6002041	STATE OF IN	10,975.				EDUCATIONAL
(10) RUTGERS, THE STATE UNIVERSITY OF NEW JERSEY ASB III-2ND RL-3 NEW BRUNSWICK, NJ 08901	23-7318742	STATE OF NJ	22,500.				EDUCATIONAL
(11) SOMERSET COUNTY 4-H ASSOCIATION 310 MILLTOWN ROAD BRIDGEWATER, NJ 08807	22-6064597	STATE OF NJ	18,966.				EDUCATIONAL
(12) SOUTH DAKOTA STATE UNIVERSITY 1905 PLAZA BLVD RAPID CITY, SD 57702	46-0273801	STATE OF SD	40,296.				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) (2018)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for the latest information.

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

- 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. Yes No

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 P.O. BOX 10010 BAYON ROUGE, LA 70813-0010	72-6000817	STATE OF LA	111,449.				EDUCATIONAL
(2) TENNESSEE 4-H CLUB FOUNDATION 2621 MORGAN CIR NO 205 KNOXVILLE, TN 37996	62-6047753	501(C)(3)	85,646.				EDUCATIONAL
(3) TENNESSEE STATE UNIVERSITY 3500 JOHN MERRITT BLVD NASHVILLE, TN 37209	62-0786119	STATE OF TN	49,604.				EDUCATIONAL
(4) TEXAS 4-H AND YOUTH DEVELOPMENT FOUNDATION 7607 EASTMARK DR COLLEGE STATION, TX 77840	74-6091147	501(C)(3)	381,231.				EDUCATIONAL
(5) TEXAS A&M AGRILIFE EXTENSION SERVICE 4180 STATE HWY 6 COLLEGE STATION, TX 77845	74-2648747	STATE OF TX	90,338.				EDUCATIONAL
(6) THE OHIO STATE UNIVERSITY 2202 FRED TAYLOR DRIVE COLUMBUS, OH 43211	31-1145987	STATE OF OH	392,845.				EDUCATIONAL
(7) UNIVERSITY OF ALASKA-FAIRBANKS P O BOX 757880 FAIRBANKS, AK 99775	23-7394620	STATE OF AK	158,434.				EDUCATIONAL
(8) UNIVERSITY OF ARIZONA 888 N EUCLID AVE, RM 502F TUSCON, AZ 85721	86-6004791	STATE OF AZ	306,718.				EDUCATIONAL
(9) UNIVERSITY OF ARKANSAS P.O. BOX 391 LITTLE ROCK, AR 72203	71-6060767	STATE OF AR	106,123.				EDUCATIONAL
(10) UNIVERSITY OF ARKANSAS - PINE BLUFF 1200 N UNIVERSITY DR PINE BLUFF, AR 71601	71-6010030	STATE OF AR	22,663.				EDUCATIONAL
(11) UNIVERSITY OF CALIFORNIA P.O. BOX 989062 WEST SACRAMENTO, CA 95798	94-6002123	STATE OF CA	359,026.				EDUCATIONAL
(12) UNIVERSITY OF CONNECTICUT 843 UNIVERSITY DRIVE TORRINGTON, CT 06790	06-0772160	STATE OF CT	188,539.				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) (2018)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2018

**Open to Public
Inspection**

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

▶ Go to www.irs.gov/Form990 for the latest information.

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

- 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 DELAWARE ROOM 220 NEWARK, DE 19716	51-6000297	STATE OF DE	156,046.				EDUCATIONAL
(2) UNIVERSITY OF FLORIDA 3103 MCCARTY HALL B GAINESVILLE, FL 32611	59-1000186	STATE OF FL	400,501.				EDUCATIONAL
(3) UNIVERSITY OF HAWAII 2440 CAMPUS RD, BOX 368 HONOLULU, HI 96822	99-6000394	STATE OF HI	26,410.				EDUCATIONAL
(4) UNIVERSITY OF IDAHO 701 W. COLLEGE AVE SAINT MARIES, ID 83861	82-6000281	STATE OF ID	98,847.				EDUCATIONAL
(5) UNIVERSITY OF ILLINOIS 1305 WEST GREEN STREET URBANA, IL 61801	37-6006007	STATE OF IL	288,556.				EDUCATIONAL
(6) UNIVERSITY OF MAINE 107 MAINE AVENUE BANGOR, ME 04401	01-6000769	501(C) (3)	136,737.				EDUCATIONAL
(7) UNIVERSITY OF MARYLAND-EASTERN SHORE 3003 HAZEL HALL PRINCESS ANNE, MD 21853	52-6002033	STATE OF MD	13,872.				EDUCATIONAL
(8) UNIVERSITY OF MASSACHUSETTS 70 BUTTERFIELD TERRACE AMHERST, MA 01003	04-3167352	STATE OF MA	69,502.				EDUCATIONAL
(9) UNIVERSITY OF MINNESOTA 1420 ECKELS AVENUE ST. PAUL, MN 55108-1030	41-6007513?	STATE OF MN	124,358.				EDUCATIONAL
(10) UNIVERSITY OF NEBRASKA-LINCOLN 312 N 14TH ST LINCOLN, NE 68588	47-0049123	STATE OF NE	152,413.				EDUCATIONAL
(11) UNIVERSITY OF NEVADA ROSE HALL ROOM 204, STOP 325 RENO, NV 89557	88-6000024	STATE OF NV	111,926.				EDUCATIONAL
(12) UNIVERSITY OF NEW HAMPSHIRE 51 COLLEGE ROAD, ROOM 109B DURHAM, NH 03824	02-6000937	STATE OF NH	33,186.				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) (2018)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2018

**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.

▶ Go to www.irs.gov/Form990 for the latest information.

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. Yes No

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 PUERTO RICO JARDIN BOTANICO SUR SAN JUAN, PR 00926	66-0433761	TERR OF PR	29,500.				EDUCATIONAL
(2) UNIVERSITY OF TENNESSEE 2621 MORGAN CIR, KNOXVILLE, TN 37996	62-6047753	STATE OF TN	500,477.				EDUCATIONAL
(3) UNIVERSITY OF VERMONT & STATE 85 S PROSPECT, RM 222 BURLINGTON, VT 05405	03-0179440	STATE OF VT	5,898.				EDUCATIONAL
(4) UNIVERSITY OF VIRGIN ISLANDS UVI ALBERT SHEEN CAMPUS KINGSVILLE VI 00850	66-0432514	TER OF VI	10,000.				EDUCATIONAL
(5) UTAH STATE UNIVERSITY 5049 OLD MAIN HILL LOGAN, UT 84322	87-6000528	STATE OF UT	328,878.				EDUCATIONAL
(6) VIRGINIA POLYTECHNIC INSTITUTE & STATE UNIV 1880 PRATT DR STE 2006 BLACKSBURG, VA 24060	54-6001805	STATE OF VA	439,406.				EDUCATIONAL
(7) WASHINGTON STATE UNIVERSITY 14204 SALMON CREEK AVE VANCOUVER, WA 98686	91-1075542	STATE OF WA	300,674.				EDUCATIONAL
(8) WEST VIRGINIA STATE UNIVERSITY P. O. BOX 1000 INSTITUTE, WV 25112-1000	55-0708567	STATE OF WV	67,494.				EDUCATIONAL
(9) WEST VIRGINIA UNIVERSITY FOUNDATION 1 WATERFRONT PL 7TH FL MORGANTOWN, WV 26507	55-6017181	501(C)(3)	127,555.				EDUCATIONAL
(10) WEST VIRGINIA UNIVERSITY RESEARCH 886 CHESTNUT RIDGE RD, MORGANTOWN, WV 26506	55-0665758	STATE OF WV	156,646.				EDUCATIONAL
(11) WISCONSIN 4-H FOUNDATION PYLE CTR, 702 LANGDON ST MADISON, WI 53706	39-0914868	501(C)(3)	24,500.				EDUCATIONAL
(12) WYOMING STATE 4-H FOUNDATION 1000 E UNIVERSITY AVE, LARAMIE, WY 82071	83-6000331	STATE OF WY	14,117.				EDUCATIONAL

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **84**

3 Enter total number of other organizations listed in the line 1 table **84**

For Paperwork Reduction Act Notice, see the Instructions for Form 990. **Schedule I (Form 990) (2018)**

Part III Grants and Other Assistance to Domestic Individuals. 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. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

SCHEDULE I, 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 Domestic Individuals. 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. 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

Part III Grants and Other Assistance to Domestic Individuals. 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. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

REFLECTING ACTUAL EXPENSES ON AN ANNUAL BASIS. THESE REFLECT SPENDING AGAINST APPROVED BUDGET LINES. ANY OF THESE STAGES MAY BE AMENDED OR DROPPED AS APPROPRIATE FOR THE SPECIFICS OF A GIVEN GRANT. 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

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.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization

NATIONAL 4-H COUNCIL

Employer identification number

36-2862206

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed 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 (such as 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 on 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" on 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 nonfixed 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" on 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) 2018

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 aren't 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	(i) 435,615. (ii) 0. (iii) 810.	0.	810.	54,821.	21,586.	512,832.	0.
2 JANE ANGELICH SVP, CHIEF INNOVATION OFFICER	(i) 263,495. (ii) 0. (iii) 6,112.	0.	6,112.	35,118.	16,169.	320,894.	0.
3 JILL BRAMBLE SVP, CHIEF DEVELOPMENT OFFICER	(i) 262,954. (ii) 0. (iii) 810.	0.	810.	29,237.	18,431.	311,432.	0.
4 ANDREW FERRIN SVP, CHIEF STRATEGY OFFICER	(i) 256,866. (ii) 0. (iii) 2,322.	0.	2,322.	35,134.	27,277.	321,599.	0.
5 CHRISTA PRIESING VP AND HOTEL MANAGER	(i) 170,003. (ii) 0. (iii) 397.	0.	397.	17,182.	17,652.	205,234.	0.
6 JOSEPH P. ROCHE SVP, CHIEF FINANCIAL OFFICER	(i) 278,222. (ii) 0. (iii) 2,322.	0.	2,322.	7,246.	27,323.	315,113.	0.
7 ARTIS STEVENS SVP, CHIEF MARKETING OFFICER	(i) 259,268. (ii) 0. (iii) 810.	0.	810.	26,072.	28,800.	314,950.	0.
8 KATHLEEN CASKIN SR DIR, FIELD & COUNCIL COMMS	(i) 159,394. (ii) 0. (iii) 1,935.	0.	1,935.	25,356.	27,185.	213,870.	0.
9 HEATHER ELLIOTT VP, DEVELOPMENT	(i) 174,584. (ii) 0. (iii) 419.	0.	419.	25,678.	22,300.	222,981.	0.
10 PAUL J. KOEHLER SVP, GENERAL MANAGER	(i) 158,636. (ii) 0. (iii) 137.	0.	137.	0.	137.	158,910.	0.
11 DANELLE SABATHIER VP, DIGITAL STRATEGY	(i) 166,043. (ii) 0. (iii) 974.	0.	974.	4,187.	2,006.	173,210.	0.
12 CRAIG SHUBA CONTROLLER	(i) 200,488. (ii) 0. (iii) 2,149.	0.	2,149.	4,996.	5,392.	213,025.	0.
13 REBECCA KELLEY DEVELOPMENT DIR, FDN GIVING	(i) 151,583. (ii) 0. (iii) 585.	0.	585.	6,213.	567.	158,948.	0.
14	(i) 0. (ii) 0. (iii) 0.	0.	0.	0.	0.	0.	0.
15	(i) 0. (ii) 0. (iii) 0.	0.	0.	0.	0.	0.	0.
16	(i) 0. (ii) 0. (iii) 0.	0.	0.	0.	0.	0.	0.

Part III Supplemental Information

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

SCHEDULE J, PART I, LINE 1A:

FIRST CLASS DOMESTIC TRAVEL 1-2 TIMES A YEAR ASSOCIATED WITH SCHEDULE REQUIREMENTS REGARDING LONG-HAUL COAST TO COAST BUSINESS NEEDS.

SCHEDULE J, PART I, LINES 4A, 4B, AND 4C:

JENNIFER L. SIRANGELO PARTICIPATED IN A SECTION 457 PLAN SPONSORED BY NATIONAL 4-H COUNCIL. A CONTRIBUTION OF \$18,500 WAS MADE TO HER PLAN BY NATIONAL 4-H COUNCIL FOR THE YEAR ENDED DECEMBER 31, 2018.

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 31.

SCHEDULE L
(Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No. 1545-0047

2018

Open To Public Inspection

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.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

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.

1	(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.

1	(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)					

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

Schedule L (Form 990 or 990-EZ) 2018

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) EDWARD BECKWITH AND JANIS PENMAN	BUSINESS	274,670.	LEGAL SERVICES		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).

SCHEDULE L OTHER INFORMATION

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS: (A)

NAME OF PERSON: BAKER HOSTETLER, LLP (B) RELATIONSHIP BETWEEN INTERESTED

PERSON AND ORGANIZATION: BUSINESS © AMOUNT OF TRANSACTION: \$274,670 (D)

DESCRIPTION OF TRANSACTION: LEGAL SERVICES - EDWARD J. BECKWITH AND JANIS

PENMAN, WHO BOTH SERVED AS AN OFFICER OF NATIONAL 4-H COUNCIL DURING THE

TAX YEAR, WORK 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 MONTHLY AND

ALL LEGAL SERVICES PROVIDED ARE REVIEWED ANNUALLY BY THE EXECUTIVE

COMMITTEE OF THE BOARD OF TRUSTEES. (E) SHARING OF ORGANIZATION

REVENUES? = NO

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization
NATIONAL 4-H COUNCIL

Employer identification number
36-2862206

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles.				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	4.	210,832.	MARKET PRICE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other.				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy.				
22 Historical artifacts.				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (AUCTION ITEMS)	X	12.	13,600.	FMV
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

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

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

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

SCHEDULE M, PART I, LINE 9(B):

THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTIONS IN PART I,
COLUMN (B).

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

Department of the Treasury
Internal Revenue Service

Name of the organization
NATIONAL 4-H COUNCIL

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Employer identification number
36-2862206

FORM 990, PART VI, SECTION B, LINE 11A:

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 AND SIGNED ANNUALLY BY ALL CURRENT EMPLOYEES UPON COMPLETION OF THE ANNUAL EMPLOYEE LEGAL TRAINING. ALL NEW ASSOCIATES ARE REQUIRED TO REVIEW AND SIGN THE CONFLICT OF INTEREST POLICY UPON EMPLOYMENT.

FORM 990, PART VI, SECTION B, LINES 15A & 15B:

THE PROCESS FOR DETERMINING THE COMPENSATION OF JENNIFER L SIRANGELO INCLUDES THE FOLLOWING:

- COMPENSATION SURVEY AND STUDY
- INDEPENDENT COMPENSATION CONSULTANT
- REVIEW OF FORM 990 FOR OTHER ORGANIZATIONS
- APPROVAL OF THE EXECUTIVE COMMITTEE

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

Name of the organization
NATIONAL 4-H COUNCIL

Employer identification number
36-2862206

-APPROVAL OF THE EXECUTIVE COMMITTEE

FORM 990, PART VI, 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 262,537

POSTRETIREMENT MEDICAL COSTS (181,611)

MISCELLANEOUS ADJUSTMENT 26,306

TOTAL TO FORM 990, PART XI, LINE 9 107,232

FORM 990, PART XII, LINE 2C:

AUDIT OF CONSOLIDATED FINANCIAL STATEMENTS/OVERSIGHT OF AUDIT:

THERE WAS NO CHANGE IN THE PROCESS FOR OVERSIGHT OF THE AUDIT FROM THE
PRIOR YEAR. THE ORGANIZATION IS AUDITED AS PART OF CONSOLIDATED FINANCIAL
STATEMENTS. IT DOES NOT RECEIVE SEPARATE AUDITED FINANCIAL STATEMENTS.

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

ATTACHMENT 1

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

NATIONAL 4-H COUNCIL IS THE PRIVATE SECTOR, NON-PROFIT PARTNER OF THE NATION'S COOPERATIVE EXTENSION SYSTEM AND THE NATIONAL INSTITUTE OF FOOD AND AGRICULTURE (NIFA) WITHIN THE UNITED STATES DEPARTMENT OF AGRICULTURE (USDA). COUNCIL'S MISSION IS TO INCREASE INVESTMENT AND PARTICIPATION IN 4-H POSITIVE YOUTH DEVELOPMENT PROGRAMS IN THE IMPORTANT AREAS OF SCIENCE, HEALTHY LIVING AND CIVIC ENGAGEMENT AND AGRICULTURE.

ATTACHMENT 2

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

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

ATTACHMENT 2 (CONT'D)

3,000 LOCAL OFFICES. PROGRAMS ARE DELIVERED BY MORE THAN 3,500 TRAINED 4-H PROFESSIONALS AND NEARLY 500,000 VOLUNTEERS WHO SERVE EVERY COUNTY AND PARISH IN THE COUNTRY. YOUNG PEOPLE 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 2018 (MARCH 1, 2018 - FEBRUARY 28, 2019) INCLUDED THE FOLLOWING PROGRAMS/EVENTS:

- 4-H BRAND/ALUMNI ACTIVATION: CONTINUED THE GROW TRUE LEADERS CAMPAIGN, A MULTI-MEDIA ENGAGEMENT CAMPAIGN TO BUILD THE BRAND; ENGAGE 4-H ALUMNI TO SUPPORT AND GROW 4-H; ACTIVATE THE WORLD'S LARGEST YOUTH-LED ENGINEERING DESIGN CHALLENGE, 4-H NATIONAL YOUTH SCIENCE DAY: CODE YOUR WORLD
- 4-H NATIONAL MENTORING PROGRAM: REACHED/EMPOWERED AT-RISK YOUTH IN COMMUNITIES NATIONWIDE IN PARTNERSHIP WITH THE OFFICE OF

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

ATTACHMENT 2 (CONT'D)

JUVENILE JUSTICE AND DELINQUENCY PREVENTION

- 10TH ANNUAL LEGACY AWARDS: LARGEST FUNDRAISING EVENT FEATURED
4-H YOUTH IMPACT AND ALUMNI ACHIEVEMENT

- PROGRAM SUPPORT AND TECHNICAL ASSISTANCE IN THE MISSION AREAS OF
SCIENCE, HEALTHY LIVING, AGRICULTURE AND CIVIC ENGAGEMENT IN
PARTNERSHIP WITH PRIVATE SECTOR PARTNERS

ATTACHMENT 3

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

NATIONAL 4-H CONFERENCE CENTER: THE CENTER IS ONE OF THE LARGEST
NONACADEMIC YOUTH EDUCATION AND CONFERENCE FACILITIES IN THE
UNITED STATES AND CONTINUES TO BE THE NATIONAL HOME FOR 4-H IN THE
UNITED STATES AS WELL AS A BEACON OF INDEPENDENT INTERNATIONAL
COOPERATION FOR INDEPENDENT 4-H COUNTRY-LED PROGRAMS AROUND THE
WORLD. THE CENTER HOSTS ANNUAL 4-H CONFERENCES AND YEAR-ROUND
TRAINING PROGRAMS FOR YOUTH, VOLUNTEER LEADERS, AND PROFESSIONAL
STAFF. THE NATIONAL 4-H CONFERENCE CENTER HOSTS MORE THAN 30,000
YOUTH EACH YEAR ON ITS 12-ACRE WASHINGTON, DC METRO CAMPUS WHILE
THEY TOUR THE CITY'S HISTORIC LANDMARKS, ATTEND CONFERENCES AND
LEADERSHIP PROGRAMS, AND EXPERIENCE THE BEST OF OUR NATION'S
CAPITAL. EVERY YOUNG PERSON, VOLUNTEER LEADER, OR PROFESSIONAL WHO
HAS VISITED THE NATIONAL 4-H CONFERENCE CENTER OVER THE YEARS HAS
LEFT WITH SOMETHING TO INSPIRE THEM - SOME NEW POINT OF VIEW, SOME

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

ATTACHMENT 3 (CONT'D)

NEW IDEA TO TAKE HOME. THAT'S THE INGREDIENT THAT HAS KEPT THE
EXPERIENCE OF CENTER FRESH AND EXCITING FOR MORE THAN 50 YEARS.

ATTACHMENT 4FORM 990, PART VI, LINE 17 - STATES

AL, AK, AZ, AR, CA, CT, DC,
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 5990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
EUREST DINING SERVICES P O BOX 417632 BOSTON, MA 02241	FOOD SERVICE	1,101,900.
CALIBRE CPA GROUP, PLLC 7501 WISCONSIN AVENUE, SUITE 1200 WEST BETHESDA, MD 20814	ACCTNG CONSULTANT	440,543.
THE BRIDGESPAN GROUP INC. 2 COPLEY PLACE, SUITE 3700 B BOSTON, MA 02116	CONSULTING SERVICES	432,999.
THOMAS ARTS HOLDINGS, INC. PO BOX 70, 240 SOUTH 200 WEST FARMINGTON, UT 84025	CREATIVE SERVICES	357,555.
ABM JANITORIAL SERVICES MID ATLANTIC PO BOX 787401 PHILADELPHIA, PA 19178	JANITORIAL SERVICES	351,252.

Name of the organization
NATIONAL 4-H COUNCIL

Employer identification number
36-2862206

ATTACHMENT 6

FORM 990, PART IX - OTHER FEES

<u>DESCRIPTION</u>	(A) <u>TOTAL FEES</u>	(B) <u>PROGRAM SERVICE EXP.</u>	(C) <u>MANAGEMENT AND GENERAL</u>	(D) <u>FUNDRAISING EXPENSES</u>
IT CONSULTING SERVICES	101,432.	24,258.	25,510.	51,664.
OTHER SUPPLY SERVICE CONS	139,440.	139,440.	0.	0.
SECURITY SERVICES	198,790.	198,790.	0.	0.
HOUSEKEEPING SERVICES	168,722.	168,722.	0.	0.
EVALUATION SERVICES	3,231,491.	3,104,985.	30,079.	96,427.
PUBLIC RELATION SERVICES	708,989.	708,989.	0.	0.
PAYROLL SERVICES	38,622.	0.	38,622.	0.
HR RECRUITING SERVICES	38,669.	0.	38,669.	0.
OTHER ADMIN SERVICES	48,476.	0.	48,476.	0.
OTHER GENERAL SERVICES	141,221.	102,642.	37,358.	1,221.
DIRECT MAIL SERVICES	26,194.	0.	0.	26,194.
TOTALS	<u>4,842,046.</u>	<u>4,447,826.</u>	<u>218,714.</u>	<u>175,506.</u>

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization

NATIONAL 4-H COUNCIL

Employer identification number

36-2862206

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

(1)	(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.

(1)	(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)	12A	THE COUNCIL	X	
(2)	GLOBAL CLOVER NETWORK, INC. 7100 CONNECTICUT AVE CHEVY CHASE, MD 20815 52-2292242	SEE PART VII	OH	501(C)(3)	12A	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)	12A	THE COUNCIL	X	
(4)								
(5)								
(6)								
(7)								

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

Schedule R (Form 990) 2018

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.

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

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

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

	(a) Name of 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

Provide additional information for responses to questions on Schedule R. See instructions.

SCHEDULE R, PART II, COL B:

PRIMARY ACTIVITY:

1. NATIONAL 4-H ACTIVITIES FOUNDATION: PROVIDES ACCOUNTING AND ADMINISTRATIVE SUPPORT FOR NATIONAL 4-H INITIATIVES.

2. GLOBAL CLOVER NETWORK: SUPPORTS 4-H INITIATIVES AND INTERNATIONAL COOPERATION TO INCREASE GLOBAL POSITIVE YOUTH DEVELOPMENT.

3. NATIONAL 4-H CONGRESS FOUNDATION: OPERATES AND PROVIDES ASSISTANCE WITH THE NATIONAL 4-H CONGRESS EVENT.