# 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.

2018
Open to Public

Inspection

A F	or the 20	18 calendar year, or tax year beginning 03/01, 2018	, and ending		02/28, 20 19
B ch	eck if applicable:	C Name of organization		D Employer ide	ntification number
		NATIONAL 4-H COUNCIL			
	Address change	Doing Business As		36-2862	206
	Name change	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone nu	mber
	Initlal return	7100 CONNECTICUT AVENUE		(301) 961	L-2800
	Terminated	City or town, state or province, country, and ZIP or foreign postal code			
	Amended return	CHEVY CHASE, MD 20815		G Gross receipts	s \$ 46,415,309.
	Application pending	F Name and address of principal officer: JENNIFER L SIRANGELO	)	H(a) Is this a group	
	**************************************	SAME AS "C" ABOVE		subordinates?  H(b) Are all subordin	
1 1	Fax-exempt s	tatus: X 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) d	or 527	If "No," attach	a list (see instructions)
JV	Nebsite: 🕨	WWW.4-H.ORG		H(c) Group exempt	tion number
KF	orm of orga	nization: X Corporation Trust Association Other	L Year of forma	The state of the s	State of legal domicile: OH
Pa	rt I Su	immary			
	1 Briefl	y describe the organization's mission or most significant activities: TO INC	CREASE INVES	STMENT	
ابو	AND	PARTICIPATION IN HIGH QUALITY 4-H POSITIVE YO	OUTH DEVELOR	PMENT.	
and					
ē	2 Chec	k this box 🕨 if the organization discontinued its operations or dispose	d of more than 25%	6 of its net assets	
<u></u>		per of voting members of the governing body (Part VI, line 1a)			3 20.
∞5	4 Numb	per of independent voting members of the governing body (Part VI, line 1b)			4 20.
i ţi.	5 Total	number of individuals employed in calendar year 2018 (Part V, line 2a).			5 186.
Activities & Governance	6 Total	number of volunteers (estimate if necessary)		• • • • • • •	<b>6</b> 70.
Ac	7a Total	unrelated business revenue from Part VIII, column (C), line 12		• • • • • • •	7a 526,636
	b Net u	nrelated business taxable income from Form 990-T, line 34		• • • • • • •	7b 39,404
Star	- 11010	modeou bosmoso taxasio modello matti dimi bobili, ilile 54		Prior Year	Current Year
	8 Contr	ibutions and grants (Part VIII, line 1h)		26,811,383	
Revenue	9 Progr	ram service revenue (Part VIII, line 2g)	FOR -	5,765,502	41)
Ş.	10 Inves	tment income (Part VIII, column (A), lines 3, 4, and 7d).	SPECTION	971,196	
		revenue (Part VIII, column (A), lines 5, 4, and 70]		1,366,853	
-	12 Total	revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12).		34,914,934	
		is and similar amounts paid (Part IX, column (A), lines 1-3)		8,361,452	
- 10	14 Bener	fits paid to or for members (Part IX, column (A), line 4)			0. 0.
	15 Salari	ies, other compensation, employee benefits (Part IX, column (A), lines 5-10).	• • • • • •	9,969,510	- 8.
a)	16a Profe	esional fundraising foce (Part IV, column (A), line 11a)			0. 13,323,349
per	h Total	ssional fundraising fees (Part IX, column (A), line 11e)  fundraising expenses (Part IX, column (D), line 25)   2,307,626			0
ăĮ,				7,851,928	8. 13,362,852
	18 Total	expenses (Part IX, column (A), lines 11a-11d, 11f-24e) expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		26,182,892	
110	19 Rever	expenses. Add lines 15-17 (must equal Part IX, column (A), line 25)		8,732,042	
ces	13 IVEAG	nue less expenses. Subtract line 18 from line 12		nning of Current Ye	
anc	20 Total	accets (Part V. line 16)	Degii	48,728,219	
(0	21 Total	assets (Part X, line 16)	• • • • • •	18,379,559	
Vet		ssets or fund balances. Subtract line 21 from line 20.	• • • • • • • • • • • • • • • • • • • •	30,348,660	- Annual Control of the Control of t
Par		gnature Block	8 8042-488 #	30,340,000	32,233,304
		of perjury, I declare that I have examined this return, including accompanying schedul	les and statements	and to the best of a	my knowledge and holiof it is
true,	correct, and	complete. Declaration of preparer (other than officer) is based on all information of which	h preparer has any k	nowledge.	my knowledge and belief, it is
		Denniser Lisargelo		01/12	3/2020
Sign		Signature of officer		Date	Javao
Here	•   🔊	JENNIFER L SIRANGELO PRESID	ENT & CEO		
		Type or print name and title	BN1 & CEO		
-		Type preparer's name Preparer's signature	Date		FTIN
Paid	JOY				"
Prepa	arer -	- DDO HOR TIP	1/9/2020	Transport and 1	3-5381590
Use C		7.7	22102	The state of the s	03-893-0600
May t		cuss this return with the preparer shown above? (see instructions)	22102	Phone no.	Tax Inches
		Reduction Act Notice, see the separate instructions.		* * 65*0* * * NO	
, 01 6	Phelatoly	readenen net House, see the separate instructions.			Form <b>990</b> (2018)

	rm 990 (2018) Page <b>2</b>
Ρ	Statement of Program Service Accomplishments
1	Check if Schedule O contains a response or note to any line in this Part III  Briefly describe the organization's mission:
1	ATTACHMENT 1
2	=== and anguine and anguine and anguine and anguine and an anguine and an anguine and an anguine and an anguine
	prior Form 990 or 990-EZ? Yes X 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?
1	If "Yes," describe these changes on Schedule O.  Describe the organization's program service accomplishments for each of its three largest program services, as measured by
7	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
	<del></del>
4 h	(Code:) (Expenses \$7,806,664. including grants of \$) (Revenue \$1,269,992. )
710	ATTACHMENT 3
	ATTACHIBENT 5
_	/O-d
	(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.

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Par	t IV Checklist of Required Schedules			
	To the consideration described in motion 504/5/(0) as 4047/5/(4) (allow them are in the first below 15 (0)	_	Yes	No
.1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		X	
2	complete Schedule A	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to		Λ	
•	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
•	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section $501(c)(4)$ , $501(c)(5)$ , or $501(c)(6)$ organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I.	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			,,
4.0	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	4.0	X	
44	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Λ	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			12/2
9	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	-	11-0-2	
а	complete Schedule D, Part VI	11a	x	
h	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more	iia		-
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			١
		12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If		v	
40	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13 14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	144		
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			.,
00	If "Yes," complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	20b		
21	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	

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Par	t IV Checklist of Required Schedules (continued)			
		,	Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated		3.5	
	employees? If "Yes," complete Schedule J	23	X	-
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			v
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	_	
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24.		
ч	to defease any tax-exempt bonds?  Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24u		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	200	-	
~	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
		28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	X	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			v
24	conservation contributions? If "Yes," complete Schedule M	30		X
31 32	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	31	_	
32	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32	-	
•	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	33		<u> </u>
	or IV, and Part V, line 1	34	Х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		_X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O.	38	Х	
Part				_
	Check if Schedule O contains a response or note to any line in this Part V	olania ş		
_			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	ij l		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and		ψ,	
	reportable gaming (gambling) winnings to prize winners?	1c	X	(0015)
JSA		⊢orm	<b>コフU</b> (	(2018)

Pai	tV Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 186			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Х	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Х	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization			
	solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
-	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders	6		
D	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
122	against amounts due or received from them.)	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	8		
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
a	Note. See the instructions for additional information the organization must report on Schedule O.	iou		
h	Enter the amount of reserves the organization is required to maintain by the states in which			
D	the organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O · · · · ·	14b		
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		Х
	If "Yes," see instructions and file Form 4720, Schedule N.			
	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
		_	000	

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.			_
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion 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			
ar h	committee, explain in Schedule O.  Enter the number of voting members included in line 1a, above, who are independent.			
	Efficient 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?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct	3		X
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	4		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	5		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	6		X
6	Did the organization have members or stockholders?	-		-
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	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	9		X
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue		)	
			Yes	No
102	Did the organization have local chapters, branches, or affiliates?	10a		X
	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?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Χ	
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? <i>If "No," go to line 13 </i>	12a	Χ	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
~	rise to conflicts?	12b	Χ	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
·	describe in Schedule O how this was done	12c	Χ	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	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?			
а	The organization's CEO, Executive Director, or top management official	15a	Χ	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a				
	with a taxable entity during the year?	16a		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?	16b		
Secti	on 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 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  Own website  X  Another's website  X  Upon request  Other (explain in Schedule O)	(Sec	tion 5	01(c)
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interior financial statements available to the public during the tax year,	erest	policy	, and
20	State the name, address, and telephone number of the person who possesses the organization's books and record JOSEPH ROCHE 7100 CONNECTICUT AVE CHEVY CHASE, MD 20815	s ►		

Name and Title

# 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

X

(F)

Estimated

#### 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."

(B)

Average

- 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.

(C) Position

(do not check more than one

(D)

Reportable

0

0

0.

0.

Reportable

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

	hours per week (list any	1				is both or/trust		compensation from	compensation from related	amount of other
	hours for related organizations below dotted line)	1 14 15	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1)LANDEL HOBBS	4.00									
CHAIR OF BOARD OF TRUSTEES	0.	X		х				0.	0.	0.
(2)KRYSTA HARDEN	2.00									
VC, BRD OF TRUSTEES (AS 06/18)	0.	Х		Х				0.	0.	0
(3) JENNIFER M. WHITLOW	2.00									
VC THRU 6/18 TRSTEE AS OF 6/18	0	Х		Х				0.	0.	0,8
(4)EDWARD BECKWITH	2.00									
SECRETARY (THRU 06/18)	0 ,	Х		Х				0.	0.	0.
(5)JANIS PENMAN	2.00									
SECRETARY (AS OF 06/18)	0.	X		Х				0.	0.	0.
(6)KEN HICKS	2.00									
TREASURER	0.	X		Х			3.62	0.	0.	0.
(7)JULIETTE BELL	2.00	ļ								
TRUSTEE	0.	X						0.	0.	0.
(8)MARTHA BERNADETT	2.00	ļ								
TRUSTEE	0.	Х						0.	0.	0
(9)MARK BERVEN	2.00									
TRUSTEE	0.	X						0.	0.	0,0
(10) JAMES C. BOREL	2.00									_
TRUSTEE	0.	Х						0.	0.	0.

Form 990 (2018)

0

0.

0.

0.

(11)DAVID CRUZ

TRUSTEE

TRUSTEE

TRUSTEE

(14)EDWIN JONES
TRUSTEE

(13)E. GORDON GEE

(12) DAVID L. EPSTEIN

2.00

2.00

2.00

2.00

0. X

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0.

(A)	(B)			((	C)			(D)	(E)		(F)
Name and title	Average hours per week (list any			neck		than o		Reportable compensation from	Report compensat relate	ion from	Estimated amount of other
	hours for related organizations below dotted line)					or/trus		the organization (W-2/1099-MISC)	organiza (W-2/1099	ations	compensation from the organization and related organizations
	iiie)	hustee	al trustee		yee	Highest compensated employee					organizations
15) ALISON E. LEWIS TRUSTEE	2.00	Х						0.		0.	0.,
16) SERGIO MARTINEZ-BELTRAN TRUSTEE (THRU 12/18)	2.00	Х						0.		0.	0,
17) MARK MARTINO TRUSTEE	2.00	Х						0.		0.	0.
18) MICHELLE MUNSON TRUSTEE	2.00	X						0.		0.	0.
19) AUSTIN PITTMAN TRUSTEE	2.00	X						0.		0.	
20) MAGGIE SANS TRUSTEE	2.00							-34			0,
21) MARY SNAPP	2.00	Х						0,		0.	0.
TRUSTEE 22) KIP TOM	2.00	X						0.		0.	0.
TRUSTEE 23) GABRIELA VALENTIN	2.00	Х						0.		0.	0.
- TRUSTEE (AS OF 12/18) 24) JENNIFER SIRANGELO	55.00	Х			_	-		0.		0.	0.
CEO 25) JANE ANGELICH	0. 40.00			Х				436,425.		0.	76,407.
SVP, CHIEF INNOVATION OFFICER  1b Sub-total	0.	Intelligence of the second	Ш		Х		<u> </u>	269,607.		0.	51,287.
c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	ection A					6 6000	•	2,956,933. 2,956,933.		0.	486,065. 486,065.
Total number of individuals (including but not reportable compensation from the organization)	limited to th		isted				р ге	ceived more than	\$100,000	of	
3 Did the organization list any former offic	ar directo	r 0.	ten	sto	- I	· · · ·		Javos or highest	compon	ntod	Yes No
employee on line 1a? If "Yes," complete Schedu	ule J for suc	h ind	ividu	ıal		• •	• •			• (•) •	3 X
4 For any individual listed on line 1a, is the sorganization and related organizations greater than the state of the state	eater than	\$15	0,00	00?	lf.	"Yes	5," (	complete Schedu	le J for	such	4 X
individual	accrue cor	npen	satio	on f	rom	any	uni	related organization	n or indiv	idual	150 (AND 11-15)
for services rendered to the organization? If "Ye Section B. Independent Contractors	es, complet	e Sch	edui	ie J	tor	such	per.	son		• • •	5 X
<ol> <li>Complete this table for your five highest com compensation from the organization. Report c year.</li> </ol>	pensated ir ompensatio	ndepe on for	nde the	nt c cal	cont end	racto ar ye	rs t ar e	hat received more ending with or with	than \$100 in the org	0,000 o anizatior	f n's tax
(A) Name and business add	ress							(B) Description of se	rvices	С	(C) ompensation
ATTACHMENT 5											
2 Total number of independent contractors (in more than \$100,000 in compensation from the				ited	l to		e li	sted above) who	received	1,62	

Part VII Section A. Officers, Directors, Tru	ustees, Ke	y Em	plo	ye	es,	and l	ligi	hest Compensat	ed Employees (	continued)
(A) Name and title	(B) Average hours per week (list any hours for	box, office	unles er and	Pos heck ss pe	more rson irect	than o	an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
26) JILL BRAMBLE	40.00									
SVP, CHIEF DEVELOPMENT OFFICER	0.			_	Х			263,764.	0,	47,668.
27) ANDREW FERRIN SVP, CHIEF STRATEGY OFFICER	40.00				Х			259,188.	0.	62,411.
28) CHRISTA PRIESING  VP AND HOTEL MANAGER	40.00				X			170,400.	0	
29) JOSEPH P. ROCHE  SVP, CHIEF FINANCIAL OFFICER	40.00				X			280,544.	0	
30) ARTIS STEVENS	40.00					-	_	200,544.	0,	31,309.
SVP, CHIEF MARKETING OFFICER	0.				Х			260,078.	0 ,	54,872
31) KATHLEEN CASKIN SR DIR, FIELD & COUNCIL COMMS	40.00					Х		161,329.	0	52,541.
32) HEATHER ELLIOTT  VP, DEVELOPMENT	40.00					Х		175,003.	0	47,978.
33) DANELLE SABATHIER	40.00					Λ		173,003.		47,570.
VP, DIGITAL STRATEGY	0.			Щ		Х		167,017.	0	6,193
34) CRAIG SHUBA CONTROLLER	40.00					Х		202,637.	0,	10,388.
35) REBECCA KELLEY	40.00									
DEVELOPMENT DIR, FDN GIVING 36) PAUL J. KOEHLER	40.00					X		152,168.	0,	6,780.
SVP, GENERAL MANAGER	0.						Х	158,773.	0	137
<ul> <li>1b Sub-total</li> <li>c Total from continuation sheets to Part VII, S</li> <li>d Total (add lines 1b and 1c)</li> <li>2 Total number of individuals (including but not reportable compensation from the organization</li> </ul>	ection A		iste	euns		6 #35¥6	▶ > re	ceived more than	\$100,000 of	
3 Did the organization list any former office employee on line 1a? If "Yes," complete Schedu	er, directo	r, or ch ind	tru i <i>vidu</i>	iste	e, I	cey e	mp	loyee, or highest	compensated	Yes No
4 For any individual listed on line 1a, is the organization and related organizations graindividual	eater than	\$15	0,0	00?	lf	"Yes	;" (	complete Schedu	le J for such	4 X
5 Did any person listed on line 1a receive or for services rendered to the organization? If "You	accrue coi	mpen	satio	on f	rom	any	uni	related organization	n or individual	5 X
Section B. Independent Contractors										
<ol> <li>Complete this table for your five highest com- compensation from the organization. Report of year.</li> </ol>										
(A) Name and business add	dress							(B) Description of se	rvices	(C) Compensation
2 Total number of independent contractors (in more than \$100,000 in compensation from the				itec	d to	thos	e li	sted above) who	received	

Part VIII Statement of Revenue

		Check if Schedule O contains a respon	nse or note to any	line in this Part VII	I		
			4	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ıts	1a	Federated campaigns 1a	25,029,				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b					
S, G	c	Fundraising events 1c	1,043,494.				
Sift	ď	Related organizations 1d					
imi	e	Government grants (contributions) 1e	3,456,960.				
tion	f	All other contributions, gifts, grants,					
ibū	'	and similar amounts not included above . 1f	23,427,326.				
d d	_		224,432.				
္မွ မ	g	Noncash contributions included in lines 1a-1f: \$  Total. Add lines 1a-1f		27,952,809.			
ue			Business Code	11,750,70031			
/en	2.	NATIONAL 4-H YOUTH CONFERENCE CENTER	721000	11,269,992.	10,743,356.	526,636.	
Re	2a	REGISTRATION FEES	721000	81,686.	81,686.	320,0301	
Se	b	OTHER PROGRAM SERVICE REVENUE	900099				
Serv	d	OTHER PROGRAM SERVICE REVENUE	900099	891,865.	891,865.		
Program Service Revenue	е	-					
Prog	f g	All other program service revenue Total. Add lines 2a-2f		12,243,543.			
	3	Investment income (including divider					
		and other similar amounts)	2 1	1,272,346.			1,272,346.
	4	Income from investment of tax-exempt bond	40010411	0.			
	5	Royalties		0.			
		(i) Real	(ii) Personal				
	6a	Gross rents					
	b	Less: rental expenses					
	C d	Rental income or (loss)		0.			
	7a	Gross amount from sales of (i) Securities	(ii) Other				
	'a	Gross amount from sales of	Corporpation				
		,					
	b	Less: cost or other basis					
		and sales expenses					
	C	Gain or (loss)					
	d	Net gain or (loss)		3,768.			3,768.
ne	8a	Gross income from fundraising	1				
		events (not including \$1,043,494					
Ş		of contributions reported on line 1c).					
e		See Part IV, line 18 a	50,429.				
Other Rever	b	Less: direct expenses b	235,920.				
_	c	Net income or (loss) from fundraising events	<u>,, , , , , , , , , , , , , , , , , , ,</u>	-185,491			-185,491
	9a	Gross income from gaming activities.					
		See Part IV, line 19 a	0.				
	b	Less: direct expenses b					
	c	Net income or (loss) from gaming activities.		0.			
	10a	Gross sales of inventory, less					
	' "	returns and allowances a	4,855,182				
	[	Less: cost of goods sold b	0.000.001				
	b c	Net income or (loss) from sales of inventory.		1,946,861.	1,946,861.		
		Miscellaneous Revenue	Business Code				
	11a						
	b	? <del></del>					
	С	8					
	d	All other revenue					
	е	Total. Add lines 11a-11d	x 60656 x x 🕨	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 Do not include amounts reported on lines 6b. 7b. (A) Total expenses (B) Program service (C) Management and (D) Fundraising 8b, 9b, and 10b of Part VIII. expenses general expenses expenses 1 Grants and other assistance to domestic organizations 11,073,253. 11,073,253 and domestic governments. See Part IV, line 21 . . . . 2 Grants and other assistance to domestic 0. individuals. See Part IV, line 22 . . . . . . . . 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, 2,301,955. 1,614,984. 414,804. trustees, and key employees . . . . . . . . . 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) 7 Other salaries and wages . . . . . . . . . . . . . 10,519,739. 7,587,915. 1,648,922. 1,282,902 8 Pension plan accruals and contributions (include 1,031,233. 723,482. 185,825 121,926. section 401(k) and 403(b) employer contributions) 230,737. 1,280,474. 898,343. 151,394. 9 Other employee benefits . . . . . . . . . . . . . 791,948. 555,608. 142,706. 93,634. 11 Fees for services (non-employees): 389,327 389,301. 26. a Management ...... 216,664. 11,931. 204,733. 160,696. 560,067. 399,371. c Accounting . . . 0. 0. e Professional fundraising services. See Part IV, line 17. 23,182. 23,182. g Other. (If line 11g amount exceeds 10% of line 25, column 4,842,046. 4,447,826. (A) amount, list line 11g expenses on Schedule O.) ATCH 6 218,714. 175,506. 504,825. 483,499. 21,326. 12 Advertising and promotion 1,821,601. 1,509,480. 263,145. 48,976. 0. 14 Information technology..... 106,863. 106,863. 15 Royalties 913,454. 883,258. 19,146. 11,050. 16 Occupancy 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 0 922,218. 19 Conferences, conventions, and meetings . . . . 808,747. 105,737. 7,734. 86,815. 86,815 0 21 1,130,238. 1,045,455. 84,783. 22 Depreciation, depletion, and amortization . . . . 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.) 1,603. aBANK & CREDIT CARD FEES 220,499. 215,542. 3,354. 40,128. hEMPLOYEE TRAINING 14,228. 11,693. 14,207. cPROVISION FOR DOUBTFUL ACCTS 17,999. 17,999. d<sub>a</sub> e All other expenses 40,361,454. 33,789,175. 4,264,653. 2,307,626. 25 Total functional expenses. Add lines 1 through 24e 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 following SOP 98-2 (ASC 958-720) . 0.

Part :	Balance Sheet			
	Check if Schedule O contains a response or note to any line in this Pa	art X		PORTOR OK NO ROZPOSE W
		(A) Beginning of year		(B) End of year
1		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.		10,360,949
4		2,664,471.	4	1,806,411
	trustees, key employees, and highest compensated employees.			
	Complete Part II of Schedule L	0.	5	0
	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
5   G		0.	7	0
Assets		2,031,296.	8	2,019,951
`  g		133,445.	9	200,717
10	a Land, buildings, and equipment: cost or			
	other basis. Complete Part VI of Schedule D 10a 41,398,734.			
	b Less: accumulated depreciation 10b 34,984,206.	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
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	C
21	Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	C
3 22	Loans and other payables to current and former officers, directors,			
	trustees, key employees, highest compensated employees, and			
<u> </u>	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	7 660 676		5 205 450
	of Schedule D	7,668,676.		7,307,478
26	Total liabilities. Add lines 17 through 25	18,379,559.	26	16,423,934
3	Organizations that follow SFAS 117 (ASC 958), check here ► X 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
27 28 29	Organizations that do not follow SFAS 117 (ASC 958), check here Land 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	
	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.

Form **990** (2018)

Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	w_waren n			X
1	Total revenue (must equal Part VIII, column (A), line 12)		43,2		
2	Total expenses (must equal Part IX, column (A), line 25)		40,3		
3	Revenue less expenses. Subtract line 2 from line 1			72,3	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))		30,3		
5	Net unrealized gains (losses) on investments		-1,0	88,2	290.
6	Donated services and use of facilities				0.
7	Investment expenses				0,
8	Prior period adjustments				0.
9	Other changes in net assets or fund balances (explain in Schedule O)		1	07,2	232,
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	0	32,2	39,9	984.
Part	XII Financial Statements and Reporting	1-2-1			
	Check if Schedule O contains a response or note to any line in this Part XII				X
			2000	Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," expl	ain in			
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compil				
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				li .
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
~	If "Yes," check a box below to indicate whether the financial statements for the year were audited				
	separate basis, consolidated basis, or both:				
	Separate basis X 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 over	reight			
•	of the audit, review, or compilation of its financial statements and selection of an independent account	-	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, expl				
	Schedule O.	a			
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	rth in			
va	the Single Audit Act and OMB Circular A-133?	rat III	3a	х	
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo	o the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	Х	
				990	(2018)

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

## **Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ.

Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer identification number

NA	TIONA	AL 4-H COUNCIL					36-28622	06
Pá	art I	Reason for Public Cha	arity Status (All o	organizations must o	complet	e this pa	art.) See instructions	
		ization is not a private fou						
1	A	church, convention of ch	urches, or associa	tion of churches desc	ribed in s	section 1	70(b)(1)(A)(i).	
2	ΠA	school described in sect	ion 170(b)(1)(A)(ii)	). (Attach Schedule E	(Form 9	90 or 990	)-EZ).)	
3	A	hospital or a cooperative	hospital service o	rganization described	in sectio	n 170(b)	(1)(A)(iii).	
4	_	medical research organi	·	=				(iii). Enter the
		ospital's name, city, and s	•	•				, ,
5	-	n organization operated		a college or universi	ty owne	d or ope	rated by a governme	ntal unit described in
		ection 170(b)(1)(A)(iv). (0		·		·		
6		federal, state, or local go		rnmental unit describe	ed in sect	tion 170	b)(1)(A)(v).	
7	-	n organization that norm	-					om the general public
	771	escribed in section 170(b				···· • 5•		om the goneral pash
8		community trust describe			Part II )			
9		n agricultural research or					l in conjunction with a	land-grant college
ŭ		r university or a non-land-					-	-
		niversity:	grant conege or a	grioditare (see matrae	1101113). L	inci nic	name, oity, and state o	i the college of
10		n organization that norma	ally receives: (1) m	ore than 331/3 % of its	Support	from co	ntributions membersh	nin fees, and gross
	re	eceipts from activities relaupport from gross investo cquired by the organization	ated to its exempt to nent income and u	functions - subject to nrelated business tax	certain e able inco	exception ome (les	is, and (2) no more tha s section 511 tax) from	n 331/3 % of its
11	A	n organization organized	and operated excl	usively to test for publ	ic safety.	See sec	tion 509(a)(4).	
12	A	n organization organized	and operated excl	usively for the benefit	of, to pe	erform th	ne functions of, or to o	carry out the purposes
	0	f one or more publicly su	ipported organizati	ions described in sec	tion 509	(a)(1) o	section 509(a)(2). S	ee section 509(a)(3).
	c	heck the box in lines 12a	through 12d that d	escribes the type of s	upportin	g organiz	zation and complete lir	nes 12e, 12f, and 12g.
а		Type I. A supporting org	anization operated	, supervised, or contr	olled by	its supp	orted organization(s),	typically by giving
		the supported organization	on(s) the power to	regularly appoint or e	lect a m	ajority of	f the directors or truste	es of the
		supporting organization.	You must complet	te Part IV, Sections A	and B.			
b	, 🔲	Type II. A supporting org				n with its	supported organization	on(s), by having
		control or management of					· · · · · · ·	· · · · -
		organization(s). You must		=				• • • • • • • • • • • • • • • • • • • •
С	: 🔲	Type III functionally inte	grated. A supporti	ng organization opera	ated in c	onnectio	n with, and functional	ly integrated with,
		its supported organization						, ,
d		Type III non-functionally		•				ted organization(s)
		that is not functionally int			-			
		requirement (see instruct	-		•		•	
е		Check this box if the orga	•	-				l. Type III
		functionally integrated, or					**	., .,,,
f		the number of supported				OF SERVICE		
g		de the following informati						= M W NAMED =
		e of supported organization	(ii) EIN	(iii) Type of organization	(Iv) is the	organization	(v) Amount of monetary	(vi) Amount of
				(described on lines 1-10 above (see instructions))		ur governing ment?	support (see	other support (see
				above (see alstructions))	Yes	No	instructions)	instructions)
/A\								
(A)								
(B)								
_				1.0				
(C)								
(D)								
— (E)								
Tot	al							
	41							l .

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.)

Sec	tion A. Public Support				v		
Cale	ndar 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						٥.
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		4			3 -8	
	shown on line 11, column (f)						41,469,068,
_6_	Public support. Subtract line 5 from line 4						95,797,289,
_	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 8	Amounts from line 4	30,383,609.	27,881,969. 582,523.	24,236,587. 729,045.	26,811,383. 973,508.	27,952,809, 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. (s	ee instructions) .	Carroll of an activation of a	e attraction out all attractions	10 00 0000000 10 00 00	12	73,512,832
13 ——	First five years. If the Form 990 is forganization, check this box and stop here	or the organizati	ion's first, secon	d, third, fourth,	or fifth tax ye	ar as a section	
Sec	tion C. Computation of Public Sup						67.04
14	Public support percentage for 2018 (lin		•				67.84 <b>%</b> 97.47 <b>%</b>
15	Public support percentage from 2017						
16a	331/3% support test - 2018. If the org						
<b>L</b>	box and stop here. The organization qu						
a	331/3% support test - 2017. If the org this box and stop here. The organization						
172	10%-facts-and-circumstances test - 2	•	. , , ,	•			
114	10% or more, and if the organization	-					
	Part VI how the organization meets t					-	
	organization	e shansins e shan	909 X 2 10201 X 3		# # 100 PM # # 100	ana a ar annena ar an	<b>&gt;</b> 🔲
b	10%-facts-and-circumstances test - 2 15 is 10% or more, and if the orga Explain in Part VI how the organization	inization meets	the "facts-and	l-circumstances'	test, check t	his box and st	op here.
18	supported organization						▶ 🔲
	instructions						

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

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.)

_									
Sec	tion A. Public Support								
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2	2018	(f) Tota	al
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								
7 a	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								
	Add lines 7a and 7b								
8	Public support. (Subtract line 7c from								
•	line 6.)								
Sec	tion B. Total Support								
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2	2018	(f) Tota	
	Amounts from line 6				, ,	_ ` ´			
	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								
С	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	or the organiza	tion's first, seco	nd, third, fourth,	or fifth tax ye	ear as a	a section	501(c)(3)	
	organization, check this box and stop here.							<u> ▶</u>	
Sec	tion C. Computation of Public Supp	port Percenta	ge						
15	Public support percentage for 2018 (line 8,		-	1 1 /W 2 /W AVAILABLE		. 15			%_
16	Public support percentage from 2017 Sche	dule A, Part III, lin	e 15			16			%
Sec	tion D. Computation of Investment	t Income Perc	entage						
17	Investment income percentage for 2018 (lin					17			%_
18	Investment income percentage from 2017	Schedule A, Part	III, line 17		*********	18			%_
19 a	331/3% support tests - 2018. If the $org$							-	
	17 is not more than 331/3%, check thi	is box and stop	here. The orga	anization qualifies	s as a publicly	supporte	ed organiz	ation . 🕨	
Ь	331/3% support tests - 2017. If the orga	nization did not	check a box on l	ine 14 or line 19	a, and line 16 is	more th	nan 331/3	%, and	
	line 18 is not more than $331/3\%$ , check	this box and st	op here. The or	ganization qualifie	es as a publicly	supporte	ed organiz	ation 🕨	
20	Private foundation. If the organization of	did not check	a box on line	4, 19a, or 19b	check this bo	x and	see instru	ctions 🕨	
SA					S	chedule	A (Form 99	0 or 990-EZ	2018

#### 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.)

Secti	ion 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 <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3 a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		
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 <b>Part VI</b> when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c		
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.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
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 <b>Part VI</b> 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.	4c		
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 <b>Part VI</b> , 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).	5a		
	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?  Substitutions only. Was the substitution the result of an event beyond the organization's control?	5b 5c		
6 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 <b>Part VI</b> .	6		
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).	7		
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).	8		
9 a	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 <b>Part VI</b> .	9a		
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 <b>Part VI.</b>	9b		
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 <b>Part VI.</b>	9c		
10 a	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.	10a		
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.)	10ь		

11 Has the organization accepted a gift or contribution from any of the following persons?  a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?  b A family member of a person described in (a) above?  c A 35% controlled entity of a supported organizations  11b	Part	Supporting Organizations (continued)		1/	
a A person who directly or indirectly controls, either alone or together with persons described in (a) and (c) below, the governing body of a supported organization?  b A family member of a person described in (a) above?  c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to e, b, or c, provide detail in Part VI.  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 at directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization have the power to regularly appoint or elect at least a majority of the organization and more than one supported organization, describe how the powers to appoint and/or remove discorts or trustees we allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the lax year.  2 Did the organization and what conditions or restrictions, if any, applied to such powers during the lax year.  3 Did the organization and what conditions or restrictions, if any, applied to such powers during the lax year.  4 Did the organization of the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization(s) that operated.  5 Section C. Type III Supporting Organizations  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 directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's upported orga				Yes	No
below, the governing body of a supported organization?  A Silk controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.  11c    Section B. Type I Supporting Organizations  1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least at majority of the organizations directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organizations of electors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization of electors or trustees were ellocated among the supported organizations and what conditions or resisticions, If any, applied to such powers during the fax year.  2 Did the organization operate for the benefit of any supported organization of the than the supported organization organization with the supported organization organization organization operate for the benefit of any supported organization of the than the supported organization organization organization organization organization organization organization operated, or controlled the supporting organization.  2 Did the organization operate for the benefit carried out the purposes of the supported organization of the organization of the purposes of the supported organization of the organization organization provided to each of its supported organization organization that year, (if a copy of the Form 990 that was most recently filed as of the date of notification, and (if) copies of the organization is position that the organization organization organization organization organization organization organization organization organization orga					
b. A family member of a person described in (a) above? c. A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.  Section B. Type I Supporting Organizations  1. Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organizations (a) affectively operated, supervised, or controlled the organization's activities. If the organization have more supported organization and what conditions or restrictions, if any, applied to such powers during the lax year.  2. Did the organization and what conditions or restrictions, if any, applied to such powers during the lax year.  2. Did the organization and what conditions or restrictions, if any, applied to such powers during the lax year.  3. Did the organization and the supporting organization's activities of any supported organization's If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization's (in the organization's activities of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization's). If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization provide to each of its supported organizations, by the last day of the fifth month of the organization's provided organization graphization was vested in the same persons that controlled or managed the supported organization's provided organizations and provided in the supported organizations and provided any supported organizations.  4 Ves No hard the organization's long organization's provided organizations and supported organizations and provided in the supported organizations and provided	а				
E. A 55% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.  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 organizations directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organizations of electroly operated, supervised, or controlled the organization's activities. If the organization and more than one supported damong the supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organization and the conditions or restrictions, if any, appelled to such powers during the tax year, supported organization (s) that operated, supervised, or controlled the supporting organization or trustees during the supported organization of the supported organization of the supported organization or trustees of a supported organizations are rivustees of each of the organization's directors or trustees during the surported organization or trustees of each of the organization's directors or trustees of the supported organization or or trustees of each of the organization's use vested in the same paraons that controlled or managed the supported organization provide to each of its supported organizations, by the list day of the fifth month of the organization provide to each of its supported organizations, by the list day of the fifth month of the organization is veryer. (I) a written notice describing the type and amount of support to support and the provided organizations, and the continuous working relicionship with the supported organization is veryer. (I) a written notice described to notification, or th			_		
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 organizations directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organizations of directors or trustees at all times during the tax year? If "No," describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.  2 Did the organization organization organization organization of the tone the supported organization of the tone test powers or controlled the supporting organization of the tone the supported organization of the tone shelf carried out the purposes of the supporting organization(s) that operated, supervised, or controlled the supporting organization(s) that operated, supported organizations or trustees of each of the organization's directors or trustees of each of the organization's supported organization's)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization provide to each of its supported organization's tax year, (1) a written notice describing the type and amount of support provided during the profit is year, (1) a written notice describing the type and amount of support provided during the profit is year, (1) a written notice describing the type and amount of support provided during the profit is year, (1) a written notice describing the type and amount of support provided during the profit is year, (1) a written notice describing the type and amount of support provided during the profit is year, (1) a written notice described in (2), did the organization's the tone organization's into provided organization's into provi		SCHOOL ASCHOOLS BY AND ASCHOOLS SAN ASCHOOLS ASSESSMENT BUSINESS AND ASSESSMENT ASCHOOLS ASSESSMENT ASCHOOLS ASSESSMENT ASCHOOLS ASSESSMENT ASSESSMENT ASCHOOLS ASSESSMENT ASCHOOLS ASSESSMENT ASSESSMENT ASCHOOLS ASSESSMENT ASCHOOLS ASSESSMENT ASSESSMENT ASCROOLS ASSESSMENT ASCROOLS ASSESSMENT ASSESSMENT ASSESSMENT ASCROOLS ASSESSMENT ASSESS	-		
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization's directors or trustees, supervised, or controlled the organization's activities. If the organization that drove than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organization of the powers during the tax year.  2 Did the organization operate for the benefit of any supported organization other than the supporting organization organization of the supporting organization of the supporting organization or trustees during the tax year also a majority of the directors or trustees of each 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 directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization (s)? If "No," describe in Part VI how control or menaged the supporting organization was vested in the same persons that controlled or menaged the supporting organization was vested in the same persons that controlled or menaged the supporting organization and the support organization and the organization or trustees of each of the organization or organization and the controlled organizat			110		
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization or supported organization or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organization and what conditions or restrictions, if any, applied to such powers during the tax year.  2 Did the organization operate for the benanch of any supported organization of their than the supported organization of the than the supported organization of the than the supported organization of the third organization of the purposes of the supported organization? If "Yes" explain in Part Whow providing such benefit carried out the purposes of the supporting organization? If "Yes" explain in Part Whow control or management of the supporting organizations are supported organizations? If "Yes," describe in Part Whow control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization or support organization or support organization or support organization or support organization organization provide to each of its supported organizations and (iii) copies of the organization soverning body in the type and amount of support provided during the prior tax year. (ii) a copy of the Form \$90 that was most recently filed as of the date of notification, and (iii) copies of the organization soverning body of a supported organization or supported organization or supported organization solutions.  1 Did the organization mental a close and continuous working reletionship with the supported organization is provided?  2 Were any of the organization with the supported organization supported organization is supported organization is supported	36011	on B. Type I Supporting Organizations		Yes	No
regularly appoint or elect at least a majority of the organizations directors or trustees at all times during the tax year? If "No," describe in Part V how the supported organizations of the property of the organization's property of the organization's property of the organization's property of the organization's property of the organization provide to each of its supported organizations that controlled or managed the supported organization provide to each of its supported organizations that controlled or managed the supported organization's property of the organization provide to each of its supported organizations that controlled organization's provided organization's					110
tax year? If "No," describe in Part W how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization and more than one supported organization, describe how the powers to appoint and/or remove directors or fursitess were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.  2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supported organization(s) that operated.  2 Section C. Type II Supporting Organizations  1 Were a majority of the organization's directors or trustees of the supported organization or management of the supporting organization are supported organization or management of the supporting organization was vested in the same persons that controlled or managed the supported organization are supported organizations.  2 Yes No  1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's supervised organization's provided?  2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization or (ii) are a common or the provided organization or (iii) are a common organization or the provided organization or a sense at all times during the tax year? If "Yes," electric the organization's supported	7				
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1 Check here if the organization satisfied the Integral Part Test as a qualifyin instructions. All other Type III non-functionally integrated supporting organ			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Yea (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 Yea (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		

Schedule A (Form 990 or 990-EZ) 2018

Amounts paid to supported organizations to accomplish exempt purposes	Part		Supporting Organizat	tions (continued)	
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 detalis in Part VI). See instructions to which the organization is responsive (provide detalis in Part VI). See instructions because required explain in Part VI). See instructions  9 Distributable amount for 2018 from Section C, line 6  10 Line 8 amount divided by line 9 amount  10 Section E - Distribution Allocations (see instructions)  11 Distributable amount for 2018 from Section C, line 6  12 Underdistributions, if any, for years prior to 2018 (reasonable cause required - explain in Part VI). See instructions.  12 Excess distributions carryover, if any, to 2018  13 Excess distributions carryover, if any, to 2018  14 From 2013	Sect	ion D - Distributions			Current Year
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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)  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	8	Distributions to attentive supported organizations to which	the organization is resp	onsive	
10 Line 8 amount divided by line 9 amount  Section E - Distribution Allocations (see instructions)  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		(provide details in Part VI). See instructions.			
Section E - Distribution Allocations (see instructions)  I Distributable amount for 2018 from Section C, line 6 Underdistributions, if any, for years prior to 2018 Underdistributions, if any, for years prior to 2018 (reasonable cause required - explain in Part VI). See instructions.  Excess distributions carryover, if any, to 2018  From 2013  From 2014  C From 2015  From 2017  I 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 3l from 3f.  Distributions for 2018 from Section D, line 7:  Applied to underdistributions of prior years b Applied to underdistributions of prior years b Applied to 2018 distributable amount c Remainder, Subtract lines 4a and 4b from 4.  Remainder, Subtract lines 4a and 4b from 4.  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.  Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1, For result greater than zero, explain in Part VI. See instructions.  Excess from 2014  Excess from 2015  Excess from 2015  Excess from 2015  Excess from 2015  Excess from 2017	9	Distributable amount for 2018 from Section C, line 6			
Section E - Distribution Allocations (see instructions)  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	10	Line 8 amount divided by line 9 amount			
Underdistributions, if any, for years prior to 2018 (reasonable cause required - explain in Part VI). See instructions.  Excess distributions carryover, if any, to 2018  From 2013		Section E - Distribution Allocations (see instructions)		Underdistributions	· · ·
(reasonable cause required - explain in Part VI). See instructions.  3	1	Distributable amount for 2018 from Section C, line 6			
instructions.  3 Excess distributions carryover, if any, to 2018 a From 2013	2				
3 Excess distributions carryover, if any, to 2018 a From 2013		(reasonable cause required - explain in Part VI). See			
a From 2013		instructions.			
b From 2014	3				
b From 2014	а	From 2013			
d From 2016	b	From 2014			
e From 2017	С	From 2015			
e From 2017	d	From 2016			
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	е	From 2017			
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	f	Total of lines 3a through e			
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	g	Applied to underdistributions of prior years			
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	h				
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	i				
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	j	Remainder. Subtract lines 3g, 3h, and 3i from 3f,			
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 carry over 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	4	Distributions for 2018 from			
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		Section D, line 7:			
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	а	Applied to underdistributions of prior years			
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 carry over 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	b	Applied to 2018 distributable amount			
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 carry over 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	С	Remainder. Subtract lines 4a and 4b from 4.			
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 carry over 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	5	Remaining underdistributions for years prior to 2018, if			
Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.  Excess distributions carry over to 2019. Add lines 3j and 4c.  Breakdown of line 7:  Excess from 2014  Excess from 2015  Excess from 2016  d Excess from 2017					
and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.  7 Excess distributions carry over 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					
Part VI. See instructions.  7 Excess distributions carry over 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	6	•			
7 Excess distributions carry over 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		and 4b from line 1. For result greater than zero, explain in			
and 4c.  8 Breakdown of line 7:  a Excess from 2014  b Excess from 2015  c Excess from 2016  d Excess from 2017					
8 Breakdown of line 7:  a Excess from 2014  b Excess from 2015  c Excess from 2016  d Excess from 2017	7	•			
a Excess from 2014 b Excess from 2015 c Excess from 2016 d Excess from 2017					
b Excess from 2015 c Excess from 2016 d Excess from 2017	8				
c Excess from 2016 d Excess from 2017					
d Excess from 2017	b				
e Excess from 2018	d				
	е	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 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 B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

#### Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2018

Employer identification number

NATIONAL 4-H COUNCIL 36-2862206 Organization type (check one): Filers of: Section: Form 990 or 990-EZ X 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 X 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 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).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

8E1251 1-000

Employer identification number 36-2862206

Part I	Contributors (see instructions). Use duplicate copies of	of Part I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$6,315,400.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$.	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$3,419,115.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ 1,775,100.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6_		\$1,624,561.	Person Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number 36-2862206

Part I	Contributors (see instructions). Use duplicate copie	es of Part I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$\$, 	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		<b>\$</b> 733,100.	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		<b>\$</b>	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		<b>\$</b>	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		<b>\$</b>	Person Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

			862206
Part II	Noncash Property (see instructions). Use duplicate copies of Property	art II if additional space is ne	eded.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
====		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	4
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
<del></del>		\$	

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization NATIONAL 4-H COUNCIL

Employer identification number

36-2862206			
	26	206221	26

	(10) that total more than \$1,000 for the the following line entry. For organization contributions of \$1,000 or less for the y Use duplicate copies of Part III if addition	e year from any one co is completing Part III, ento /ear. (Enter this informati	ntributor. Co er the total of	mplete columns (a) through (e) and exclusively religious, charitable, etc.
(a) No. from	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
Part I				
	3.	(e) Transfer of gift		
	Transferee's name, address, and a	ZIP + 4	Relations	hip of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
		(e) Transfer of gift	1919	
	Transferee's name, address, and a	ZIP + 4	Relations	hip of transferor to transferee
	<del></del>			
(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 z	ZIP + 4	Relations	hip of transferor to transferee
	-			
(a) No. from	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
Part I				
-				
		(e) Transfer of gift		
	Transferee's name, address, and a	ZIP + 4	Relations	hip of transferor to transferee
	3	=======================================		

#### SCHEDULE D (Form 990)

### **Supplemental Financial Statements**

➤ 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.

► Attach to Form 990.

2018
Open to Public Inspection

Employer Identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

NATIONAL 4-H COUNCIL 36-2862206 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990. Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year . . . . . . . . . . . . Aggregate value of contributions to (during year) Aggregate value of grants from (during year) . . Did the organization inform all donors and donor advisors in writing that the assets held in donor advised Yes funds are the organization's property, subject to the organization's exclusive legal control? . . . . . . . . . . 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 Conservation Easements. Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation Held at the End of the Tax Year easement on the last day of the tax year. 2a 2b Number of conservation easements on a certified historic structure included in (a) . . . . 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a 2d historic structure listed in the National Register.............. Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶ \_ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 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. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 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. 1a 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: 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: 

Sche	dule D (Form 990) 2018								P	age 2
Pa	rt III Organizations Maintaini	ng Collections of	Art, Historical Tre	easures, o	Other	Similar A	Assets (c	ontinu	ed)	
3	Using the organization's acquisition	n, accession, and o	other records, chec	k any of th	e follow	ing that a	are a sign	ificant	use o	f its
	collection items (check all that app	ly):								
а	Public exhibition			or exchange	e prograr	ns				
b	Scholarly research		e Other							
C	Preservation for future gene									
4	Provide a description of the organ	nization's collections	and explain how	they further	the org	ganization'	s exempt	purpo	se in	Part
	XIII.									
5	During the year, did the organization						_	٦,,		i
	assets to be sold to raise funds rath		ained as part of the	organization	n's collec	tion?		Yes	_	No
Pa	rt IV Escrow and Custodial A Complete if the organiza		ell on Form 000 I	Dart IV line	0 or r	anartad a	n amour	t on E	orm	
	990, Part X, line 21.	Mon answered Te	:5 OH FOHH 990, F	artiv, iii e	; 5, OI 16	sported a	ii aiiioui	it OIII	JIIII	
12	Is the organization an agent, truste	e custodian or othe	er intermediary for o	ontributions	or other	assets no	ıt.			
ıa	included on Form 990, Part X?							Yes		No
h	If "Yes," explain the arrangement in	n Part XIII and comm	lete the following tal	n a a anasasa hie	* * *******	S & Mana	8 81 808N L			,
-	the rest configuration arrangement in		g				Amount			
С	Beginning balance		ANDERS AT UNIVERSE IS OF ENGINEER	1c						
d	Additions during the year									
е	Distributions during the year									
f	Ending balance									
2a	Did the organization include an am				ustodial	account lia	bility?	Yes		No
b	If "Yes," explain the arrangement is	n Part XIII. Check he	ere if the explanation	n has been p	rovided (	on Part XII	1300000 9	C 910 4559600		
Pa	rt V Endowment Funds.	FEE:								
	Complete if the organiza	1912 A 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1								
		(a) Current year	(b) Prior year	(c) Two yea		(d) Three y		(e) Fou		
1a	Beginning of year balance	7,429,320.	6,662,458.	5,971			9,602.	8,	566,	2000
b	Contributions	51,640.	57,771.	50	,653.	15	2,060.		53,	806
С	Net investment earnings, gains,	124 700	725 402		. ,,,,		, , , ,		12	106
	and losses	124,780.	725,483.	690	,099.		4,554.		43,	106
	Grants or scholarships									
е	Other expenditures for facilities	-26,284.	16,392.	249	,934.	30	5,468.	2.	534,	089
	and programs				, , , , , ,		7			
	Administrative expenses	7,632,024.	7,429,320.	6,662	,458.	5,97	1,640.	6,	129,	602
g 2	Provide the estimated percentage	of the current year								
a	Board designated or quasi-endowm	ient ► 71.4000	%	Column (a))	ricia ao.					
b	Permanent endowment ▶ 3.1	.100 %	<del></del>							
С	Temporarily restricted endowment	<b>▶</b> 25.4900 %								
	The percentages on lines 2a, 2b, a	•								
3 a	Are there endowment funds not in	the possession of th	e organization that	are held an	ıd admin	istered for	the	1		
	organization by:								Yes	No
	(i) unrelated organizations							3a(i)		X
	(ii) related organizations							3a(ii)		X
_	If "Yes" on line 3a(ii), are the relate	-	•					3b		
4	Describe in Part XIII the intended until Land, Buildings, and Equ		tion's endowment tu	nds.						
Pa	Complete if the organization	ation answered "Ye	es" on Form 990,	Part IV, line	e 11a. S	See Form	990, Pa	rt X, lir	ne 10.	
	Description of property	(a) Cost or	other basis (b) Cost	or other basis	(c) Acc	umulated		) Book v		
1a	Land			other)	depre	eciation		.3	00,0	00.
b	Buildings			533,397.	20,5	99,341.			34,0	
c	Leasehold improvements			- 20						050
d	Equipment		16,4	165,337.	14,3	84,865.		2,0	80,4	72.
	Other									

6,414,528.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.).

Part VII Investments - Other Securities.		Page -
	es" 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.	/es" 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:
(a) Description of investment	(b) Book value	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.	(as" on Form 000	Part IV, line 11d. See Form 990, Part X, line 15.
(a) Descri		(b) Book value
(1)	ption	(b) Book value
(2)		
(3)		
(4)		
_(5)		
(6)		
(7)		
(8)		
(9)	451	
Total. (Column (b) must equal Form 990, Part X, col. (B) line  Part X Other Liabilities.	15.),	
	es" on Form 990,	Part IV, line 11e or 11f. See Form 990, Part X,
(a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) UNFUNDED PENSION LIABILITY	3,500,91	
(3) ACCRUED POST RETIREMENT BENEFITS	3,468,52	
(4) AGENCY FUNDS	338,03	32.
(5)		
(6)		
(7)		
(8)	-	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	7,307,47	78.
the state of the s		52M II

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	m.
1 Total revenue, gains, and other support per audited financial statements	1
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
a Net unrealized gains (losses) on investments	
b Donated services and use of facilities	
c Recoveries of prior year grants	
d Other (Describe in Part XIII.)	
e Add lines 2a through 2d	2e
3 Subtract line 2e from line 1	
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
a Investment expenses not included on Form 990, Part VIII, line 7b	
b Other (Describe in Part XIII.)	
c Add lines 4a and 4b	4c
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	
art XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Ret Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	urn.
1 Total expenses and losses per audited financial statements	1
Amounts included on line 1 but not on Form 990, Part IX, line 25:	
a Donated services and use of facilities	
b Prior year adjustments	]
c Other losses	
d Other (Describe in Part XIII.)	
e Add lines 2a through 2d	
Subtract line 2e from line 1	3
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a Investment expenses not included on Form 990, Part VIII, line 7b 4a	
b Other (Describe in Part XIII.)	
c Add lines 4a and 4b	4c
Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5
art XIII Supplemental Information.  byide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F	
Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional infor SEE PAGE 5	

#### 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

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

OMB No. 1545-0047

2018
Open to Public

Department of the Treasury ► Go to www.irs.gov/Form990 for Instructions and the latest Instructions. Internal Revenue Service Inspection Name of the organization Employer identification number NATIONAL 4-H COUNCIL 36-2862206 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. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Solicitation of non-government grants а е Internet and email solicitations h f Solicitation of government grants Phone solicitations Special fundraising events In-person solicitations 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? 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. (v) Amount paid to (III) Did fundraiser have (vI) Amount paid to (I) Name and address of individual (iv) Gross receipts (or retained by) (II) Activity custody or control of (or retained by) or entity (fundraiser) from activity fundraiser listed in contributions? organization col.(I) Yes No 1 5 9 10 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.

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

Schedule G (Form 990 or 990-EZ) 2018

Schedule G (	Form 990 or 990-EZ) 2018				Page Z
Part II	Fundraising Events. Comple more than \$15,000 of fundr events with gross receipts gro	aising event contribut			
		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events

		events with gross receipts gre	eater than \$5,000.			
			(a) Event #1 AWARDS GALA	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
(I)			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	1,093,923.			1,093,923
Ř	2	Less: Contributions	1,043,494.			1,043,494
_	3	Gross income (line 1 minus line 2)	50,429.			50,429
	4	Cash prizes				
	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
#Exp	7	Food and beverages	84,155.			84,155
Direc	8	Entertainment	49,718.			49,718
	9	Other direct expenses	102,047.			102,047
	10	Direct expense summary. Add lin Net income summary. Subtract li	es 4 through 9 in colu	mn (d)	a research a research	235,920 -185,491
Pa	rt I	Gaming. Complete if the org	anization answered "	Yes" on Form 990.	Part IV. line 19. or	0.27
		\$15,000 on Form 990-EZ, lin	ie 6a.		· · · · · · · · · · · · · · · · · · ·	·
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
<b>Direct</b>	4	Rent/facility costs				
_	5	Other direct expenses	Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	No No	No No	
	7	Direct expense summary. Add lin	es 2 through 5 in colu	mn (d)		
	8	Net gaming income summary. Su	ubtract line 7 from line	1, column (d)	R 201501 R R 201604	
9 a		Enter the state(s) in which the orgals the organization licensed to con		in each of these state	es?	Yes No
10a		Were any of the organization's gaming	g licenses revoked, sust	pended, or terminated d	uring the tax vear?	Yes No
b		If HV H	y 1100111000 Y07011001, 0001			

#### NATIONAL 4-H COUNCIL

Sched	ule G (Form 990 or 990-EZ) 2018 Page 3
11	Does the organization conduct gaming activities with nonmembers?
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?
13	Indicate the percentage of gaming activity conducted in:
а	The organization's facility
b	9 9 70701 7 10 12010 12 10 12010 12 10 12010 12 12 12010 12 12010 12 12010 12 12010 12 12010 12 12010 12 12010
14	An outside facility
14	records:
	Name &
	Name ►
	Addrage N
	Address ►
150	Does the organization have a contract with a third party from whom the organization receives gaming
тоа	
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the
	amount of gaming revenue retained by the third party ▶ \$
С	If "Yes," enter name and address of the third party:
	Name N
	Name ►
	Address N
	Address ►
16	Gaming manager information:
10	Gaming manager miormation.
	Nama N
	Name ►
	Coming manager componentian N. C.
	Gaming manager compensation ▶ \$
	Description of convices provided A
	Description of services provided ▶
	Director/officer Employee Independent contractor
	Director/onicer Employee midependent contractor
17	Mandatory distributions:
	Is the organization required under state law to make charitable distributions from the gaming proceeds to
а	
L	
D	Enter the amount of distributions required under state law to be distributed to other exempt organizations
Part	or spent in the organization's own exempt activities during the tax year > \$  Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), and
Pali	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information
	(see instructions).
_	(SEE III SUI UCUUI IS).

Schedule G (Form 990 or 990-EZ) 2018

SCHEDULE I (Form 990)

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

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

► Attach to Form 990.

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Inspection

OMB No. 1545-0047

Employer identification number 36-2862206

NATIONAL 4-H COUNCIL

Department of the Treasury Internal Revenue Service Name of the organization

le grants or assistance, and
General Information on Grants and Assistance the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and election criteria used to award the grants or assistance?
Part I 1 1 Does the s

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

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. Part II

1 (a) Name and address of organization or government	(p) EIN	(c) IRC section	(d) Amount of cash	(e) Amount of non-	(f) Method of valuation (book, FMV, appraisal,	(g) Description of	(h) Purpose of grant
		(alcaballedall)		casil assistance	other)	IIOIIGasii assistalice	DI BOSISIESIO
(1) 4-H FOUNDATION OF NEW HAMPSHIRE							
MOILES 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)	69,869				EDUCATIONAL

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

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 lates

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OMB No. 1545-0047	Open to Public
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General Information
<b>Part I</b>
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NATIONAL 4-H COUNCIL

Department of the Treasury Internal Revenue Service Name of the organization

- å X Yes Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and \_
  - Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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. Part ||

(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 noncash 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 ROGUE, 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. Enter total number of other organizations listed in the line 1 table

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

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Schedule I (Form 990) (2018)

SCHEDULEI (Form 990)

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

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

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OMB No. 1545-0047

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Employer identification number 36-2862206

	Assistance
	Information on Grants and Assistanc
-H COUNCIL	eral Informatic
NATIONAL 4-	Part   Gen

Department of the Treasury Internal Revenue Service Name of the organization

å X Yes 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? . . . . . .

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

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. Part

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 noncash assistance	(h) Purpose of grant or assistance
(1) MICHIGAN 4-H FOUNDATION							
14901 4H DRIVE TUSTIN, MI 49688	38-1539997	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 BOSEMAN, 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				EDUCALTONAL
(11) NORTH CAROLINA AT&T STATE UNIVERSITY							
1601 E. MARKET ST GREENSBORG, 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

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table For Paperwork Reduction Act Notice, see the Instructions for Form 990.

SCHEDULE I (Form 990)

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

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

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Employer identification number 36-2862206

	Assistance
	Grants and A
COUNCIL	General Information on Grants and Assistal
. 4-H	General
TIONAL	t in

Department of the Treasury Internal Revenue Service Name of the organization

		0011001	
Partl	Part   General Information on Grants and Assistance		
1 Do	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	r assistance, and	
the	the selection criteria used to award the grants or assistance?	Yes	<b>8</b>

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

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. Part II

1 (a) Name and address of organization or government	(p) 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 noncash 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				EDUCATONAL
(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) RUIGERS, 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

Enter total number of other organizations listed in the line 1 table. 3 Enter total number of ourer organization.

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

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1/9/2020

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SCHEDULE I (Form 990)

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

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

Open to Public

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

Employer identification number 36-2862206

Assistance	
ation on Grants and Assistance	
Information o	
General	
Parti	

NATIONAL 4-H COUNCIL

Department of the Treasury Internal Revenue Service Name of the organization

- å × Yes 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? . . . . . .
  - 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 noncash assistance	(h) Purpose of grant or assistance
(1) SOUTHERN UNIVERSITY AG RESEARCH							
P.O. BOX 10010 BATON 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

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

SCHEDULEI (Form 990)

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

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

OMB No. 1545-0047	<b>2018</b>	Open to Public
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► Go to www.irs.gov/Form990 for the latest information.

Employer identification number 36-2862206

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General	
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NATIONAL 4-H COUNCIL

Department of the Treasury Internal Revenue Service Name of the organization

- å × Yes 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and
  - Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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. Part II

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 noncash 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			8:				
51 COLLEGE ROAD, ROOM 109B DURHAM, NH 03824	02-6000937	STATE OF NH	33,186.				EDUCATIONAL

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

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

SCHEDULEI (Form 990)

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

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

OMB No. 1545-0047	2018	Onen to Public
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▶ Go to www.irs.gov/Form990 for the latest information.

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Employer identification	36-2862206

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NATIONAL 4-H COUNCIL

Department of the Treasury Internal Revenue Service Name of the organization

- Š × Yes Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and
  - Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part | 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 noncash 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 IN	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

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)

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Page 2

dule 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.

(f) Description of non-cash assistance Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance information. Part IV 7 က 2 9 4

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

36-2862206 Page 2

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	oc la liceded.				
	(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
-		120				
2						
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4						
2						
9						
7						
Part IV	Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.	nformation re	quired in Part I, I	line 2, Part III, c	olumn (b); and any o	ther additional

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,

CONTRACT WITH GRANTEE IS PREPARED OUTLINING THE DELIVERABLES, TIMELINE,

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

COUNCIL AND GRANTEE.

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

Page 2

Schedule I (Form 990) (2018)

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. Part III

(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
					6
Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.	information re	quired in Part I, I	ine 2, Part III, c	olumn (b); and any of	ther additional

REFLECTING ACTUAL EXPENSES ON AN ANNUAL BASIS. THESE REFLECT SPENDING

AGAINST APPROVED BUDGET LINES. ANY OF THESE STAGES MAY BE AMENDED OR

DROPPED AS APPROPRIATE FOR THE SPECIFICS OF A GIVEN GRANT. GRANTEES

SUPPORTED THROUGH FEDERAL DOLLARS MAY REQUIRE SITE VISITS AND/OR

ADDITIONAL AUDITING PROCEDURES.

# **SCHEDULE J** (Form 990)

Department of the Treasury

Internal Revenue Service

Compensation Information

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

▶ Complete if the organization answered "Yes" 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

Open to Public Inspection

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

Par	Questions Regarding Compensation		- /	
			Yes	No
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.			
	X First-class or charter travel Housing allowance or residence for personal use			Post-
	Travel for companions Payments for business use of personal residence	100		ion.
	Tax indemnification and gross-up payments X Health or social club dues or initiation fees	Wegn		
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			1500
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 200, 2 2 200, 2 2 200, 2 2 200, 2 2 200, 2 2 200, 2 2 200, 2 2 200, 2 2 200, 2 2 200, 2 2 200, 2 2 200	1b	X	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all	S 11.		
	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line			
	1a?	2	X	
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.			
	Compensation committee Written employment contract			I WE
	X Independent compensation consultant X Compensation survey or study	(C.15)		
	X Form 990 of other organizations X Approval by the board or compensation committee		3103	
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:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Х	
С	3	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		2.3	E.
		105		ile i
_	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		SEC.	
	compensation contingent on the revenues of:		V. Salar	Х
a		5a		X
b	Any related organization?	5b	200	A
•	If "Yes" on line 5a or 5b, describe in Part III.	i s	3 1	10.53
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:	C-	200	Х
a	The organization?	6a 6b		X
D	Any related organization?	OD	ma ent	
7		100		MAD.
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	7		X
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	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	TAX.	33	1973
J	Pagulations spotian 53 4058-8(s)?	0		

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

Schedule J (Form 990) 2018

Schedule J (Form 990) 2018

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

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.

	_	(B) Breakdown of W-2		and/or 1099-MISC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(I)-(D)	in column (B) reported as deferred on prior Form 990
JENNIFER SIRANGELO	ε	435,615.	0	810.	54,821.	21,586.	512,832.	0
1 CEO	€	0	0	0	0	0	0	0
JANE ANGELICH	€	263,495.	.0	6,112.	35,118.	16,169.	320,894.	0
2 SVP, CHIEF INNOVATION OFFICER	▣	*0	0	0.	0	0	0	0
JILL BRAMBLE	€	262,954.	0	810.	29,237.	18,431.	311,432.	0
3SVP, CHIEF DEVELOPMENT OFFICER	•	0	0	0.	0	0	0	0
ANDREW FERRIN	Ξ	256,866.	0	2,322.	35,134.	27,277.	321,599.	0
4SVP, CHIEF STRATEGY OFFICER	€	0	0	0	.0	0	0	0
CHRISTA PRIESING	ε	170,003.	0	397.	17,182.	17,652.	205,234.	0
CEL M	(E)	0	0	0	0.	0	0	0
JOSEPH P. ROCHE	€	278,222.	0	2,322.	7,246.	27,323.	315,113.	0
6 SVP, CHIEF FINANCIAL OFFICER	<b>(II)</b>	0	0	.0	0.	0	0	0
ARTIS STEVENS	ε	259,268.	0.	810.	26,072.	28,800.	314,950.	0.
7SVP, CHIEF MARKETING OFFICER	€	• 0	0.	0	0	0	0.	0
KATHLEEN CASKIN	Θ	159,394.	0	1,935.	25,356.	27,185.	213,870.	.0
8SR DIR, FIELD & COUNCIL COMMS	<b>(E)</b>	.0	0	0.	0	.0	0.	.0
HEATHER ELLIOTT	ε	174,584.	0.	419.	25,678.	22,300.	222,981.	0.
9 <sup>VP</sup> , DEVELOPMENT	<b>(E)</b>	0.	0	0	0.	0.	0.	0
PAUL J. KOEHLER	Θ	158,636.	0	137	0	137.	158,910.	0.
10 SVP, GENERAL MANAGER	(E)	0	0	0	0.	0	.0	0.
DANELLE SABATHIER	Ξ	166,043.	0.	974.	4,187.	2,006.	173,210.	.0
11 VP, DIGITAL STRATEGY	•	*0	0	0	0.	0	0	0
CRAIG SHUBA	Ξ	200,488.	0.	2,149.	4,996.	5,392.	213,025.	0.
12 CONTROLLER	€	0	0	0	0.	0	.0	.0
REBECCA KELLEY	Θ	151,583.	0	.585	6,213.	567.	158,948.	0.
13 DEVELOPMENT DIR, FDN GIVING	€	0.	0	0.	0.	.0	0.	0.
	Ξ							
14	€							
	€							
15	€							
	ε							
16	€							

Schedule J (Form 990) 2018

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Schedule J (Form 990) 2018

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 CONTRIBTUIONS AND ANY GAINS, LOSSES AND EARNINGS BASED UPON THE

TERMS OF THE PLAN WITH EXECUTIVE'S RIGHTS VESTING ANNUALLY ON DECEMBER

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8E1505 1,000

Schedule J (Form 990) 2018

#### SCHEDULE L

Department of the Treasury

Internal Revenue Service

# **Transactions With Interested Persons**

(Form 990 or 990-EZ) ►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

OMB No. 1545-0047

Inspection

Employer Identification number 36-2862206 NATIONAL 4-H COUNCIL Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only). Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. (d) Corrected? (b) Relationship between disqualified person and (c) Description of transaction 1 (a) Name of disqualified person organization Yes No (1) (2) (3)(4) (5) (6) Enter the amount of tax incurred by the organization managers or disqualified persons during the year Part II Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22. (a) Name of interested person (b) Relationship (c) Purpose of (d) Loan to or (e) Original (f) Balance due (g) In default? (h) Approved (i) Written principal amount by board or with organization from the committee? organization? То From Yes Yes No (1)(2) (3) (4) (5) (6) (7)(8)(9) (10)Total Grants or Assistance Benefiting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27, (a) Name of interested person (b) Relationship between interested (c) Amount of assistance (d) Type of assistance (e) Purpose of assistance person and the organization (1) (2)(3)(4)(5) (6)(7)(8) (9)

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

Schedule L (Form 990 or 990-EZ) 2018

(10)

Schedule L (Form 990 or 990-EZ) 2018

Page 2

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organi	aring o zation's nues?
				Yes	No
(1) EDWARD BECKWITH AND JANIS PENMAN	BUSINESS	274,670.	LEGAL SERVICES		Х
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

SCHEDULE L OTHER INFORMATION

**Supplemental Information** 

Part V

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

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

## SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

# **Noncash Contributions**

► 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.

OMB No. 1545-0047
2018
Open to Public

NATIONAL 4-H COUNCIL

Inspection
Employer identification number

36-2862206

Par	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	Method of noncash conti			
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household							
6	goods							
7	Boats and planes							
8	Intellectual property							
9		Х	4.	210.832.	MARKET PR	TCE		
10	Securities - Publicly traded Securities - Closely held stock			210,0321	THIRTE III	100		
11	Securities - Partnership, LLC,							
	or trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation							-
13	contribution - Historic							
	structures							
4.4	Qualified conservation	-						
14	contribution - Other							
4.5								
15	Real estate - Residential							
16								
17	Real estate - Other							
18	Collectibles							
19 20	Food inventory							
21								
22	Taxidermy							
23 24	Scientific specimens Archeological artifacts							
	Other ► (AUCTION ITEMS )	X	12.	13,600.	FMV			
25			12,	13,000.	1111	_		_
26	Other ►()							
27	Other ►()							
28	Other ►()	h., 4h.a. a.a.					_	
29	Number of Forms 8283 received which the organization completed F				29			
	which the organization completed r	-01111 0203,	Part IV, Donee Acknowledg	ement	25		Yes	No
202	During the year, did the organizat	ion rosoivo	by contribution any propo	rty reported in Part I line	s 1 through		103	140
Jua	28, that it must hold for at least the							
	to be used for exempt purposes for	•			· I	30a		Х
_	· · · · · · · · · · · · · · · · · · ·		ording period?			30a	-	
	If "Yes," describe the arrangement in		tonon notice that require	so the review of any				
31	Does the organization have a	-	•	-		31	Х	
20-	contributions?					31	41	
J∠a			· ·			322		Х
L	contributions?					32a		
	If the organization didn't report an	amount in -	olumn (a) for a tuna of acc	norty for which column (a)	is shocked			
33	describe in Part II.	amount in C	or o	perty for which column (a,	i is checked,			

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

Schedule M (Form 990) 2018

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)

# 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.

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Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Name of the organization

NATIONAL 4-H COUNCIL

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 COMPENSATON 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
September 36-2862206

\_\_\_\_\_\_

107,232

-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

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.

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

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

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

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 4

#### FORM 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 5

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

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
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

Employer Identification number 36-2862206

# ATTACHMENT 6

## FORM 990, PART IX - OTHER FEES

DESCRIPTION	(A) TOTAL FEES	(B) PROGRAM SERVICE EXP.	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING EXPENSES
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	4,842,046.	4,447,826.	218,714.	175,506.

36-2862206

SCHEDULE R (Form 990)

Department of the Treasury

Internal Revenue Service Name of the organization

NATIONAL 4-H COUNCIL

Part

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37, Related Organizations and Unrelated Partnerships

► Attach to Form 990.

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OMB No. 1545-0047

Employer identification number

Inspection

36-2862206

Part	Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.	answered "Yes" on	Form 990, Part IN	V, line 33.		
	(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling
(1)						
(2)						
(3)						
(4)						
(5)						
(9)						

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.	. Complete if the org the tax year.	ganization answer	red "Yes" on Fo	ırm 990, Part IV,	line 34, because	it had
(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 52-2292245						
7100 CONNECTICUT AVE CHEVY CHASE, MD 20815	SEE PART VII	ОН	501(C)(3)	12A	THE COUNCIL	×
(2) GLOBAL CLOVER NETWORK, INC. 52-2292242						
7100 CONNECTICUT AVE CHEVY CHASE, MD 20815	SEE PART VII	НО	501(C)(3)	12A	THE COUNCIL	×
(3) NATIONAL 4-H CONGRESS FOUNDATION 45-2572008						
7100 CONNECTICUT AVE CHEVY CHASE, MD 20815	SEE PART VII	НО	501(C)(3)	12A	THE COUNCIL	×
(4)						
(5)						
(9)						
(7)						
For Paperwork Reduction Act Notice, see the Instructions for Form 990.					Schedule F	Schedule R (Form 990) 2018

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1/9/2020

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Schedule R (Form 990) 2018

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. Part III

	because it riad one of more related organizations treated as a partnership during the tax year.	more refated orga	INIZATIONS	streated as a pa	armership during the	tax year.					
g Z	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportions is altocations 7	(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	
3											
(2)			,								
(3)											
(4)											
(2)											
(9)											
(2)											
Part IV	Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answere it had one or more related organizations treated as a corporation or trust during the tax year.	ed Organizations d one or more rela	Taxable sted orga	as a Corporati inizations treate	<b>as a Corporation or Trust.</b> Complete if the organization answered "Yes" on Form 990, Part IV nizations treated as a corporation or trust during the tax year.	ete if the orgar or trust during t	iization answer ne tax year.	ed "Yes"	on Form 990,	Part IV,	

				,				
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile	(d) Direct controlling	(e) Type of entity	(f) Share of total	(g) Share of	(h) Percentage	(i) Section
		(state or foreign country)	entity	(C corp, S corp, or trust)	income	end-of-year assets ownership controlled controlled entity?	ownership	512(b)(13) controlled entity?
								es No
(1)								
(2)								
(3)								-
(4)								
(9)								
(9)								
(1)								
			#					

Schedule R (Form 990) 2018

 $\times |\times$ 

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Page 3 Method of determining amount involved Yes × × 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. 16 10 19 <u>1</u>e 19 무 ξ 1 9 19 7 늦 Lease of facilities, equipment, or other assets from related organization(s) . . . . . . . . . . . . . . . . . Performance of services or membership or fundraising solicitations for related organization(s) Other transfer of cash or property to related organization(s)................... Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36, Amount involved 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? (b) Transaction type (a-s) Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. Other transfer of cash or property from related organization(s). (a)
Name of related organization Dividends from related organization(s) Ф \_ ۵ ه 6 7

× ×

(9)

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(2)

3

3

(2)

Schedule R (Form 990) 2018

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

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)	,	(p)		(p)	(a)	:	(0)	£	9	9	3
Name, address, and EIN of enlity		Primary activity	Legal domicile		Are all partners	Share of	Share of	Disproportionate			Percentage
				unrelated, excluded	501(c)(3)		end-on-year assets	allocations?	of Schedule K-1	managing partner?	ownership
					Yes No			Yes	_	Yes	
(1)											
(2)											
(3)											
(4)											
(5)											
(9)											
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7,000											
(8)											
(6)											
											9
(10)											
(11)											
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(12)											
(13)											
(14)											
i											
(15)											
(16)											
								-	Sc	Schedule R (Form 990) 2018	m 990) 2018

Schedule R (Form 990) 2018

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### 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.