

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](http://www.irs.gov/form990).

OMB No. 1545-0047

**2022**

Open to Public Inspection

**A For the 2022 calendar year, or tax year beginning** 03/01/2022 **and ending** 02/28/2023

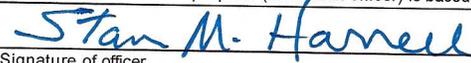
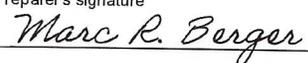
<b>B</b> Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C Name of organization</b> NATIONAL 4-H COUNCIL		<b>D Employer identification number</b> 36-2862206
	<b>Doing Business As</b>		<b>E Telephone number</b> (301) 961-2800
	<b>Number and street (or P.O. box if mail is not delivered to street address)</b>	<b>Room/suite</b>	
	<b>City or town, state or province, country, and ZIP or foreign postal code</b> WASHINGTON, DC 20005		<b>G Gross receipts \$</b> 78,793,662.
<b>F Name and address of principal officer:</b> JILL BRAMBLE SAME AS "C" ABOVE		<b>H(a) Is this a group return for subordinates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b) Are all subordinates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
<b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(c) Group exemption number</b> ▶	
<b>J Website:</b> WWW.4-H.ORG			
<b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L Year of formation:</b> 1976 <b>M State of legal domicile:</b> OH	

**Part I Summary**

<b>Activities &amp; Governance</b>	1 Briefly describe the organization's mission or most significant activities: <u>SEE SCHEDULE O</u>				
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.				
	3	Number of voting members of the governing body (Part VI, line 1a) . . . . . 23			
	4	Number of independent voting members of the governing body (Part VI, line 1b) . . . . . 23			
	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a) . . . . . 132			
	6	Total number of volunteers (estimate if necessary) . . . . . 22			
	7a	Total unrelated business revenue from Part VIII, column (C), line 12 . . . . . NONE			
	7b	Net unrelated business taxable income from Form 990-T, line 34 . . . . . NONE			
<b>Revenue</b>	8	Contributions and grants (Part VIII, line 1h) . . . . .	Prior Year	Current Year	
	9	Program service revenue (Part VIII, line 2g) . . . . .	90,902,825.	25,767,450.	
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . .	96,643.	1,660,020.	
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . . .	34,712,495.	2,048,238.	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .	2,549,262.	2,122,688.	
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . . .	128,261,225.	31,598,396.	
	14	Benefits paid to or for members (Part IX, column (A), line 4) . . . . .	9,325,921.	11,073,338.	
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) . . . . .	NONE	NONE	
	16a	Professional fundraising fees (Part IX, column (A), line 11e) . . . . .	14,105,832.	15,182,828.	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . . . . .	NONE	NONE	
<b>Expenses</b>	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 3,932,000.			
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) . . . . .	11,621,926.	13,949,885.	
	19	Revenue less expenses. Subtract line 18 from line 12 . . . . .	35,053,679.	40,206,051.	
			93,207,546.	-8,607,655.	
	<b>Net Assets or Fund Balances</b>	20	Total assets (Part X, line 16) . . . . .	Beginning of Current Year	End of Year
		21	Total liabilities (Part X, line 26) . . . . .	137,934,120.	134,786,716.
		22	Net assets or fund balances. Subtract line 21 from line 20 . . . . .	10,726,565.	21,111,012.
				127,207,555.	113,675,704.

**Part II Signature Block**

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

<b>Sign Here</b>	 Signature of officer		01/03/2024 Date	
	STAN HARRELL Type or print name and title SVP, CHIEF FIN OFFCR			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name MARC BERGER	Preparer's signature 	Date 1/16/2024	Check <input type="checkbox"/> if self-employed PTIN P01871563
	Firm's name ▶ BDO USA		Firm's EIN ▶ 13-5381590	
	Firm's address ▶ 8401 GREENSBORO DRIVE, #800 MCLEAN, VA 22102		Phone no. 703-893-0600	

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2022)

**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission:

SEE SCHEDULE O

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

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

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

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

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

**4a** (Code: ) (Expenses \$ 27,571,530. including grants of \$ 11,073,338. ) (Revenue \$ 1,660,020. )

SEE SCHEDULE O

**4b** (Code: ) (Expenses \$ 1,714,299. including grants of \$ NONE ) (Revenue \$ 2,221,788. )

AS THE OFFICIAL 4-H STORE, THE NATIONAL 4-H SUPPLY SERVICE'S MISSION IS TO PROVIDE AFFORDABLE, HIGH-QUALITY SUPPLIES AND EDUCATIONAL MATERIALS THAT WILL ENABLE AND CREATE OPPORTUNITIES FOR YOUTH TO DEVELOP THEIR FULL POTENTIAL. 4-H SUPPLY HAS TRADITIONALLY REACHED OUT TO THE 4-H SYSTEM THROUGH ITS ANNUAL PRINT CATALOG MAILING, AN E-COMMERCE WEBSITE, AS WELL AS A PHYSICAL PRESENCE AT MANY ORGANIZED 4-H LEADER AND VOLUNTEER EVENTS THROUGHOUT THE YEAR. PRODUCTS OFFERED INCLUDE AWARDS AND RECOGNITION ITEMS, 4-H APPAREL AND CLUB SUPPLIES, OFFICE SUPPLIES, 4-H CURRICULA AND OTHER PRINTED RESOURCES.

**4c** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**4d** Other program services (Describe on Schedule O.)

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

**4e** Total program service expenses 29,285,829.

**Part IV Checklist of Required Schedules**

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

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

<b>Part V Statements Regarding Other IRS Filings and Tax Compliance</b> <i>(continued)</i>		Yes	No
<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. . . . .	<b>2a</b> 132		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		X	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .			X
<b>b</b> If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i> . . . . .			
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .			X
<b>b</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).			
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .			X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			X
<b>c</b> If "Yes" to line 5a or 5b, did the organization file Form 8886-T? . . . . .			
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . . .			X
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .			
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .			X
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .			
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .			X
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year . . . . .	<b>7d</b>		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			X
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .			X
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .			
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .			
<b>9 Sponsoring organizations maintaining donor advised funds.</b>			
<b>a</b> Did the sponsoring organization make any taxable distributions under section 4966? . . . . .			
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .			
<b>10 Section 501(c)(7) organizations.</b> Enter:			
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	<b>10a</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . .	<b>10b</b>		
<b>11 Section 501(c)(12) organizations.</b> Enter:			
<b>a</b> Gross income from members or shareholders . . . . .	<b>11a</b>		
<b>b</b> Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . .	<b>11b</b>		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?			
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . .	<b>12b</b>		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? . . . . . <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.			
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . .	<b>13b</b>		
<b>c</b> Enter the amount of reserves on hand . . . . .	<b>13c</b>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . . . .			X
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> . . . . .			
<b>15</b> 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? . . . . . If "Yes," see the instructions and file Form 4720, Schedule N.			X
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.			X
<b>17 Section 501(c)(21) organizations.</b> Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? . . . . . If "Yes," complete Form 6069.			

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 on Schedule O. See instructions.

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (23), 1b (23), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE O
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records

STAN HARRELL 655 15TH STREET, NW, SUITE 220 WASHINGTON, DC 20005
301-961-2890

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

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

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JENNIFER SIRANGELO PRESIDENT AND CEO	40.00 NONE			X			617,629.	NONE	63,606.	
(2) JILL BRAMBLE EVP, CHIEF GROWTH OFFICER	40.00 NONE				X		367,736.	NONE	49,697.	
(3) YI TANG (THROUGH 03/31/2023) SVP, CHIEF FIN & ADMIN OFF	40.00 NONE			X			360,366.	NONE	40,931.	
(4) IVAN HEREDIA SVP, CHIEF MARKETING OFFICER	40.00 NONE				X		332,759.	NONE	48,832.	
(5) HEATHER ELLIOTT SVP, CHIEF DEVELOPMENT OFFICER	40.00 NONE				X		275,328.	NONE	39,329.	
(6) ANDREW FERRIN SVP, CHIEF STRATEGY OFFICER	40.00 NONE				X		257,115.	NONE	48,160.	
(7) JESSICA SHUSTER MURRAY VP, CONTROLLER	40.00 NONE					X	187,680.	NONE	41,666.	
(8) ESTELLA MCCOLLUM VP, ECOMMERCE	40.00 NONE					X	184,687.	NONE	13,441.	
(9) SARITA BHARGAVA VP, INTEGRATED MARKETING	40.00 NONE					X	161,736.	NONE	33,546.	
(10) DANELLE SABATHIER VP, DIGITAL STRATEGY	40.00 NONE					X	183,893.	NONE	10,350.	
(11) JENNIFER MCIVER VP, EXTENSION ENGAGEMENT	40.00 NONE					X	174,046.	NONE	13,917.	
(12) KRISTA HARDEN CHAIR, BOARD OF TRUSTEES	4.00 NONE	X		X			NONE	NONE	NONE	
(13) JULIETTE B. BELL, PH.D. VICE CHAIR, BOARD OF TRUSTEES	2.00 NONE	X		X			NONE	NONE	NONE	
(14) WADE MIQUELON TREASURER, BOARD OF TRUSTEES	2.00 NONE	X		X			NONE	NONE	NONE	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 15 ) JACKIE APPLGATE ----- TRUSTEE	2.00 ----- NONE	X					NONE	NONE	NONE	
( 16 ) TIFFANY ATWELL ----- TRUSTEE	2.00 ----- NONE	X					NONE	NONE	NONE	
( 17 ) MARTHA BERNADETT ----- TRUSTEE	2.00 ----- NONE	X					NONE	NONE	NONE	
( 18 ) MARK BERVEN ----- TRUSTEE	2.00 ----- NONE	X					NONE	NONE	NONE	
( 19 ) JON BOREN ----- TRUSTEE	2.00 ----- NONE	X					NONE	NONE	NONE	
( 20 ) ALYSIA BORSA ----- TRUSTEE	2.00 ----- NONE	X					NONE	NONE	NONE	
( 21 ) LESLIE COLEMAN ----- TRUSTEE	2.00 ----- NONE	X					NONE	NONE	NONE	
( 22 ) DAVID L. EPSTEIN ----- TRUSTEE	2.00 ----- NONE	X					NONE	NONE	NONE	
( 23 ) E. GORDON GEE ----- TRUSTEE	2.00 ----- NONE	X					NONE	NONE	NONE	
( 24 ) CARLA HALL ----- TRUSTEE	2.00 ----- NONE	X					NONE	NONE	NONE	
( 25 ) LANDEL C. HOBBS ----- TRUSTEE	2.00 ----- NONE	X					NONE	NONE	NONE	
<b>1b Sub-total</b> . . . . .							3,102,975.	NONE	403,475.	
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .							NONE	NONE	NONE	
<b>d Total (add lines 1b and 1c)</b> . . . . .							3,102,975.	NONE	403,475.	

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 35

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

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 26 ) ROBERT J. JONES ----- TRUSTEE	2.00 ----- NONE	X					NONE	NONE	NONE	
( 27 ) RICHARD MALTSBARGER ----- TRUSTEE	2.00 ----- NONE	X					NONE	NONE	NONE	
( 28 ) TRENT MCKNIGHT ----- TRUSTEE	2.00 ----- NONE	X					NONE	NONE	NONE	
( 29 ) TAY MOORE ----- TRUSTEE	2.00 ----- NONE	X					NONE	NONE	NONE	
( 30 ) KAYE REITZENSTEIN ----- TRUSTEE	2.00 ----- NONE	X					NONE	NONE	NONE	
( 31 ) LISA SAFARIAN ----- TRUSTEE	2.00 ----- NONE	X					NONE	NONE	NONE	
( 32 ) MAGGIE SANS ----- TRUSTEE	2.00 ----- NONE	X					NONE	NONE	NONE	
( 33 ) MARY SNAPP ----- TRUSTEE	2.00 ----- NONE	X					NONE	NONE	NONE	
( 34 ) DANIELLE TIEDT ----- TRUSTEE	2.00 ----- NONE	X					NONE	NONE	NONE	
( 35 ) JANIS PENMAN ----- SECRETARY	2.00 ----- NONE			X			NONE	NONE	NONE	
<b>1b Sub-total</b> . . . . .										
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .										

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

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

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
SEE SCHEDULE O		

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

**Part VIII Statement of Revenue**

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants, and Other Similar Amounts</b>	<b>1a</b>	Federated campaigns . . . . .	<b>1a</b> 12,341.					
	<b>b</b>	Membership dues . . . . .	<b>1b</b>					
	<b>c</b>	Fundraising events . . . . .	<b>1c</b> 218,145.					
	<b>d</b>	Related organizations . . . . .	<b>1d</b>					
	<b>e</b>	Government grants (contributions) . .	<b>1e</b> 4,749,749.					
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above .	<b>1f</b> 20,787,215.					
	<b>g</b>	Noncash contributions included in lines 1a-1f . . . . .	<b>1g</b> \$					
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . .		25,767,450.				
	<b>Program Service Revenue</b>	<b>2a</b>	OTHER PROGRAM SERVICE REVENUE	Business Code 624100	1,660,020.	1,660,020.		
<b>b</b>								
<b>c</b>								
<b>d</b>								
<b>e</b>								
<b>f</b>		All other program service revenue . . . . .						
<b>g</b>		<b>Total.</b> Add lines 2a-2f . . . . .		1,660,020.				
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) . . . . .		981,053.		NONE	981,053.	
	<b>4</b>	Income from investment of tax-exempt bond proceeds .		NONE				
	<b>5</b>	Royalties . . . . .		NONE				
	<b>6a</b>	Gross rents . . . . .	(i) Real	(ii) Personal				
			<b>6a</b>					
			<b>6b</b>					
	<b>b</b>	Less: rental expenses	<b>6b</b>					
	<b>c</b>	Rental income or (loss)	<b>6c</b> NONE	NONE				
	<b>d</b>	Net rental income or (loss) . . . . .		NONE				
	<b>7a</b>	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
			<b>7a</b> 45,607,293.					
			<b>7b</b> 44,540,108.					
	<b>b</b>	Less: cost or other basis and sales expenses . .	<b>7b</b>					
	<b>c</b>	Gain or (loss) . . . . .	<b>7c</b> 1,067,185.					
	<b>d</b>	Net gain or (loss) . . . . .		1,067,185.			1,067,185.	
<b>8a</b>	Gross income from fundraising events (not including \$ 218,145. of contributions reported on line 1c). See Part IV, line 18 . . . . .							
		<b>8a</b> NONE						
		<b>8b</b> 99,100.						
<b>b</b>	Less: direct expenses . . . . .	<b>8b</b>						
<b>c</b>	Net income or (loss) from fundraising events . . . . .		-99,100.			-99,100.		
<b>9a</b>	Gross income from gaming activities. See Part IV, line 19 . . . . .							
		<b>9a</b> NONE						
		<b>9b</b> NONE						
<b>b</b>	Less: direct expenses . . . . .	<b>9b</b>						
<b>c</b>	Net income or (loss) from gaming activities . . . . .		NONE					
<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . .							
		<b>10a</b> 4,777,846.						
		<b>10b</b> 2,556,058.						
<b>b</b>	Less: cost of goods sold . . . . .	<b>10b</b>						
<b>c</b>	Net income or (loss) from sales of inventory . . . . .		2,221,788.	2,221,788.				
<b>Miscellaneous Revenue</b>	<b>11a</b>		Business Code					
	<b>b</b>							
	<b>c</b>							
	<b>d</b>	All other revenue . . . . .						
	<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . .		NONE				
<b>12</b>	<b>Total revenue.</b> See instructions . . . . .			31,598,396.	3,881,808.	NONE	1,949,138.	

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]

Table with 5 columns: (A) Total expenses, (B) Program service expenses, (C) Management and general expenses, (D) Fundraising expenses. Rows include categories like Grants, Compensation, Payroll taxes, Advertising, and Total functional expenses.

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing . . . . .	31,254,805.	<b>1</b>	23,215,915.
	<b>2</b> Savings and temporary cash investments . . . . .	NONE	<b>2</b>	NONE
	<b>3</b> Pledges and grants receivable, net . . . . .	12,262,614.	<b>3</b>	9,204,271.
	<b>4</b> Accounts receivable, net . . . . .	1,365,739.	<b>4</b>	1,649,822.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .	NONE	<b>5</b>	NONE
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .	NONE	<b>6</b>	NONE
	<b>7</b> Notes and loans receivable, net . . . . .	NONE	<b>7</b>	NONE
	<b>8</b> Inventories for sale or use . . . . .	1,655,308.	<b>8</b>	1,630,983.
	<b>9</b> Prepaid expenses and deferred charges . . . . .	207,607.	<b>9</b>	937,410.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	<b>10a</b> 3,936,948.		
	<b>b</b> Less: accumulated depreciation . . . . .	<b>10b</b> 497,177.		
	<b>11</b> Investments - publicly traded securities . . . . .	90,812,858.	<b>11</b>	86,929,860.
	<b>12</b> Investments - other securities. See Part IV, line 11 . . . . .	NONE	<b>12</b>	NONE
	<b>13</b> Investments - program-related. See Part IV, line 11 . . . . .	NONE	<b>13</b>	NONE
	<b>14</b> Intangible assets . . . . .	NONE	<b>14</b>	NONE
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	NONE	<b>15</b>	7,778,684.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) . . . . .	137,934,120.	<b>16</b>	134,786,716.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	4,185,150.	<b>17</b>	7,246,098.
	<b>18</b> Grants payable . . . . .	NONE	<b>18</b>	NONE
	<b>19</b> Deferred revenue . . . . .	542,764.	<b>19</b>	895,439.
	<b>20</b> Tax-exempt bond liabilities . . . . .	NONE	<b>20</b>	NONE
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .	NONE	<b>21</b>	NONE
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .	NONE	<b>22</b>	NONE
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	NONE	<b>23</b>	NONE
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	NONE	<b>24</b>	NONE
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D . . . . .	5,998,651.	<b>25</b>	12,969,475.
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	10,726,565.	<b>26</b>	21,111,012.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.</b> <input checked="" type="checkbox"/>			
	<b>27</b> Net assets without donor restrictions . . . . .	86,653,045.	<b>27</b>	76,335,858.
	<b>28</b> Net assets with donor restrictions . . . . .	40,554,510.	<b>28</b>	37,339,846.
	<b>Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.</b> <input type="checkbox"/>			
	<b>29</b> Capital stock or trust principal, or current funds . . . . .		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>31</b>	
	<b>32</b> Total net assets or fund balances . . . . .	127,207,555.	<b>32</b>	113,675,704.
<b>33</b> Total liabilities and net assets/fund balances . . . . .	137,934,120.	<b>33</b>	134,786,716.	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	31,598,396.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	40,206,051.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-8,607,655.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	127,207,555.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-5,892,071.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	967,875.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	113,675,704.

**Part XII Financial Statements and Reporting**

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

- 1** Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant? . . . . .  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? . . . .  
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? . . . . .
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits . . .

	Yes	No
<b>2a</b>		X
<b>2b</b>	X	
<b>2c</b>	X	
<b>3a</b>	X	
<b>3b</b>	X	

Form **990** (2022)

**SCHEDULE A  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Name of the organization

NATIONAL 4-H COUNCIL

Employer identification number

36-2862206

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10  An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations . . . . .
  - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

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

Schedule A (Form 990) 2022

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**  
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	27,952,809.	36,333,462.	21,947,407.	90,902,825.	25,767,450.	202,903,953.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						NONE
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						NONE
<b>4 Total.</b> Add lines 1 through 3. . . . .	27,952,809.	36,333,462.	21,947,407.	90,902,825.	25,767,450.	202,903,953.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). . . . .						47,743,240.
<b>6 Public support.</b> Subtract line 5 from line 4						155,160,713.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>7</b> Amounts from line 4 . . . . .	27,952,809.	36,333,462.	21,947,407.	90,902,825.	25,767,450.	202,903,953.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .	1,272,346.	600,781.	254,285.	256,893.	981,053.	3,365,358.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .	NONE	NONE	NONE	NONE	NONE	NONE
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						NONE
<b>11 Total support.</b> Add lines 7 through 10 . . . . .						206,269,311.
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	43,283,473.
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . <input type="checkbox"/>						

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

<b>14</b> Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) . . . . .	<b>14</b>	75.22 %
<b>15</b> Public support percentage from 2021 Schedule A, Part II, line 14 . . . . .	<b>15</b>	72.70 %
<b>16a 33 1/3% support test - 2022.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization. . . . . <input checked="" type="checkbox"/>		
<b>b 33 1/3% support test - 2021.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
<b>17a 10%-facts-and-circumstances test - 2022.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here</b> . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization. . . . . <input type="checkbox"/>		
<b>b 10%-facts-and-circumstances test - 2021.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here</b> . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization. . . . . <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . <input type="checkbox"/>		

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**  
 (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.  
 If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . . .						
<b>c</b> Add lines 7a and 7b. . . . .						
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>9</b> Amounts from line 6. . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
<b>c</b> Add lines 10a and 10b . . . . .						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on. . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .						

**14 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . .

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

<b>15</b> Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) . . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2021 Schedule A, Part III, line 15 . . . . .	<b>16</b>	%

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

<b>17</b> Investment income percentage for <b>2022</b> (line 10c, column (f), divided by line 13, column (f)), . . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2021</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	%

**19a 33 1/3% support tests - 2022.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . . .

**b 33 1/3% support tests - 2021.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . .

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

**Part IV Supporting Organizations**

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

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

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b>	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b>	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b>	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b>	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
<b>2</b>	Activities Test. Answer lines 2a and 2b below.		
<b>a</b>	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
<b>b</b>	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
<b>3</b>	Parent of Supported Organizations. Answer lines 3a and 3b below.		
<b>a</b>	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>		
<b>b</b>	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3.	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	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)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	<b>8</b>	

<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
<b>a</b>	Average monthly value of securities	<b>1a</b>	
<b>b</b>	Average monthly cash balances	<b>1b</b>	
<b>c</b>	Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b>	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
<b>2</b>	Acquisition indebtedness applicable to non-exempt-use assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d.	<b>3</b>	
<b>4</b>	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	<b>4</b>	
<b>5</b>	Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b>	Multiply line 5 by 0.035.	<b>6</b>	
<b>7</b>	Recoveries of prior-year distributions	<b>7</b>	
<b>8</b>	<b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	

<b>Section C - Distributable Amount</b>			Current Year
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, column A)	<b>1</b>	
<b>2</b>	Enter 0.85 of line 1.	<b>2</b>	
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, column A)	<b>3</b>	
<b>4</b>	Enter greater of line 2 or line 3.	<b>4</b>	
<b>5</b>	Income tax imposed in prior year	<b>5</b>	
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	<b>6</b>	
<b>7</b>	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	5
6	Other distributions ( <i>describe in Part VI</i> ). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	8
9	Distributable amount for 2022 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
3	Excess distributions carryover, if any, to 2022			
a	From 2017 . . . . .			
b	From 2018 . . . . .			
c	From 2019 . . . . .			
d	From 2020 . . . . .			
e	From 2021 . . . . .			
f	<b>Total</b> of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2022 distributable amount			
i	Carryover from 2017 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2022 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2022 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6	Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7	<b>Excess distributions carryover to 2023.</b> Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2018 . . . .			
b	Excess from 2019 . . . .			
c	Excess from 2020 . . . .			
d	Excess from 2021 . . . .			
e	Excess from 2022 . . . .			

**Schedule B  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

Attach to Form 990 or Form 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

Name of the organization

Employer identification number

NATIONAL 4-H COUNCIL

36-2862206

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year . . . . . \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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).

Name of organization <p style="text-align: center;">NATIONAL 4-H COUNCIL</p>	Employer identification number <p style="text-align: center;">36-2862206</p>
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**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	N/A <hr/> <hr/> <hr/>	\$ 5,717,547.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	N/A <hr/> <hr/> <hr/>	\$ 5,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	N/A <hr/> <hr/> <hr/>	\$ 3,250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	N/A <hr/> <hr/> <hr/>	\$ 2,847,484.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	N/A <hr/> <hr/> <hr/>	\$ 1,998,515.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	N/A <hr/> <hr/> <hr/>	\$ 1,902,265.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <p style="text-align: center;">NATIONAL 4-H COUNCIL</p>	Employer identification number <p style="text-align: center;">36-2862206</p>
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**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	N/A <hr/> <hr/> <hr/>	\$ 750,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	N/A <hr/> <hr/> <hr/>	\$ 659,056.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

NATIONAL 4-H COUNCIL

Employer identification number

36-2862206

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

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

Name of organization <p style="text-align:center;">NATIONAL 4-H COUNCIL</p>	Employer identification number <p style="text-align:center;">36-2862206</p>
--	--

**Part III** **Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.** Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) \$ \_\_\_\_\_  
 Use duplicate copies of Part III if additional space is needed.

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

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

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

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

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

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

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

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

**SCHEDULE C  
(Form 990)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2022**

**Open to Public Inspection**

**For Organizations Exempt From Income Tax Under section 501(c) and section 527**

**Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.**

**Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

Department of the Treasury  
Internal Revenue Service

**If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then**

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

**If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then**

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

**If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then**

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

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

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. See instructions for definition of "political campaign activities."
- 2 Political campaign activity expenditures. See instructions . . . . . \$ \_\_\_\_\_
- 3 Volunteer hours for political campaign activities. See instructions . . . . . \_\_\_\_\_

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1 Enter the amount of any excise tax incurred by the organization under section 4955. . . . . \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 . . . . . \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? . . . . .  Yes  No
- 4a Was a correction made? . . . . .  Yes  No
- b If "Yes," describe in Part IV.

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities. . . . . \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities . . . . . \$ \_\_\_\_\_
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b . . . . . \$ \_\_\_\_\_
- 4 Did the filing organization file **Form 1120-POL** for this year? . . . . .  Yes  No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

Schedule C (Form 990) 2022

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

- A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check  if the filing organization checked box A and "limited control" provisions apply.

<b>Limits on Lobbying Expenditures</b> <b>(The term "expenditures" means amounts paid or incurred.)</b>	<b>(a) Filing organization's totals</b>	<b>(b) Affiliated group totals</b>												
<b>1a</b> Total lobbying expenditures to influence public opinion (grassroots lobbying) . . . . .														
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .														
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) . . . . .														
<b>d</b> Other exempt purpose expenditures . . . . .														
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) . . . . .														
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 35%; text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 65%; text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) . . . . .														
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- . . . . .														
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- . . . . .														
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No														

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

**Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers? . . . . .		X	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? . . . . .		X	
<b>c</b> Media advertisements? . . . . .		X	
<b>d</b> Mailings to members, legislators, or the public? . . . . .		X	
<b>e</b> Publications, or published or broadcast statements? . . . . .		X	
<b>f</b> Grants to other organizations for lobbying purposes? . . . . .		X	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? . . . . .	X		188,489.
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? . . . . .		X	
<b>i</b> Other activities? . . . . .		X	
<b>j</b> Total. Add lines 1c through 1i . . . . .			188,489.
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? . . . . .		X	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912 . . . . .			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 . . . . .			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? . . . . .			

**Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

	Yes	No
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members? . . . . .	<b>1</b>	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? . . . . .	<b>2</b>	
<b>3</b> Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? . . . . .	<b>3</b>	

**Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."**

<b>1</b> Dues, assessments and similar amounts from members . . . . .	<b>1</b>	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year . . . . .	<b>2a</b>	
<b>b</b> Carryover from last year. . . . .	<b>2b</b>	
<b>c</b> Total . . . . .	<b>2c</b>	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues. . . . .	<b>3</b>	
<b>4</b> If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures next year? . . . . .	<b>4</b>	
<b>5</b> Taxable amount of lobbying and political expenditures. See instructions. . . . .	<b>5</b>	

**Part IV Supplemental Information**

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.

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**Part IV** Supplemental Information *(continued)*

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SCHEDULE C, PART II-B:

GENERAL ADVOCACY TO RAISE AWARENESS OF THE 4-H PROGRAM.

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

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

Name of the organization

Employer identification number

NATIONAL 4-H COUNCIL

36-2862206

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

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

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

Part II Conservation Easements.

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

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

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

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

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

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

Schedule D (Form 990) 2022

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

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

**Part IV Escrow and Custodial Arrangements.**

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . . .  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |   | Amount    |
|---|-----------|
| c Beginning balance . . . . .             | <b>1c</b> |
| d Additions during the year . . . . .     | <b>1d</b> |
| e Distributions during the year . . . . . | <b>1e</b> |
| f Ending balance . . . . .                | <b>1f</b> |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII . . . . .

**Part V Endowment Funds.**

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance . . . . .	8,541,050.	8,751,389.	7,795,570.	7,579,456.	7,429,320.
b Contributions . . . . .	54,556.	61,396.	45,108.	62,991.	51,640.
c Net investment earnings, gains, and losses . . . . .	-384,467.	-256,867.	920,275.	165,531.	124,780.
d Grants or scholarships . . . . .					
e Other expenditures for facilities and programs . . . . .	8,044.	14,868.	9,564.	12,408.	26,284.
f Administrative expenses . . . . .					
g End of year balance . . . . .	8,203,095.	8,541,050.	8,751,389.	7,795,570.	7,579,456.

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

- a Board designated or quasi-endowment 70.1600 %
- b Permanent endowment 2.8700 %
- c Term endowment 26.9700 %

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

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

- (i) Unrelated organizations . . . . .
- (ii) Related organizations . . . . .

	Yes	No
3a(i)	X	
3a(ii)		X
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? . . . . .

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land . . . . .				
b Buildings . . . . .				
c Leasehold improvements . . . . .				
d Equipment . . . . .				
e Other . . . . .		3,936,948.	497,177.	3,439,771.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) . . . . .				3,439,771.

**Part VII Investments - Other Securities.**

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

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

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

(a) Description	(b) Book value
(1) RIGHT OF USE ASSET - LEASES	7,778,684.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) . . . . .	7,778,684.

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) LEASE OBLIGATION	8,231,910.
(3) UNFUNDED PENSION LIABILITY	2,466,388.
(4) ACCRUED POST RETIR. BENEFIT	2,091,330.
(5) AGENCY FUNDS	179,847.
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) . . . . .	12,969,475.

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII .

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers, descriptions, and a final column for totals. Sub-rows have small boxes for input.

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers, descriptions, and a final column for totals. Sub-rows have small boxes for input.

**Part XIII Supplemental Information.**

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

SEE SUPPLEMENTAL PAGE

**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 ACCOUNTING STANDARDS CODIFICATION (ASC) 740, INCOME TAXES. 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 IRS 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 2020. FOR THE YEARS ENDED FEBRUARY 28, 2023 AND 2022, NO INTEREST OR PENALTIES WERE RECORDED OR INCLUDED IN THE CONSOLIDATED STATEMENTS OF ACTIVITIES RELATED TO UNCERTAIN TAX POSITIONS.



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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		AWARDS GALA (event type)	(event type)	NONE (total number)	(add col. (a) through col. (c))
Revenue	1	Gross receipts . . . . .	218,145.		218,145.
	2	Less: Contributions . . . . .	218,145.		218,145.
	3	Gross income (line 1 minus line 2) . . . . .			
Direct Expenses	4	Cash prizes . . . . .			
	5	Noncash prizes . . . . .			
	6	Rent/facility costs . . . . .			
	7	Food and beverages . . . . .			
	8	Entertainment . . . . .			
	9	Other direct expenses . . . . .	99,100.		99,100.
	10	Direct expense summary. Add lines 4 through 9 in column (d) . . . . .			99,100.
11	Net income summary. Subtract line 10 from line 3, column (d) . . . . .			-99,100.	

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

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

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

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

b If "No," explain: \_\_\_\_\_

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

b If "Yes," explain: \_\_\_\_\_

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

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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

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

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

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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.

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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Name of the organization

Employer identification number

NATIONAL 4-H COUNCIL

36-2862206

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

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) ALABAMA 4-H CLUB FOUNDATION 226 DUNCAN HALL AUBURN UNIVERSITY, AL 36849	63-0457929	501(C)(3)	53,003.				EDUCATIONAL
(2) ALABAMA A&M UNIVERSITY 4900 M. ST. P.O. BOX 967 NORMAL, AL 35762	63-6001097	STATE OF AL	135,766.				EDUCATIONAL
(3) ALCORN STATE UNIVERSITY 1000 ASU DRIVE, #285 LORMAN, MS 39096	64-0538010	STATE OF MS	14,981.				EDUCATIONAL
(4) ARIZONA 4-H FDN,COUNTIES,CLUBS PO BOX 210036 TUCSON, AZ 85721	23-7083384	501(C)(3)	13,750.				EDUCATIONAL
(5) AUBURN UNIVERSITY 208 M WHITE AUBURN UNIVERSITY, AL 36849	63-6000724	STATE OF AL	128,825.				EDUCATIONAL
(6) CALIFORNIA 4H FOUNDATION P.O. BOX 73673 DAVIS, CA 95617	23-7327765	501(C)(3)	205,864.				EDUCATIONAL
(7) CLEMSON UNIVERSITY 210 BARRE HALL CLEMSON, SC 29634	57-6000254	STATE OF SC	333,539.				EDUCATIONAL
(8) COLORADO STATE UNIVERSITY ROOM 108 FORT COLLINS, CO 80523	23-7098397	STATE OF CO	90,713.				EDUCATIONAL
(9) CORNELL UNIVERSITY 750 CASCADILLA STREET ITHACA, NY 14851	15-0532082	501(C)(3)	448,705.				EDUCATIONAL
(10) FLORIDA 4H CLUB FOUNDATION 3103 MCCARTY HALL, P.O. BOX 110225	59-1000186	501(C)(3)	121,560.				EDUCATIONAL
(11) FLORIDA A&M UNIVERSITY 2010 PINDER STREET TALLAHASSEE, FL 32307	59-0977035	501(C)(3)	65,887.				EDUCATIONAL
(12) FORT VALLEY STATE UNIVERSITY 1005 STATE UNIV DR. FORT VALLEY, GA 31030	23-7281905	STATE OF GA	147,197.				EDUCATIONAL

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 97

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) 2022

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2022**

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Inspection**

Department of the Treasury  
Internal Revenue Service

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Name of the organization

NATIONAL 4-H COUNCIL

Employer identification number

36-2862206

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

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) GEORGIA 4H FOUNDATION 306 HOKE SMITH ANNEX ATHENS, GA 30602	58-0832988	501(C)(3)	375,767.				EDUCATIONAL
(2) ILLINOIS 4-H FDN, COUNTIES, CLUBS P.O. BOX 8467 SPRINGFIELD, IL 61821	37-6046465	501(C)(3)	51,461.				EDUCATIONAL
(3) INDIANA 4H FOUNDATION 615 W. STATE ST. WEST LAFAYETTE, IN 47907	35-1097611	501(C)(3)	78,493.				EDUCATIONAL
(4) IOWA 4-H FOUNDATION 202 S. 1ST, SUITE B GREENFIELD, IA 50849	32-0222380	501(C)(3)	18,247.				EDUCATIONAL
(5) IOWA STATE UNIVERSITY 1138 PEARSON HALL AMES, IA 50011	42-6004224	STATE OF IA	188,155.				EDUCATIONAL
(6) KANSAS 4H FOUNDATION 116 UMBERGER HALL MANHATTAN, KS 66506-3417	48-0623884	501(C)(3)	25,304.				EDUCATIONAL
(7) KANSAS STATE UNIVERSITY 201 UMBERGER MANHATTAN, KS 66506	48-0667209	STATE OF KS	40,774.				EDUCATIONAL
(8) KENTUCKY 4H FOUNDATION 209 SCOVELL HALL LEXINGTON, KY 40506-0064	23-7437297	501(C)(3)	130,915.				EDUCATIONAL
(9) KENTUCKY STATE UNIVERSITY 400 EAST MAIN ST. FRANKFORT, KY 40601-2355	61-1099712	STATE OF KY	35,965.				EDUCATIONAL
(10) LOUISIANA 4H FOUNDATION 104 EFFERSON HALL BATON ROUGE, LA 70803	72-1367519	501(C)(3)	82,889.				EDUCATIONAL
(11) LOUISIANA STATE UNIVERSITY 110 LSU UNION BATON ROUGE, LA 70803-0100	72-6000848	STATE OF LA	172,675.				EDUCATIONAL
(12) MAINE 4H FOUNDATION 75 CLEARWATER DR. FALMOUTH, ME 04105	01-6011487	501(C)(3)	16,125.				EDUCATIONAL

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

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

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Schedule I (Form 990) 2022

**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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Employer identification number

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36-2862206

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

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
<b>(1)</b> MARYLAND 4H FOUNDATION 8020 GREENMEAD DRIVE COLLEGE PARK, MD 20740	52-6056016	501(C)(3)	227,057.				EDUCATIONAL
<b>(2)</b> MASSACHUSETTS 4H FOUNDATION 400 MAIN STREET MALPOLE, MA 02081	04-2303708	501(C)(3)	44,453.				EDUCATIONAL
<b>(3)</b> MICHIGAN 4H FOUNDATION 14901 4H DRIVE TUSTIN, MI 49688	38-1539997	501(C)(3)	210,505.				EDUCATIONAL
<b>(4)</b> MICHIGAN STATE UNIVERSITY 446 WEST CIRCLE DR. LANSING, MI 48824-2612	38-6005984	STATE OF MI	22,962.				EDUCATIONAL
<b>(5)</b> MISSISSIPPI STATE UNIVERSITY P.O DRAWER 5227 MISSISSIPPI STATE, MS 39762	06-7589752	STATE OF MS	67,314.				EDUCATIONAL
<b>(6)</b> MISSOURI 4H FOUNDATION 819 CLARK HALL COLUMBIA, MO 65211	43-6044367	501(C)(3)	32,618.				EDUCATIONAL
<b>(7)</b> MONTANA 4H FOUNDATION PO BOX 173580 BOZEMAN, MT 59717	23-7051460	501(C)(3)	18,568.				EDUCATIONAL
<b>(8)</b> MONTANA STATE UNIVERSITY 1501 SOUTH 11TH AVE. BOZEMAN, MT 59717	81-6001649	501(C)(3)	23,132.				EDUCATIONAL
<b>(9)</b> NEBRASKA 4H FOUNDATION P O BOX 830719 LINCOLN, NE 68583-0700	47-0469703	501(C)(3)	23,837.				EDUCATIONAL
<b>(10)</b> NEW JERSEY 4H FDN 88 LIPMAN DRIVE NEW BRUNSWICK, NJ 08901	23-7318742	501(C)(3)	7,000.				EDUCATIONAL
<b>(11)</b> NEW MEXICO STATE UNIVERSITY P O BOX 30002 LAS CRUCES, NM 88003	85-6000401	STATE OF NM	49,108.				EDUCATIONAL
<b>(12)</b> NORTH CAROLINA A&T STATE 1601 E. MARKET ST GREENSBORO, NC 27411	56-6000007	STATE OF NC	125,118.				EDUCATIONAL

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

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Schedule I (Form 990) 2022

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<b>(1)</b> NORTH CAROLINA STATE UNIVERSITY 512 BRICKHAVEN DR. RALEIGH, NC 27695	56-6049304	STATE OF NC	121,695.				EDUCATIONAL
<b>(2)</b> NORTH DAKOTA 4H FOUNDATION 1340 ADMINISTRATION AVENUE FARGO, ND 58102	23-7120898	STATE OF ND	13,124.				EDUCATIONAL
<b>(3)</b> NORTH DAKOTA STATE UNIVERSITY 1241 UNIVERSITY DR N FARGO, ND 58102	23-7120898	501(C)(3)	159,252.				EDUCATIONAL
<b>(4)</b> OHIO STATE UNIVERSITY 2202 FRED TAYLOR DRIVE COLUMBUS, OH 43211	31-1145987	STATE OF OH	439,265.				EDUCATIONAL
<b>(5)</b> OKLAHOMA 4H FOUNDATION 205 4-H YOUTH DEV. STILLWATER, OK 74078	73-6109761	501(C)(3)	41,166.				EDUCATIONAL
<b>(6)</b> OKLAHOMA STATE UNIVERSITY 205 4-H YOUTH DEV. STILLWATER, OK 74078	73-6109761	STATE OF OK	168,837.				EDUCATIONAL
<b>(7)</b> OREGON 4H FOUNDATION 119 BALLARD EXT. HALL CORVALLIS, OR 97331	93-0711337	501(C)(3)	28,527.				EDUCATIONAL
<b>(8)</b> OREGON STATE UNIVERSITY PO BOX 1086 CORVALLIS, OR 97339-1086	48-1278540	STATE OF OR	85,816.				EDUCATIONAL
<b>(9)</b> PENNSYLVANIA STATE UNIVERSITY 8 GRANT STREET CLARION, PA 16214	24-6000376	STATE OF PA	406,644.				EDUCATIONAL
<b>(10)</b> PRAIRIE VIEW A&M UNIVERSITY P.O. BOX 667 PRAIRIE VIEW, TX 77446	74-6001078	STATE OF TX	195,182.				EDUCATIONAL
<b>(11)</b> PURDUE UNIVERSITY 1281 WIN HENTSCHEL WEST LAFAYETTE, IN 47906	35-6002041	STATE OF IN	62,487.				EDUCATIONAL
<b>(12)</b> RUTGERS THE STATE UNIVERSITY OF NEW JERSEY ASB III-2ND RL-3 NEW BRUNSWICK, NJ 08901	23-7318742	STATE OF NJ	96,092.				EDUCATIONAL

- Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
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<b>(1)</b> SOUTH DAKOTA STATE UNIVERSITY SDSU WEST RIVER AGR. RAPID CITY, SD 57702	46-0273801	STATE OF SD	31,805.				EDUCATIONAL
<b>(2)</b> SOUTHERN UNIVERSITY AG RESEARCH P.O. BOX 10010 BATON ROUGE, LA 70813-0010	72-6000817	STATE OF LA	124,611.				EDUCATIONAL
<b>(3)</b> TENNESSEE 4H CLUB FOUNDATION 2621 MORGAN CIR. KNOXVILLE, TN 37996	62-6047753	501(C)(3)	119,774.				EDUCATIONAL
<b>(4)</b> TENNESSEE STATE UNIVERSITY 3500 JOHN MERRITT NASHVILLE, TN 37209	62-0786119	STATE OF TN	124,701.				EDUCATIONAL
<b>(5)</b> TEXAS 4H YOUTH FOUNDATION 1470 WILLIAM COLLEGE STATION, TX 77845	74-6091147	501(C)(3)	242,013.				EDUCATIONAL
<b>(6)</b> THE CURATORS OF THE UNIVERSITY OF MISSOURI P.O. BOX 807012 KANSAS CITY, MO 64180	43-6003859	STATE OF MO	45,500.				EDUCATIONAL
<b>(7)</b> TUSKEGEE UNIVERSITY 1200 W MONTGOMERY RD TUSKEGEE, AL 36088	63-0288878	STATE OF AL	83,989.				EDUCATIONAL
<b>(8)</b> UNI OF ARKANSAS/BOARD OF TRUSTEES OF AR P.O. BOX 391 LITTLE ROCK, AR 72203	71-6060767	STATE OF AR	357,551.				EDUCATIONAL
<b>(9)</b> UNIVERSITY OF CA/REGENTS OF THE UNIVERSITY P.O. BOX 989062 WEST SACRAMENTO, CA 95798	94-6002123	STATE OF CA	104,404.				EDUCATIONAL
<b>(10)</b> UNIVERSITY OF CONNECTICUT 843 UNIVERSITY DRIVE TORRINGTON, CT 06790	06-0772160	STATE OF CT	98,912.				EDUCATIONAL
<b>(11)</b> UNIVERSITY OF DELAWARE OFFICE OF THE VP NEWARK, DE 19716	51-6000297	STATE OF DE	195,467.				EDUCATIONAL
<b>(12)</b> UNIVERSITY OF GEORGIA 621 BOYD GRADUATE ATHENS, GA 30602-7411	58-6001998	STATE OF GA	6,850.				EDUCATIONAL

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Schedule I (Form 990) 2022

**SCHEDULE I  
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**Grants and Other Assistance to Organizations,  
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<b>(1)</b> UNIVERSITY OF HAWAII 2440 CAMPUS ROAD HONOLULU, HI 96822	99-6000394	STATE OF HI	42,701.				EDUCATIONAL
<b>(2)</b> UNIV OF IDAHO/REGENTS OF THE UNIV OF IDAHO 701 W. COLLEGE AVE. SAINT MARIES, ID 83861	82-6000281	STATE OF ID	83,276.				EDUCATIONAL
<b>(3)</b> UNIVERSITY OF MAINE 107 MAINE AVENUE BANGOR, ME 04401	01-6000769	501(C)(3)	95,134.				EDUCATIONAL
<b>(4)</b> UNIVERSITY OF MARYLAND PO BOX 1632 WALDORF, MD 20604-1632	82-5181784	501(C)(3)	45,150.				EDUCATIONAL
<b>(5)</b> UNIVERSITY OF MASSACHUSETTES 46 DOROTHY RD MILLBURY, MA 01527-3450	35-2317545	501(C)(3)	36,336.				EDUCATIONAL
<b>(6)</b> UNIVERSITY OF MINNESOTA/REGENTS OF THE UNIV 1420 ECKELS AVENUE ST. PAUL, MN 55108-1030	41-6007513	STATE OF MN	104,154.				EDUCATIONAL
<b>(7)</b> UNIVERSITY OF NEBRASKA LINCOLN/BOARD OF REG 312 N 14TH ST. LINCOLN, NE 68588	47-0049123	STATE OF NE	253,051.				EDUCATIONAL
<b>(8)</b> UNIVERSITY OF NEVADA COOPERATIVE 1664 N VIRGINIA ST RENO, NV 89557	88-6000024	501(C)(3)	73,714.				EDUCATIONAL
<b>(9)</b> UNIVERSITY OF NEW HAMPSHIRE 51 COLLEGE ROAD, ROOM 109B DURHAM, NH 03824	02-6000937	STATE OF NH	58,019.				EDUCATIONAL
<b>(10)</b> UNIVERSITY OF TENNESSEE 2621 MORGAN CIRCLE KNOXVILLE, TN 37996	62-6047753	STATE OF TN	387,724.				EDUCATIONAL
<b>(11)</b> UNIVERSITY OF THE VIRGIN ISLANDS PO BOX 10000 KINGSHILL, VI 00850-9781	66-0432514	501(C)(3)	62,800.				EDUCATIONAL
<b>(12)</b> UNIVERSITY OF VERMONT & STATE AGRI COLL 655 SPEAR STREET BURLINGTON, VT 05405	06-6811191	STATE OF VT	25,193.				EDUCATIONAL

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

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

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

Schedule I (Form 990) 2022

**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.

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization

Employer identification number

NATIONAL 4-H COUNCIL

36-2862206

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

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
<b>(1)</b> UNIVERSITY OF WISCONSIN 436 LOWELL HALL MADISON, WI 53703	39-6006492	STATE OF WI	40,878.				EDUCATIONAL
<b>(2)</b> UTAH STATE UNIVERSITY 5049 OLD MAIN HILL LOGAN, UT 84322	87-6000528	STATE OF UT	229,611.				EDUCATIONAL
<b>(3)</b> VIRGINIA 4H FDN 119 HUTCHESON HALL BLACKSBURG, VA 24061	54-1035176	501(C)(3)	260,996.				EDUCATIONAL
<b>(4)</b> VIRGINIA POLYTECH 1880 PRATT DRIV. BLACKSBURG, VA 24060	54-6001805	STATE OF VA	180,626.				EDUCATIONAL
<b>(5)</b> VIRGINIA STATE UNIVERSITY P O BOX 9081 PETERSBURG, VA 23806	54-6074532	STATE OF VA	39,607.				EDUCATIONAL
<b>(6)</b> WASHINGTON STATE UNIVERSITY 14204 SALMON CREEK AVE VANCOUVER, WA 98686	91-1075542	STATE OF WA	274,598.				EDUCATIONAL
<b>(7)</b> WEST VIRGINIA UNIVERSITY P.O. BOX 1000 INSTITUTE, WV 25112-1000	55-0708567	STATE OF WV	328,776.				EDUCATIONAL
<b>(8)</b> WEST VIRGINIA UNIVERSITY FOUNDATION ONE WATERFRONT PLACE MORGANTOWN, WV 26507	55-6017181	501(C)(3)	95,100.				EDUCATIONAL
<b>(9)</b> WISCONSIN 4H FOUNDATION THE PYLE CENTER MADISON, WI 53706	39-0914868	501(C)(3)	51,376.				EDUCATIONAL
<b>(10)</b> WYOMING STATE 4H FOUNDATION 1000 E. UNIV. AVE. LARAMIE, WY 82071	83-6000331	STATE OF WY	17,783.				EDUCATIONAL
<b>(11)</b> HAWAII 4-H FOUNDATION 2515 CAMPUS ROAD HONOLULU, HI 96622	23-7043787	501(C)(3)	6,372.				EDUCATIONAL
<b>(12)</b> NEW HAMPSHIRE 4-H FOUNDATION 105 MAIN STREET DURHAM, NH 03824-3587	02-6012635	501(C)(3)	7,000.				EDUCATIONAL

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

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

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Schedule I (Form 990) 2022

**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.

OMB No. 1545-0047

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Department of the Treasury  
Internal Revenue Service

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Name of the organization

NATIONAL 4-H COUNCIL

Employer identification number

36-2862206

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

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
<b>(1)</b> NEW MEXICO 4-H FOUNDATION MSC 3AE WHITE SANDS MISSLE, NM 88002	85-0422231	501(C)(3)	33,000.				EDUCATIONAL
<b>(2)</b> OHIO 4-H FOUNDATION 2201 FRED TAYLOR DRIVE COLUMBUS, OH 43210	46-5716170	STATE OF OH	15,850.				EDUCATIONAL
<b>(3)</b> RHODE ISLAND 4-H FOUNDATION P.O. BOX 1925 KINGSTON, RI 02881	05-6016234	501(C)(3)	5,379.				EDUCATIONAL
<b>(4)</b> TEXAS A&M UNIVERSITY P.O. BOX 30016 COLLEGE STATION, TX 77842	74-1238434	501(C)(3)	21,121.				EDUCATIONAL
<b>(5)</b> UNIVERSITY OF ALASKA (FAIRBANKS) 2025 YUKON DRIVE FAIRBANKS, AK 99775	92-6000147	STATE OF AK	154,502.				EDUCATIONAL
<b>(6)</b> UNIVERSITY OF ALASKA FOUNDATION 2025 YUKON DRIVE FAIRBANKS, AK 99775	23-7394620	501(C)(3)	5,329.				EDUCATIONAL
<b>(7)</b> UNIVERSITY OF ARIZONA P.O BOX 210036 TUCSON, AZ 85721	74-2652689	STATE OF AZ	341,881.				EDUCATIONAL
<b>(8)</b> UNIVERSITY OF FLORIDA 1885 STADIUM ROAD GAINESVILLE, FL 32611	59-6002052	STATE OF FL	93,801.				EDUCATIONAL
<b>(9)</b> UNIVERSITY OF ILLINOIS 1201 W. UNIVERSITY AVE URBANA, IL 61801	37-6000511	501(C)(3)	202,075.				EDUCATIONAL
<b>(10)</b> UNIVERSITY OF MISSOURI 1110 S. COLLEGE AVE COLUMBIA, MO 65211	26-6440629	STATE OF MO	126,875.				EDUCATIONAL
<b>(11)</b> UNIVERSITY OF PUERTO RICO JARDIN BOTANICO SUR SAN JUAN, PR 00919	66-0350945	501(C)(3)	45,910.				EDUCATIONAL
<b>(12)</b> WASHINGTON STATE 4-H FOUNDATION 2606 W. PIONEER PUYALLUP, WA 98371	91-6001108	501(C)(3)	5,500.				EDUCATIONAL

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

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

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

Schedule I (Form 990) 2022

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization

Employer identification number

NATIONAL 4-H COUNCIL

36-2862206

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

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) WEST VIRGINIA STATE UNIVERSITY ROUTE 25 INSTITUTE, WV 25112	55-6019288	STATE OF WV	15,600.				EDUCATIONAL
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

- 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) 2022

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

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

**Part IV Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

SCHEDULE I, PART I, LINE 2:

DESCRIPTION OF PROCEDURE FOR MONITORING USE OF FUNDS - ALL FUNDS ARE ADMINISTERED AS PER GIFT POLICIES AND FISCAL ELIGIBILITY POLICIES APPROVED BY THE BOARD OF TRUSTEES. EACH GRANT OPPORTUNITY, SUPPORTED THROUGH CORPORATE, FOUNDATION AND GOVERNMENT FUNDING, HAS CLEAR GUIDELINES COMMUNICATED IN A REQUEST FOR PROPOSAL ISSUED BY NATIONAL 4-H COUNCIL. APPLICATIONS ARE ACCEPTED THROUGH AN ONLINE GRANTS MANAGEMENT SYSTEM AND REVIEWED IN ACCORDANCE WITH GRANT GUIDELINES. ONCE SCORED AND AWARDED, GRANTEEES SIGN A CONTRACT OUTLINING DELIVERABLES AND ADHERE TO

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

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

**Part IV Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

THE FISCAL AND REPORTING GUIDELINES. NATIONAL 4-H COUNCIL ACCOUNT MANAGERS MONITOR THE GRANTEE THROUGHOUT THE LIFE OF THE GRANT.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

NATIONAL 4-H COUNCIL

**Compensation Information**

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

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

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Employer identification number

36-2862206

**Part I Questions Regarding Compensation**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

	Yes	No
<b>1a</b>		
<b>1b</b>		
<b>2</b>		
<b>3</b>		
<b>4a</b>		X
<b>4b</b>	X	
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2022

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 JENNIFER SIRANGELO PRESIDENT AND CEO	(i)	585,590.	30,797.	1,242.	32,005.	31,601.	681,235.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
2 YI TANG (THROUGH 03/31) SVP, CHIEF FIN & ADMIN OFF	(i)	339,124.	20,000.	1,242.	12,029.	28,902.	401,297.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
3 JILL BRAMBLE EVP, CHIEF GROWTH OFFICER	(i)	356,494.	10,000.	1,242.	12,068.	37,629.	417,433.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
4 ANDREW FERRIN SVP, CHIEF STRATEGY OFFICER	(i)	244,793.	10,000.	2,322.	9,634.	38,526.	305,275.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
5 IVAN HEREDIA SVP, CHIEF MARKETING OFFICER	(i)	321,949.	10,000.	810.	12,027.	36,805.	381,591.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
6 HEATHER ELLIOTT SVP, CHIEF DEVELOPMENT OFFICER	(i)	263,860.	11,000.	468.	10,214.	29,115.	314,657.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
7 JESSICA SHUSTER MURRAY VP, CONTROLLER	(i)	183,154.	4,000.	526.	8,005.	33,661.	229,346.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
8 ESTELLA MCCOLLUM VP, ECOMMERCE	(i)	174,050.	10,000.	637.	7,493.	5,948.	198,128.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
9 DANELLE SABATHIER VP, DIGITAL STRATEGY	(i)	178,754.	3,250.	1,889.	4,619.	5,731.	194,243.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
10 JENNIFER MCIVER VP, EXTENSION ENGAGEMENT	(i)	171,407.	2,000.	639.	6,845.	7,072.	187,963.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
11 SARITA BHARGAVA VP, INTEGRATED MARKETING	(i)	157,028.	3,000.	1,708.	6,795.	26,751.	195,282.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

**Part III Supplemental Information**

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

SCHEDULE J, PART I, LINE 4B:

JENNIFER L. SIRANGELO PARTICIPATED IN A SECTION 457 PLAN SPONSORED BY NATIONAL 4-H COUNCIL. A CONTRIBUTION OF \$20,500 WAS MADE TO HER PLAN BY NATIONAL 4-H COUNCIL FOR THE YEAR ENDED DECEMBER 31, 2022. NATIONAL 4-H COUNCIL MAINTAINS AN INDIVIDUAL ACCOUNT THAT IS CREDITED WITH THE CONTRIBUTIONS AND ANY GAINS, LOSSES AND EARNINGS BASED UPON THE TERMS OF THE PLAN WITH EXECUTIVE'S RIGHTS VESTING ANNUALLY ON DECEMBER 31.

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

NATIONAL 4-H COUNCIL

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

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Employer identification number

36-2862206

**FORM 990, PART I, LINE I: ORGANIZATION'S MISSION**

NATIONAL 4-H COUNCIL PROVIDES RESEARCH-BACKED, HANDS-ON LEARNING EXPERIENCES TO HELP YOUNG PEOPLE GAIN THE SKILLS THEY NEED TO BE PROACTIVE FORCES IN THEIR COMMUNITIES AND LEAD FOR A LIFETIME.

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

ALL TRUSTEES ARE FURNISHED AN ELECTRONIC DRAFT COPY OF FORM 990 AND ARE GIVEN TIME TO CONFIRM THEIR REVIEW OF THE DOCUMENT. ALL OF THEIR COMMENTS AND SUGGESTIONS ARE RESOLVED PRIOR TO FILING THE FORM 990.

**FORM 990, PART VI, SECTION B, LINE 12C:**

THE CONFLICT OF INTEREST POLICY IS REVIEWED 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 STUDY BY EXTERNAL EXECUTIVE COMPENSATION CONSULTING FIRM
- REVIEW OF FORM 990 FOR SIMILAR ORGANIZATIONS AND COMPENSATION STUDY OF SIMILAR SIZE FOR-PROFIT BUSINESSES
- APPROVAL OF THE EXECUTIVE COMMITTEE

THE PROCESS FOR DETERMINING THE COMPENSATION OF THE SENIOR LEADERSHIP TEAM INCLUDES THE FOLLOWING:

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

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

OMB No. 1545-0047

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

**2022**

▶ Attach to Form 990 or 990-EZ.

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Internal Revenue Service

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Name of the organization

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NATIONAL 4-H COUNCIL

36-2862206

- COMPENSATION STUDY BY EXTERNAL EXECUTIVE COMPENSATION CONSULTING FIRM
- REVIEW OF FORM 990 FOR SIMILAR ORGANIZATIONS AND COMPENSATION STUDY OF  
SIMILAR SIZE FOR-PROFIT BUSINESSES
- 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 OWN WEBSITE AND BY  
REQUEST.

**FORM 990, PART XI, LINE 9:**

CHANGES IN NET ASSETS:

NET PERIODIC POSTRETIREMENT BENEFIT COST OTHER THAN

SERVICE COST	27,894
--------------	--------

NET PERIODIC PENSION BENEFIT COST OTHER THAN

SERVICE COST	(135,931)
--------------	-----------

POSTRETIREMENT RELATED CHANGES OTHER THAN NET

PERIODIC POSTRETIREMENT COSTS	456,521
-------------------------------	---------

PENSION RELATED CHANGES OTHER THAN NET PERIODIC

PENSION COST	619,391
--------------	---------

	967,875
--	---------

**FORM 990, PART XII, LINE 2C:**

AUDIT OF CONSOLIDATED FINANCIAL STATEMENTS/OVERSIGHT OF AUDIT: THERE WAS

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

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

OMB No. 1545-0047

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.

**2022**

**Open to Public  
Inspection**

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](http://www.irs.gov/form990).

Name of the organization

Employer identification number

NATIONAL 4-H COUNCIL

36-2862206

NO CHANGE IN THE PROCESS FOR OVERSIGHT OF THE AUDIT FROM THE PRIOR YEAR.

THE ORGANIZATION IS AUDITED AS PART OF CONSOLIDATED FINANCIAL STATEMENTS.

IT DOES NOT RECEIVE SEPARATE AUDITED FINANCIAL STATEMENTS.

Name of the organization

Employer identification number

NATIONAL 4-H COUNCIL

36-2862206

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

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NATIONAL 4-H COUNCIL'S MISSION IS TO EXPAND OPPORTUNITIES FOR ALL OF AMERICA'S YOUTH THROUGH INCREASED INVESTMENT AND PARTICIPATION IN 4-H POSITIVE YOUTH DEVELOPMENT. THE 4-H SYSTEM IS COMPRISED OF A UNIQUE PRIVATE-PUBLIC PARTNERSHIP BETWEEN OUR NATION'S LAND-GRANT UNIVERSITIES, FEDERAL AND LOCAL GOVERNMENT AGENCIES, FOUNDATIONS AND PROFESSIONAL ASSOCIATIONS. THESE PARTNERS WORK TOGETHER TO PROVIDE RICH EDUCATIONAL CONTENT AND CURRICULA, CUTTING-EDGE TECHNOLOGY AND INNOVATIVE THOUGHT-LEADERSHIP.

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FORM 990, PART III - PROGRAM SERVICE
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LINE 4A, PROGRAM SERVICE
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CLOVER BY 4-H - THE ONLY ONLINE PLATFORM CONNECTING RESEARCH-BASED CONTENT FROM 100+ UNIVERSITIES AND 4-H LOCAL PROGRAMMING, CLOVER PROVIDES HANDS-ON, FUN, EDUCATIONAL RESOURCES TO YOUTH AND THEIR CAREGIVERS ANYTIME, ANYWHERE. WITH OVER 200 ACTIVITIES ENGAGING PREK-12 YOUTH, CLOVER'S INTERACTIVE ACTIVITIES OFFER VIDEO CONTENT, QUIZZES, SELF-REFLECTION, LEARNING JOURNEYS, CREDENTIALING AND BADGING. USERS CAN TRACK THEIR EDUCATIONAL JOURNEYS ONLINE, ALLOWING 4-H LEADERS AND EDUCATORS TO UNDERSTAND YOUTH LEARNING TRENDS AND OPTIMIZE FUTURE CONTENT OFFERINGS. CLOVER WILL CONTINUE TO GROW AND EXPAND AS OUR LGU PARTNERS CREATE AND ENHANCE THE ACTIVITIES AVAILABLE AND PROVIDE TRAINING FOR EDUCATORS TO TEACH THE MATERIAL.

IGNITE BY 4-H - TOO MANY OF AMERICA'S YOUTH LACK ACCESS TO OPPORTUNITIES THAT WOULD DEVELOP THE SKILLS THEY NEED TO SUCCEED IN LIFE, INCLUDING CONFIDENCE, TEAMWORK, CREATIVITY AND INNOVATION. AT 4-H, WE SEE THE RESULT WHEN YOUNG PEOPLE ARE INSPIRED TO FIND ANSWERS TO PROBLEMS AND EQUIPPED TO CREATE CHANGE. THEY BECOME LEADERS; THE NEXT WAVE OF INNOVATORS WHO INFLUENCE OTHERS AND LIVE THE IDEALS THAT FOSTER A VIBRANT AND CREATIVE ECONOMY. FROM 13 - 17 MARCH, 2024, OVER 1,000 HIGH SCHOOL STUDENTS WILL CONVENE IN WASHINGTON, D.C. FOR AN IMMERSIVE CONFERENCE EXPERIENCE - IGNITE BY 4-H. THIS FOUR-DAY EVENT WILL EMPOWER TEENS FROM DIVERSE BACKGROUNDS TO CONNECT AND FIND THEIR SPARK BY EXPLORING THE BEST 4-H HAS TO OFFER IN STEM, AGRISCIENCE, HEALTHY LIVING, CAREER READINESS AND EMOTIONAL WELL-BEING.

IGNITE BY 4-H EXPERIENCES INCLUDE:

- . CAREER PANELS: ENGAGE IN ROUND TABLE DISCUSSIONS WITH FIELD PROFESSIONALS.
. CAREER PREPARATION: EXPLORE CAREER PATHS AND LEARN ABOUT THE EDUCATION AND SKILLS NECESSARY FOR THESE FIELDS.
. EDUCATIONAL WORKSHOPS: TAKE PART IN HANDS-ON ACTIVITIES AND LESSONS TO SPARK INTEREST AND UNDERSTANDING OF TOPICS THAT CAN BE TAKEN HOME AND TAUGHT TO OTHERS.
. LEAD TO CHANGE: CREATE PLANS TO TAKE NEW KNOWLEDGE HOME TO TACKLE ISSUES IN THEIR LOCAL COMMUNITIES.

PYD ACADEMIES - BY EQUIPPING 4-H PROFESSIONALS AND VOLUNTEERS WITH ESSENTIAL SKILLS AND RESEARCH-BASED STRATEGIES, THE 4-H PYD ACADEMIES ENSURE THE CREATION OF HIGH-QUALITY 4-H PROGRAMS THAT

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## FORM 990, PART III - PROGRAM SERVICE

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## HELP YOUTH THRIVE.

THE ACADEMIES OFFER A VARIETY OF CAPACITY-BUILDING OPPORTUNITIES FOR ADULTS, ENABLING THEM TO PROVIDE HIGH-QUALITY PYD PROGRAMS THAT:

- . ENGAGE YOUTH IN EXPLORING THEIR SPARK;
- . PROVIDE OPPORTUNITIES FOR ALL YOUTH TO BELONG;
- . NURTURE DEVELOPMENTAL RELATIONSHIPS BETWEEN YOUTH AND ADULTS;
- . SUPPORT THE DEVELOPMENT OF CRITICAL SOCIAL, EMOTIONAL, COGNITIVE AND BEHAVIORAL SKILLS;
- . PREPARE YOUTH FOR COLLEGE AND CAREER READINESS; AND
- . SUPPORT LONG-TERM HEALTH AND WELL-BEING.

HEALTHY HABITS - THE 4-H HEALTHY HABITS PROGRAM SUPPORTS COMMUNITIES ACROSS THE NATION BY PROMOTING HEALTH EQUITY, FOOD ACCESS, NUTRITION EDUCATION AND EMOTIONAL HEALTH FOR UNDERSERVED YOUTH AND FAMILIES ACROSS THE COUNTRY. LEVERAGING THE PROVEN INFLUENCE OF YOUNG PEOPLE, 4 H HEALTHY HABITS ENGAGES TEENS TO EMPOWER THEIR PEERS AND FAMILIES TODAY AND TO HELP ESTABLISH SUSTAINABLE, HEALTHY HABITS FOR THEIR FAMILIES AND COMMUNITIES TOMORROW.

THE PROGRAM USES A FOUR-PRONGED APPROACH TO STRATEGICALLY LEVERAGE THE 4 H SYSTEM TO ADDRESS FOOD ACCESS, NUTRITION AND HEALTH EQUITY FOR UNDERSERVED YOUTH AND FAMILIES ACROSS THE COUNTRY:

- . DEPLOYS UNIVERSITY-BACKED, IMPACTFUL PROGRAMMING.
- . REACHES DIVERSE AUDIENCES THROUGH LOCAL PARTNERSHIPS.
- . ENGAGES YOUTH VOICE FOR MORE IMPACTFUL DELIVERY AND CLEAR MESSAGING.
- . PROVIDES A SYSTEM OF SUSTAINABILITY TO ENABLE CONTINUED IMPACT FOR UNDERSERVED YOUTH AND THEIR FAMILIES IN URBAN AND RURAL COMMUNITIES.

TECH CHANGEMAKERS - OVER 24 MILLION PEOPLE IN THE U.S. LACK HIGH-SPEED INTERNET ACCESS, AND MANY MORE DO NOT HAVE THE SKILLS NEEDED TO TAKE FULL ADVANTAGE OF ONLINE RESOURCES. THIS COMBINATION OF INADEQUATE INTERNET ACCESS AND LIMITED DIGITAL SKILLS HAS CREATED A DIGITAL DIVIDE, IMPACTING FUTURE OPPORTUNITIES FOR YOUNG PEOPLE AND ADULTS ALIKE. THE 4-H TECH CHANGEMAKERS PROGRAM IS EMPOWERING YOUNG PEOPLE TO CLOSE THIS DIVIDE AND PROVIDE #OPPORTUNITY4ALL PEOPLE IN THEIR COMMUNITIES, BY EQUIPPING THEM WITH THE EDUCATION AND TOOLS THEY NEED TO TEACH DIGITAL SKILLS TO ADULTS. THESE TECH-SAVVY AND COMMUNITY-ORIENTED YOUNG PEOPLE ARE 4-H TECH CHANGEMAKERS.

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FORM 990, PART III - PROGRAM SERVICE

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STEM CHALLENGE - BY INSPIRING THOUSANDS OF KIDS AROUND THE COUNTRY TO TAKE AN INTEREST IN STEM TOPICS, THE 4-H STEM CHALLENGE IS MAKING STEM MORE WELCOMING FOR ALL YOUTH. EACH YEAR, WE WORK WITH OUR UNIVERSITY PARTNERS TO DEVELOP ENGAGING ACTIVITIES THAT ARE DESIGNED TO TEACH YOUNG PEOPLE ABOUT THE REAL-WORLD APPLICATIONS OF STEM CONCEPTS THEY CARE ABOUT. THE 2023 THEME, POWER PROTECTORS, PROVIDES YOUNG PEOPLE WITH A HANDS-ON EXPERIENCE THROUGH WHICH THEY CAN EXPLORE RENEWABLE ENERGY AND ITS IMPACT ON THE WORLD, WHILE EMPOWERING THEM TO INNOVATE AND CREATE POSITIVE CHANGE IN THEIR COMMUNITIES.

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**NATIONAL 4-H COUNCIL**

**36-2862206**

FORM 990, PART VI, LINE 17 - STATES

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AL, AK, AZ, AR, CA, CT, DE,  
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,

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## FORM 990, PART VII-COMPENSATION OF THE 5 HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
CORDIA RECRUITING AND STAFFING LLC 8330 BOONE BLVD SUITE 350 VIENNA, VA 22182	CONTRACTED SERVICES	778,445.
SUNSHINE SACHS & ASSOCIATES LLC 136 MADISON AVENUE NEW YORK, NY 10016	CONTRACTED SERVICES	311,212.
QUALTRICS LLC P.O. BOX 29650 PHOENIX, AZ 85038	CONTRACTED SERVICES	274,876.
FAEGRE DRINKER BIDDLE & REATH LLP 1 LOGAN SQUARE SQUARE SUITE 2000 PHILADELPHIA, PA 19103	LEGAL FEES	253,374.
BDO P.O. BOX 642743 PITTSBURGH, PA 15264-2743	CONTRACTED SERVICES	224,248.

Name of the organization

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## FORM 990, PART IX - OTHER FEES

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DESCRIPTION	(A) TOTAL FEES	(B) PROGRAM SERVICE EXP.	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING EXPENSES
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MARKETING AND PR	1,358,418.	1,338,519.	15,477.	4,422.
LEAD ADVISOR FEES	976,826.	976,826.	NONE	NONE
HUMAN RESOURCES	872,180.	NONE	872,180.	NONE
RESEARCH FEES	394,654.	394,654.	NONE	NONE
LGU SUBCONTRACTS	326,146.	326,146.	NONE	NONE
WEBSITE & CLOVER CONTENT	290,821.	290,821.	NONE	NONE
OFFICE	165,155.	87,532.	42,940.	34,683.
OTHER	2,382,899.	2,171,513.	897.	210,489.
TOTALS	----- 6,767,099. =====	----- 5,586,011. =====	----- 931,494. =====	----- 249,594. =====

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

NATIONAL 4-H COUNCIL

**Related Organizations and Unrelated Partnerships**

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

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) NATIONAL 4-H ACTIVITIES FOUNDATION 52-2292245 655 15TH STREET, NW, SUITE 220 WASHINGTON, DC 20005	SEE PART VII	OH	501(C)(3)	12A	THE COUNCIL	X	
(2) GLOBAL CLOVER NETWORK, INC. 52-2292242 655 15TH STREET, NW, SUITE 220 WASHINGTON, DC 20005	SEE PART VII	OH	501(C)(3)	12A	THE COUNCIL	X	
(3) NATIONAL 4-H CONGRESS FOUNDATION 45-2572008 655 15TH STREET, NW, SUITE 220 WASHINGTON, DC 20005	SEE PART VII	OH	501(C)(3)	12A	THE COUNCIL	X	
(4)							
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2022

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

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

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

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

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

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

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

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

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

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

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

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

**Part VII Supplemental Information**

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

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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.