

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

# 2020

**Open to Public Inspection**

**A** For the 2020 calendar year, or tax year beginning 03/01, 2020, and ending 02/28, 2021

<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</b> Name of organization <u>NATIONAL 4-H COUNCIL</u>			<b>D</b> Employer identification number <u>36-2862206</u>
	Doing Business As			<b>E</b> Telephone number <u>(301) 961-2800</u>
	Number and street (or P.O. box if mail is not delivered to street address)		Room/suite	<b>G</b> Gross receipts \$ <u>27,486,389.</u>
	<u>5425 WISCONSIN AVE, SUITE 600</u>			
City or town, state or province, country, and ZIP or foreign postal code <u>CHEVY CHASE, MD 20815</u>			<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>F</b> Name and address of principal officer: <u>JENNIFER L SIRANGELO</u> <u>SAME AS "C" ABOVE</u>			<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			If "No," attach a list. (see instructions)	
<b>J</b> Website: <u>WWW.4-H.ORG</u>			<b>H(c)</b> Group exemption number ▶	
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			<b>L</b> Year of formation: <u>1976</u> <b>M</b> State of legal domicile: <u>OH</u>	

## Part I Summary

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <u>TO EXPAND OPPORTUNITIES FOR ALL OF AMERICA'S YOUTH THROUGH INCREASED INVESTMENT AND PARTICIPATION IN 4-H POSITIVE YOUTH DEVELOPMENT.</u>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<u>22.</u>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<u>22.</u>
	<b>5</b> Total number of individuals employed in calendar year 2020 (Part V, line 2a)	<b>5</b>	<u>198.</u>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<u>45.</u>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<u>0.</u>
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<u>0.</u>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<u>36,333,462.</u>	<u>21,947,407.</u>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u>11,556,189.</u>	<u>660,555.</u>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u>635,372.</u>	<u>97,413.</u>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>1,571,903.</u>	<u>1,731,402.</u>
		<u>50,096,926.</u>	<u>24,436,777.</u>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<u>10,142,314.</u>	<u>7,785,610.</u>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<u>0.</u>	<u>0.</u>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<u>17,656,187.</u>	<u>14,833,239.</u>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<u>0.</u>	<u>0.</u>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>2,772,673.</u>		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<u>13,421,773.</u>	<u>11,199,785.</u>
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<u>41,220,274.</u>	<u>33,818,634.</u>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<u>8,876,652.</u>	<u>-9,381,857.</u>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26)	<u>56,474,856.</u>	<u>59,286,538.</u>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<u>19,013,037.</u>	<u>24,902,837.</u>
	<u>37,461,819.</u>	<u>34,383,701.</u>	

## 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	Date			
	<u>JENNIFER L SIRANGELO</u> Type or print name and title	<u>PRESIDENT &amp; CEO</u>			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	<u>MARC BERGER</u>		<u>1/18/2022</u>	<input type="checkbox"/>	<u>P01871563</u>
	Firm's name ▶ <u>BDO USA, LLP</u>	Firm's EIN ▶ <u>13-5381590</u>			
	Firm's address ▶ <u>8401 GREENSBORO DRIVE, #800 MCLEAN, VA 22102</u>	Phone no. <u>703-893-0600</u>			

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** (2020)

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

ATTACHMENT 1

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

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] 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 \$ 20,840,373. including grants of \$ 7,785,610. ) (Revenue \$ 265,472. )

ATTACHMENT 2

4b (Code: ) (Expenses \$ 3,193,542. including grants of \$ 0. ) (Revenue \$ 1,799,982. )

NATIONAL 4-H SUPPLY SERVICE: SINCE 1924, 4-H SUPPLY HAS PROVIDED HIGH-QUALITY BRANDED PRODUCTS AND CURRICULUM TO MEET THE NEEDS OF 4-H OFFICES, CLUBS, AND FAMILIES, ALIKE. TODAY, 4-H SUPPLY TAKES ITS CUSTOMER-FRIENDLY APPROACH TO NEW LEVELS, WITH CONVENIENT ONLINE SHOPPING AND EXPERT ADVICE AT SHOP4-H.ORG. 4-H MEMBERS SHOW THEIR PRIDE EVERY DAY BY PURCHASING ITEMS WITH THE 4-H NAME AND EMBLEM. 4-H SUPPLY SHOWS THE SAME DEVOTION, PROVIDING THE BEST PRODUCTS AND THE HIGHEST LEVEL OF CUSTOMER SERVICE TO KEEP THESE DEDICATED CUSTOMERS COMING BACK, YEAR AFTER YEAR.

4c (Code: ) (Expenses \$ 2,226,425. including grants of \$ 0. ) (Revenue \$ 395,083. )

ATTACHMENT 3

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

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

4e Total program service expenses 26,260,340.

**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> . . . . .	X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> See instructions? . . . . .	X	
<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> . . . . .		X
<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> . . . . .	X	
<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 Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
<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> . . . . .		X
<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> . . . . .		X
<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> . . . . .		X
<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> . . . . .		X
<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> . . . . .	X	
<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> . . . . .	X	
<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> . . . . .		X
<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> . . . . .		X
<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> . . . . .		X
<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> . . . . .	X	
<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> . . . . .	X	
<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> . . . . .		X
<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>	X	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i> . . . . .		X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?. . . . .		X
<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> . . . . .		X
<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> . . . . .		X
<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> . . . . .		X
<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</i> See instructions . . . . .		X
<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> . . . . .	X	
<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> . . . . .		X
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> . . . . .		X
<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> . . . . .	X	

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

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

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . . .		
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .		
<b>1c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	X	

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

		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. <span style="float:right">2a 198</span>		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) . . . . .	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? If "No" to line 3b, provide an explanation on Schedule O . . . . .		
<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</b>	<b>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 <span style="float:right">7d</span>		
<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</b>	<b>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</b>	<b>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</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12 <span style="float:right">10a</span>		
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities <span style="float:right">10b</span>		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders <span style="float:right">11a</span>		
<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.) <span style="float:right">11b</span>		
<b>12a</b>	<b>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 <span style="float:right">12b</span>		
<b>13</b>	<b>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 <span style="float:right">13b</span>		
<b>c</b>	Enter the amount of reserves on hand <span style="float:right">13c</span>		
<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? If "No," provide an explanation on Schedule O . . . . .		
<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 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

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 (22), 1b (22), 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 ATTACHMENT 4
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
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

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
  - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
  - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
  - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See 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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JENNIFER SIRANGELO PRESIDENT AND CEO	40.00 0.			X			454,609.	0.	67,303.	
(2) JOSEPH P. ROCHE SVP, CHIEF FINANCIAL OFFICER	40.00 0.				X		372,816.	0.	6,948.	
(3) JILL BRAMBLE SVP, CHIEF DEVELOPMENT OFFICER	40.00 0.				X		298,258.	0.	40,656.	
(4) ARTIS STEVENS SVP, CHIEF MARKETING OFFICER	40.00 0.				X		303,090.	0.	24,375.	
(5) ANDREW FERRIN SVP, CHIEF STRATEGY OFFICER	40.00 0.				X		271,291.	0.	45,958.	
(6) HEATHER ELLIOTT VP, DEVELOPMENT	40.00 0.					X	182,791.	0.	60,699.	
(7) YI TANG SVP, CHIEF FINANCIAL OFFICER	40.00 0.				X		169,321.	0.	30,518.	
(8) KATHLEEN CASKIN SR DIR, FIELD & COUNCIL COMMS	40.00 0.					X	157,068.	0.	42,623.	
(9) DANELLE SABATHIER VP, DIGITAL STRATEGY	40.00 0.					X	174,577.	0.	9,031.	
(10) ESTELLA MCCOLLUM VP, ECOMMERCE	40.00 0.					X	166,381.	0.	14,195.	
(11) SARITA BHARGAVA VP, INTEGRATED MARKETING	40.00 0.					X	155,436.	0.	24,801.	
(12) LANDEL HOBBS CHAIR OF BOARD OF TRUSTEES	4.00 0.	X		X			0.	0.	0.	
(13) KRISTA HARDEN VC OF BOARD OF TRUSTEES	2.00 0.	X		X			0.	0.	0.	
(14) MARK BERVEN TREASURER	2.00 0.	X		X			0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 15) JULIETTE BELL ----- TRUSTEE	2.00 ----- 0.	X					0.	0.	0.	
( 16) MARTHA BERNADETT ----- TRUSTEE	2.00 ----- 0.	X					0.	0.	0.	
( 17) JON BOREN ----- TRUSTEE	2.00 ----- 0.	X					0.	0.	0.	
( 18) ALYSIA BORSA ----- TRUSTEE	2.00 ----- 0.	X					0.	0.	0.	
( 19) JAMES COLLINS ----- TRUSTEE	2.00 ----- 0.	X					0.	0.	0.	
( 20) DAVID CRUZ ----- TRUSTEE	2.00 ----- 0.	X					0.	0.	0.	
( 21) ABIGAIL DURHEIM ----- TRUSTEE	2.00 ----- 0.	X					0.	0.	0.	
( 22) DAVID EPSTEIN ----- TRUSTEE	2.00 ----- 0.	X					0.	0.	0.	
( 23) E. GORDON GEE ----- TRUSTEE	2.00 ----- 0.	X					0.	0.	0.	
( 24) CARLA HALL ----- TRUSTEE	2.00 ----- 0.	X					0.	0.	0.	
( 25) ROBERT JONES ----- TRUSTEE	2.00 ----- 0.	X					0.	0.	0.	
<b>1b Sub-total</b> . . . . .							2,705,638.	0.	367,107.	
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .							0.	0.	0.	
<b>d Total (add lines 1b and 1c)</b> . . . . .							2,705,638.	0.	367,107.	

**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 ► 47

	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
ATTACHMENT 5		

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



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 26) RICHARD MALTSBARGER ----- TRUSTEE	2.00 ----- 0.	X						0.	0.	0.
( 27) WADE MIQUELON ----- TRUSTEE	2.00 ----- 0.	X						0.	0.	0.
( 28) MICHELLE MUNSON ----- TRUSTEE	2.00 ----- 0.	X						0.	0.	0.
( 29) KAYE REITZENSTEIN ----- TRUSTEE	2.00 ----- 0.	X						0.	0.	0.
( 30) LISA SAFARIAN ----- TRUSTEE	2.00 ----- 0.	X						0.	0.	0.
( 31) MAGGIE SANS ----- TRUSTEE	2.00 ----- 0.	X						0.	0.	0.
( 32) MARY SNAPP ----- TRUSTEE	2.00 ----- 0.	X						0.	0.	0.
( 33) DANIELLE TIEDT ----- TRUSTEE	2.00 ----- 0.	X						0.	0.	0.
( 34) JANIS PENMAN ----- SECRETARY	2.00 ----- 0.			X				0.	0.	0.
<b>1b Sub-total</b> . . . . .								0.	0.	0.
<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 ► 47

	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

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

**Part VIII Statement of Revenue**

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514		
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b>	Federated campaigns . . . . .	<b>1a</b>	13,569.					
	<b>b</b>	Membership dues . . . . .	<b>1b</b>						
	<b>c</b>	Fundraising events . . . . .	<b>1c</b>	572,933.					
	<b>d</b>	Related organizations . . . . .	<b>1d</b>						
	<b>e</b>	Government grants (contributions) . .	<b>1e</b>	5,167,058.					
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above .	<b>1f</b>	16,193,847.					
	<b>g</b>	Noncash contributions included in lines 1a-1f. . . . .	<b>1g</b>	\$					
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . . ▶			21,947,407.				
	<b>Program Service Revenue</b>	<b>2a</b>	NATIONAL 4-H YOUTH CONFERENCE CENTER	Business Code	624100	395,083.	395,083.		
<b>b</b>		OTHER PROGRAM SERVICE REVENUE	Business Code	624100	265,472.	265,472.			
<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 . . . . . ▶			660,555.				
<b>Other Revenue</b>		<b>3</b>	Investment income (including dividends, interest, and other similar amounts). . . . . ▶			254,285.		254,285.	
	<b>4</b>	Income from investment of tax-exempt bond proceeds . ▶			0.				
	<b>5</b>	Royalties . . . . . ▶			0.				
	<b>6a</b>	Gross rents . . . . .	<b>6a</b>	(i) Real	(ii) Personal				
				<b>b</b>	Less: rental expenses	<b>6b</b>	0.		
				<b>c</b>	Rental income or (loss)	<b>6c</b>			
	<b>d</b>	Net rental income or (loss) . . . . . ▶			0.				
	<b>7a</b>	Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities	(ii) Other				
				<b>b</b>	Less: cost or other basis and sales expenses . .	<b>7b</b>	1,317,559.		
				<b>c</b>	Gain or (loss) . . . . .	<b>7c</b>	-156,872.		
	<b>d</b>	Net gain or (loss) . . . . . ▶			-156,872.		-156,872.		
	<b>8a</b>	Gross income from fundraising events (not including \$ 572,933. of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>8a</b>			0.			
				<b>b</b>	Less: direct expenses . . . . .	<b>8b</b>	68,580.		
				<b>c</b>	Net income or (loss) from fundraising events. . . . . ▶		-68,580.		-68,580.
	<b>9a</b>	Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>9a</b>			0.			
<b>b</b>				Less: direct expenses . . . . .	<b>9b</b>	0.			
<b>c</b>				Net income or (loss) from gaming activities. . . . . ▶		0.			
<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . .	<b>10a</b>			3,463,455.				
			<b>b</b>	Less: cost of goods sold . . . . .	<b>10b</b>	1,663,473.			
			<b>c</b>	Net income or (loss) from sales of inventory. . . . . ▶		1,799,982.	1,799,982.		
<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 . . . . . ▶			0.				
<b>12</b>	<b>Total revenue.</b> See instructions . . . . . ▶			24,436,777.	2,460,537.		28,833.		

**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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	7,785,610.	7,785,610.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	0.			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .	0.			
4 Benefits paid to or for members . . . . .	0.			
5 Compensation of current officers, directors, trustees, and key employees . . . . .	2,085,143.	1,404,017.	352,618.	328,508.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0.			
7 Other salaries and wages . . . . .	10,763,780.	7,247,721.	1,820,259.	1,695,800.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	114,332.	76,985.	19,335.	18,012.
9 Other employee benefits . . . . .	1,106,111.	744,793.	187,054.	174,264.
10 Payroll taxes . . . . .	763,873.	514,349.	129,178.	120,346.
11 Fees for services (nonemployees):				
a Management . . . . .	259,091.	88,315.	153,088.	17,688.
b Legal . . . . .	200,467.	685.	194,071.	5,711.
c Accounting . . . . .	512,811.		512,811.	
d Lobbying . . . . .	76,000.	76,000.		
e Professional fundraising services. See Part IV, line 17 . . . . .	0.			
f Investment management fees . . . . .	0.			
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) <b>ATCH 6</b> . . . . .	5,614,621.	5,131,022.	205,358.	278,241.
12 Advertising and promotion . . . . .	109,863.	78,483.		31,380.
13 Office expenses . . . . .	1,472,735.	1,042,004.	347,486.	83,245.
14 Information technology . . . . .	154,026.	126,498.	27,528.	
15 Royalties . . . . .	45,404.	45,404.		
16 Occupancy . . . . .	596,892.	586,677.	4,943.	5,272.
17 Travel . . . . .	147,101.	138,836.	3,468.	4,797.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0.			
19 Conferences, conventions, and meetings . . . . .	98,820.	94,528.	2,255.	2,037.
20 Interest . . . . .	96,638.		96,638.	
21 Payments to affiliates . . . . .	0.			
22 Depreciation, depletion, and amortization . . . . .	963,325.	908,933.	50,593.	3,799.
23 Insurance . . . . .	270,298.	49,690.	220,608.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a BANK & CREDIT CARD FEES . . . . .	571,040.	115,320.	455,331.	389.
b OTHER . . . . .	10,653.	4,470.	2,999.	3,184.
c . . . . .				
d . . . . .				
e All other expenses . . . . .				
<b>25 Total functional expenses.</b> Add lines 1 through 24e	<b>33,818,634.</b>	<b>26,260,340.</b>	<b>4,785,621.</b>	<b>2,772,673.</b>
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . .	0.			

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing . . . . .	20,964,780.	<b>1</b>	27,174,888.
	<b>2</b> Savings and temporary cash investments . . . . .	0.	<b>2</b>	0.
	<b>3</b> Pledges and grants receivable, net . . . . .	13,626,793.	<b>3</b>	6,296,906.
	<b>4</b> Accounts receivable, net. . . . .	1,465,471.	<b>4</b>	3,186,960.
	<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 . . . . .	0.	<b>5</b>	0.
	<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). . . . .	0.	<b>6</b>	0.
	<b>7</b> Notes and loans receivable, net . . . . .	0.	<b>7</b>	0.
	<b>8</b> Inventories for sale or use . . . . .	1,785,169.	<b>8</b>	1,550,805.
	<b>9</b> Prepaid expenses and deferred charges . . . . .	195,210.	<b>9</b>	401,860.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	<b>10a</b> 25,575,273.		
	<b>b</b> Less: accumulated depreciation . . . . .	<b>10b</b> 20,424,448.	6,010,177.	<b>10c</b> 5,150,825.
	<b>11</b> Investments - publicly traded securities. . . . .	12,427,256.	<b>11</b>	15,524,294.
	<b>12</b> Investments - other securities. See Part IV, line 11 . . . . .	0.	<b>12</b>	0.
	<b>13</b> Investments - program-related. See Part IV, line 11. . . . .	0.	<b>13</b>	0.
	<b>14</b> Intangible assets . . . . .	0.	<b>14</b>	0.
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	0.	<b>15</b>	0.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) . . . . .	56,474,856.	<b>16</b>	59,286,538.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	4,029,505.	<b>17</b>	5,486,309.
	<b>18</b> Grants payable . . . . .	0.	<b>18</b>	0.
	<b>19</b> Deferred revenue. . . . .	1,848,903.	<b>19</b>	2,031,530.
	<b>20</b> Tax-exempt bond liabilities. . . . .	0.	<b>20</b>	0.
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D. . . . .	0.	<b>21</b>	0.
	<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 . . . . .	0.	<b>22</b>	0.
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	2,000,000.	<b>23</b>	10,000,000.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties. . . . .	0.	<b>24</b>	0.
	<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 . . . . .	11,134,629.	<b>25</b>	7,384,998.
	<b>26 Total liabilities.</b> Add lines 17 through 25. . . . .	19,013,037.	<b>26</b>	24,902,837.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions . . . . .	549,866.	<b>27</b>	4,785,541.
	<b>28</b> Net assets with donor restrictions. . . . .	36,911,953.	<b>28</b>	29,598,160.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<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 . . . . .	37,461,819.	<b>32</b>	34,383,701.
<b>33</b> Total liabilities and net assets/fund balances. . . . .	56,474,856.	<b>33</b>	59,286,538.	

**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>	24,436,777.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	33,818,634.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-9,381,857.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	37,461,819.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	3,083,266.
<b>6</b>	Donated services and use of facilities	<b>6</b>	0.
<b>7</b>	Investment expenses	<b>7</b>	0.
<b>8</b>	Prior period adjustments	<b>8</b>	25,738.
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	3,194,735.
<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>	34,383,701.

**Part XII Financial Statements and Reporting**

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

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

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

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2020**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

▶ Attach to Form 990 or Form 990-EZ.

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

Name of the organization

NATIONAL 4-H COUNCIL

Employer identification number

36-2862206

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

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

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

f Enter the number of supported organizations . . . . .

g Provide the following information about the supported organization(s).

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	24,236,587.	26,811,383.	27,952,809.	36,333,462.	21,947,407.	137,281,648.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						0.
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						0.
<b>4 Total.</b> Add lines 1 through 3. . . . .	24,236,587.	26,811,383.	27,952,809.	36,333,462.	21,947,407.	137,281,648.
<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). . . . .						46,501,177.
<b>6 Public support.</b> Subtract line 5 from line 4						90,780,471.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>7</b> Amounts from line 4. . . . .	24,236,587.	26,811,383.	27,952,809.	36,333,462.	21,947,407.	137,281,648.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .	729,045.	973,508.	1,272,346.	600,781.	254,285.	3,829,965.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .	51,580.	0.	0.	0.	0.	51,580.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						0.
<b>11 Total support.</b> Add lines 7 through 10. . . . .						141,163,193.
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	62,676,380.
<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 2020 (line 6, column (f), divided by line 11, column (f)) . . . . .	<b>14</b>	64.31%
<b>15</b> Public support percentage from 2019 Schedule A, Part II, line 14 . . . . .	<b>15</b>	59.61%
<b>16a 33 1/3% support test - 2020.</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 - 2019.</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 - 2020.</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 - 2019.</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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>9</b> Amounts from line 6. . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
<b>c</b> Add lines 10a and 10b . . . . .						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part 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 2020 (line 8, column (f), divided by line 13, column (f)) . . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2019 Schedule A, Part III, line 15 . . . . .	<b>16</b>	%

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

<b>17</b> Investment income percentage for <b>2020</b> (line 10c, column (f), divided by line 13, column (f)). . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2019</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	%

**19a 33 1/3% support tests - 2020.** 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 - 2019.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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



**Part IV Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked 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 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 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 in lines 11b and 11c below, the governing body of a supported organization?		
<b>b</b> A family member of a person described in line 11a above?		
<b>c</b> A 35% controlled entity of a person described in 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 in 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.		Yes	No
<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 in 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)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

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

<b>Section C - Distributable Amount</b>			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

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

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	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 2020 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-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
3	Excess distributions carryover, if any, to 2020			
a	From 2015 . . . . .			
b	From 2016 . . . . .			
c	From 2017 . . . . .			
d	From 2018 . . . . .			
e	From 2019 . . . . .			
f	<b>Total</b> of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2020 distributable amount			
i	Carryover from 2015 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2020 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2020 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2020, 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 2020. 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 2021.</b> Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2016 . . . .			
b	Excess from 2017 . . . .			
c	Excess from 2018 . . . .			
d	Excess from 2019 . . . .			
e	Excess from 2020 . . . .			

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

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**Schedule of Contributors**

**2020**

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

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

Organization type (check one):

**Filers of:**

**Section:**

- Form 990 or 990-EZ  501(c)(3 ) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization
- Form 990-PF  501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year . . . . . ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Employer identification number  
36-2862206

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	N/A	\$ 3,256,186.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	N/A	\$ 3,003,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	N/A	\$ 2,828,858.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	N/A	\$ 2,500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	N/A	\$ 2,156,636.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	N/A	\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

Employer identification number  
**36-2862206**

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	N/A	\$ 910,200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	N/A	\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	N/A	\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	N/A	\$ 468,081.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



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

Employer identification number

36-2862206

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

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

Name of organization NATIONAL 4-H COUNCIL

Employer identification number  
36-2862206

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

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

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

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

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

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

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

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

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

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

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2020**

**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 or 990-EZ) 2020

**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> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<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%;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="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) 2017	(b) 2018	(c) 2019	(d) 2020	(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		76,000.
<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 . . . . .			76,000.
<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 expenditure 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.

SCHEDULE C, PART II-B:

GENERAL ISSUES SURROUNDING SUPPORT FOR NON-PROFIT ORGANIZATIONS IN

COVID-19 RELATED LEGISLATION.

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

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SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2020

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 3 columns: Line number, Description, (a) Donor advised funds, (b) Funds and other accounts. Includes rows for total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions regarding donor advisement.

Part II Conservation Easements.

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

Table with 3 columns: Line number, Description, and Held at the End of the Tax Year. Includes questions about purpose of easements, total number, acreage, and monitoring expenses.

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 3 columns: Line number, Description, and Amount. Includes questions about reporting art and historical treasures.

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

Schedule D (Form 990) 2020

**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
<b>c</b> Beginning balance . . . . .	<b>1c</b>
<b>d</b> Additions during the year . . . . .	<b>1d</b>
<b>e</b> Distributions during the year . . . . .	<b>1e</b>
<b>f</b> 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
<b>1a</b> Beginning of year balance . . . . .	7,795,570.	7,579,456.	7,429,320.	6,662,458.	5,971,640.
<b>b</b> Contributions . . . . .	45,108.	62,991.	51,640.	57,771.	50,653.
<b>c</b> Net investment earnings, gains, and losses . . . . .	920,275.	165,531.	124,780.	725,483.	890,099.
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .	9,564.	12,408.	26,284.	16,392.	249,934.
<b>f</b> Administrative expenses . . . . .					
<b>g</b> End of year balance . . . . .	8,751,389.	7,795,570.	7,579,456.	7,429,320.	6,662,458.

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

- a** Board designated or quasi-endowment ▶ 69.0000 %
- b** Permanent endowment ▶ 3.0000 %
- c** Term endowment ▶ 28.0000 %

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

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

	Yes	No
<b>(i)</b> Unrelated organizations . . . . .	<b>3a(i)</b>	X
<b>(ii)</b> Related organizations . . . . .	<b>3a(ii)</b>	X
<b>b</b> If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? . . . . .	<b>3b</b>	

**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
<b>1a</b> Land . . . . .		300,000.		300,000.
<b>b</b> Buildings . . . . .		23,097,709.	19,315,243.	3,782,466.
<b>c</b> Leasehold improvements . . . . .				
<b>d</b> Equipment . . . . .		2,177,564.	1,109,205.	1,068,359.
<b>e</b> Other . . . . .				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) . . . . .				5,150,825.



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

**Part X Other Liabilities.**

Complete if the organization answered "Yes" 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) ACCRUED POST RETIREMENT BENEFITS	3,052,296.
(3) AGENCY FUNDS	244,080.
(4) UNFUNDED PENSION LIABILITY	4,088,622.
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) . . . . . ▶	

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 and a final column for totals. Rows include: 1 Total revenue, gains, and other support per audited financial statements; 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12; 3 Subtract line 2e from line 1; 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1; 5 Total revenue. Add lines 3 and 4c.

**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 and a final column for totals. Rows include: 1 Total expenses and losses per audited financial statements; 2 Amounts included on line 1 but not on Form 990, Part IX, line 25; 3 Subtract line 2e from line 1; 4 Amounts included on Form 990, Part IX, line 25, but not on line 1; 5 Total expenses. Add lines 3 and 4c.

**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 PAGE 5

Multiple horizontal lines provided for entering supplemental information.

**Part XIII** Supplemental Information (continued)

SCHEDULE D, PART V, LINE 4:

ENDOWMENT FUNDS ARE INTENDED TO BE USED FOR EDUCATIONAL PROGRAMS.

SCHEDULE D, PART X, LINE 2:

COUNCIL FOLLOWS THE PROVISIONS OF FASB ASC 740. UNDER ASC 740, AN ORGANIZATION MUST RECOGNIZE THE TAX BENEFIT ASSOCIATED WITH TAX POSITIONS TAKEN FOR TAX RETURN PURPOSES WHEN IT IS MORE-LIKELY-THAN-NOT THAT THE POSITION WILL BE SUSTAINED. COUNCIL DOES NOT BELIEVE THERE ARE ANY MATERIAL UNCERTAIN TAX POSITIONS AND, ACCORDINGLY, IT WILL NOT RECOGNIZE ANY LIABILITY FOR UNRECOGNIZED TAX BENEFITS.

COUNCIL HAS FILED FOR AND RECEIVED INCOME TAX EXEMPTIONS IN THE JURISDICTIONS WHERE IT IS REQUIRED TO DO SO. ADDITIONALLY, COUNCIL HAS FILED INTERNAL REVENUE SERVICE FORM 990 AND FORM 990-T TAX RETURNS, AS REQUIRED, AND ALL OTHER APPLICABLE RETURNS IN JURISDICTIONS WHERE IT IS REQUIRED. COUNCIL BELIEVES THAT IT IS NO LONGER SUBJECT TO U.S. FEDERAL, STATE AND LOCAL, OR NON-U.S. INCOME TAX EXAMINATIONS BY TAX AUTHORITIES FOR FISCAL YEARS PRIOR TO 2017. FOR THE YEARS ENDED FEBRUARY 29, 2021 AND FEBRUARY 28, 2020, NO INTEREST OR PENALTIES WERE RECORDED OR INCLUDED IN THE CONSOLIDATED STATEMENTS OF ACTIVITIES RELATED TO UNCERTAIN TAX POSITIONS.

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

**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

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

**2020**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

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

Name of the organization

NATIONAL 4-H COUNCIL

Employer identification number

36-2862206

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

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a  Mail solicitations  
 b  Internet and email solicitations  
 c  Phone solicitations  
 d  In-person solicitations  
 e  Solicitation of non-government grants  
 f  Solicitation of government grants  
 g  Special fundraising events

- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No  
 b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

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

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

\_\_\_\_\_

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\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**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 - V (event type)	(event type)	(total number)	(add col. (a) through col. (c))
Revenue	<b>1</b> Gross receipts . . . . .	572,933.			572,933.
	<b>2</b> Less: Contributions . . . . .	572,933.			572,933.
	<b>3</b> Gross income (line 1 minus line 2) . . . . .				
Direct Expenses	<b>4</b> Cash prizes . . . . .				
	<b>5</b> Noncash prizes . . . . .				
	<b>6</b> Rent/facility costs . . . . .				
	<b>7</b> Food and beverages . . . . .	1,302.			1,302.
	<b>8</b> Entertainment . . . . .				
	<b>9</b> Other direct expenses . . . . .	67,278.			67,278.
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶				68,580.
<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) . . . . . ▶				-68,580.	

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

**9** Enter the state(s) in which the organization 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	<b>13a</b>	%
b An outside facility	<b>13b</b>	%
- 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.

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990.

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Name of the organization

NATIONAL 4-H COUNCIL

Employer identification number

36-2862206

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

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of 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)	48,770.				EDUCATIONAL
(2) ALABAMA A&M UNIVERSITY 4900 MEDI ST, P.O. BOX 967 NORMAL, AL 35762	63-6001097	STATE OF AL	20,320.				EDUCATIONAL
(3) ALABAMA COOPERATIVE EXTENSION SYSTEM PO BOX 2201 AUBURN, AL 36831	58-2062905	501(C)(3)	30,669.				EDUCATIONAL
(4) ALCORN STATE UNIVERSITY 1000 ASU DRIVE, #285 LORMAN, MS 39096	64-0538010	STATE OF MS	95,143.				EDUCATIONAL
(5) ARIZONA UNIVERSITY 888 N. EUCLID AVE, RM 502F TUCSON, AZ 85721	86-6004791	STATE OF AZ	200,740.				EDUCATIONAL
(6) AUBURN UNIVERSITY 208 MWH SM HALL AUBURN UNIVERSITY, AL 36849	63-6000724	STATE OF AL	25,740.				EDUCATIONAL
(7) UNIVERSITY OF NEBRASKA LINCOLN 312 N 14TH ST, ALEX WEST LINCOLN, NE 68588	47-0049123	STATE OF NE	114,277.				EDUCATIONAL
(8) BOARD OF REGENTS OF THE UNIV. OF WISCONSIN 432 NORTH LAKE ST, RM 104 MADISON, WI 53706	39-1805963	STATE OF WI	79,575.				EDUCATIONAL
(9) BOARD OF TRUSTEES UNIVERSITY OF FLORIDA 3103 MCCARTY HALL B GAINESVILLE, FL 32611	59-1000186	STATE OF FL	72,000.				EDUCATIONAL
(10) CALIFORNIA 4H FOUNDATION P.O. BOX 73673 DAVIS, CA 95617	23-7327765	501(C)(3)	54,890.				EDUCATIONAL
(11) CLEMSON UNIVERSITY 210 BARRE HALL CLEMSON, SC 29634	57-6000254	STATE OF SC	153,211.				EDUCATIONAL
(12) COLORADO 4H FOUNDATION CAMPUS MAIL 4040 FORT COLLINS, CO 80523	74-2586894	501(C)(3)	31,562.				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) 2020

**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.

OMB No. 1545-0047

**2020**

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Name of the organization

NATIONAL 4-H COUNCIL

Employer identification number

36-2862206

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

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
<b>(1)</b> COLORADO STATE UNIVERSITY RM 108 JOHN HALL SP FORT COLLINS, CO 80523	23-7098397	STATE OF CO	67,113.				EDUCATIONAL
<b>(2)</b> CORNELL UNIVERSITY 750 CASCADILLA STREET ITHACA, NY 14851	15-0532082	501(C)(3)	221,983.				EDUCATIONAL
<b>(3)</b> FLORIDA 4H CLUB FOUNDATION P.O. BOX 110225 GAINESVILLE, FL 32611	59-1000186	501(C)(3)	44,949.				EDUCATIONAL
<b>(4)</b> FORT VALLEY STATE UNIVERSITY 1005 STATE UNIV DR., FORT VALLEY, GA 31030	23-7281905	STATE OF GA	55,472.				EDUCATIONAL
<b>(5)</b> GEORGIA 4H FOUNDATION 306 HOKE SMITH ANNEX ATHENS, GA 30602	58-0832988	501(C)(3)	148,371.				EDUCATIONAL
<b>(6)</b> INDIANA 4H FOUNDATION 615 W. STATE ST, WEST LAFAYETTE, IN 47907	35-1097611	501(C)(3)	28,614.				EDUCATIONAL
<b>(7)</b> IOWA STATE UNIVERSITY 1138 PEARSON HALL AMES, IA 50011	42-6004224	STATE OF IA	97,190.				EDUCATIONAL
<b>(8)</b> JOHNSON COUNTY EXTENSION 11811 S SUNSET DR , OLATHE, KS 66061	74-2833325	501(C)(3)	12,382.				EDUCATIONAL
<b>(9)</b> KANSAS 4H FOUNDATION 116 UMBERGER HALL, MANHATTAN, KS 66506	48-0623884	501(C)(3)	8,404.				EDUCATIONAL
<b>(10)</b> KANSAS STATE UNIVERSITY 201 UMBERGER MANHATTAN, KS 66506	48-0667209	STATE OF KS	38,355.				EDUCATIONAL
<b>(11)</b> KENTUCKY 4H FOUNDATION 209 SCOVELL HALL LEXINGTON, KY 40506	23-7437297	501(C)(3)	95,344.				EDUCATIONAL
<b>(12)</b> KENTUCKY STATE UNIVERSITY 400 EAST MAIN STREET FRANKFORT, KY 40601	61-1099712	STATE OF KY	89,136.				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) 2020



**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.

OMB No. 1545-0047

**2020**

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Name of the organization

NATIONAL 4-H COUNCIL

Employer identification number

36-2862206

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

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
<b>(1)</b> LANGSTON UNIVERSITY FOUNDATION PO BOX 725 LANGSTON, OK 73050	11-3815948	501(C)(3)	15,238.				EDUCATIONAL
<b>(2)</b> LOUISIANA 4H FOUNDATION 104 EFFERSON HALL BATON ROUGE, LA 70803	72-1367519	501(C)(3)	19,761.				EDUCATIONAL
<b>(3)</b> LOUISIANA STATE UNIVERSITY 110 LSU UNION SQUARE BATON ROUGE, LA 70803	72-6000848	STATE OF LA	103,624.				EDUCATIONAL
<b>(4)</b> MAINE 4H FOUNDATION 75 CLEARWATER DR, FALMOUTH, ME 04105	01-6011487	STATE OF ME	15,000.				EDUCATIONAL
<b>(5)</b> MARYLAND 4H FOUNDATION 8020 GREENMEAD DRIVE COLLEGE PARK, MD 20740	52-6056016	501(C)(3)	150,481.				EDUCATIONAL
<b>(6)</b> MASSACHUSETTS 4H FOUNDATION 400 MAIN STREET MALPOLE, MA 02081	04-2303708	501(C)(3)	10,608.				EDUCATIONAL
<b>(7)</b> MICHIGAN 4H FOUNDATION 14901 4H DRIVE TUSTIN, MI 49688	38-1539997	501(C)(3)	98,276.				EDUCATIONAL
<b>(8)</b> MICHIGAN STATE UNIVERSITY 446 WEST CIR DR, LANSING, MI 48824	38-6005984	STATE OF MI	58,971.				EDUCATIONAL
<b>(9)</b> MISSISSIPPI STATE UNIVERSITY P.O DRAWER 5227 MISSISSIPPI STATE, MS 39762	06-7589752	STATE OF MS	10,320.				EDUCATIONAL
<b>(10)</b> MISSOURI 4H FOUNDATION 819 CLARK HALL COLUMBIA, MO 65211	43-6044367	501(C)(3)	8,239.				EDUCATIONAL
<b>(11)</b> MONTANA 4H FOUNDATION PO BOX 173580 BOZEMAN, MT 59717	23-7051460	501(C)(3)	7,502.				EDUCATIONAL
<b>(12)</b> MONTANA STATE UNIVERSITY PO BOX 172750 BOZEMAN, MT 59717	81-6001649	501(C)(3)	69,056.				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) 2020

**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.

OMB No. 1545-0047

**2020**

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Name of the organization

NATIONAL 4-H COUNCIL

Employer identification number

36-2862206

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

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
<b>(1)</b> NEBRASKA 4H FOUNDATION P O BOX 830719 LINCOLN, NE 68583	47-0469703	501(C)(3)	13,838.				EDUCATIONAL
<b>(2)</b> NEW MEXICO STATE 4H FOUNDATION P.O. BOX 3590 LAS CRUCES, NM 88003	85-0170157	STATE OF NM	11,066.				EDUCATIONAL
<b>(3)</b> NEW MEXICO STATE UNIVERSITY P O BOX 30002 LAS CRUCES, NM 88003	85-6000401	STATE OF NM	32,750.				EDUCATIONAL
<b>(4)</b> NORTH CAROLINA 4H FOUNDATION CAMPUS BOX 7655 RALEIGH, NC 27695	04-3847594	STATE OF NC	13,125.				EDUCATIONAL
<b>(5)</b> NORTH CAROLINA A&T STATE 1601 E. MARKET ST GREENSBORO, NC 27411	56-6000007	STATE OF NC	49,141.				EDUCATIONAL
<b>(6)</b> NORTH CAROLINA STATE UNIVERSITY 512 BRICKHAV DR, BOX 7606 RALEIGH, NC 27695	56-6049304	STATE OF NC	155,654.				EDUCATIONAL
<b>(7)</b> NORTH DAKOTA 4H FOUNDATION 1340 ADMINISTRATION AVENUE FARGO, ND 58102	23-7120898	STATE OF ND	9,237.				EDUCATIONAL
<b>(8)</b> NORTH DAKOTA STATE UNIVERSITY 1241 UNIVERSITY DR N FARGO, ND 58102	23-7120898	501(C)(3)	130,361.				EDUCATIONAL
<b>(9)</b> NYS 4H FOUNDATION 35 THORNWOOD DR, STE 200 ITHACA,, NY 14850	14-6021395	501(C)(3)	98,413.				EDUCATIONAL
<b>(10)</b> OHIO STATE UNIVERSITY 2202 FRED TAYLOR DRIVE COLUMBUS, OH 43211	31-1145987	STATE OF OH	283,359.				EDUCATIONAL
<b>(11)</b> OKLAHOMA 4H FOUNDATION 205 4-H YOUTH DEVELOP STILLWATER, OK 74078	73-6109761	501(C)(3)	87,788.				EDUCATIONAL
<b>(12)</b> OKLAHOMA STATE UNIVERSITY 205 4-H YOUTH DEVELOP STILLWATER, OK 74078	73-6109761	STATE OF OK	98,489.				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) 2020

**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.

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990.

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

Name of the organization

NATIONAL 4-H COUNCIL

Employer identification number

36-2862206

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

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
<b>(1)</b> OREGON 4H FOUNDATION 119 BALLARD EXT HALL, CORVALLIS, OR 97331	93-0711337	501(C)(3)	10,717.				EDUCATIONAL
<b>(2)</b> OREGON STATE UNIVERSITY PO BOX 1086 CORVALLIS, OR 97339	48-1278540	STATE OF OR	91,621.				EDUCATIONAL
<b>(3)</b> PENNSYLVANIA STATE UNIVERSITY 8 GRANT STREET CLARION, PA 16214	24-6000376	STATE OF PA	218,431.				EDUCATIONAL
<b>(4)</b> PRAIRIE VIEW A&M UNIVERSITY P.O. BOX 667 PRAIRIE VIEW, TX 77446	74-6001078	STATE OF TX	82,402.				EDUCATIONAL
<b>(5)</b> PUERTO RICO AGRICULTURAL EXT SERV PO BOX 9134 SAN JUAN,, PR 00908	66-0265391	501(C)(3)	18,750.				EDUCATIONAL
<b>(6)</b> PURDUE UNIVERSITY 1281 WIN HENT BLD, WEST LAFAYETTE, IN 47906	35-6002041	STATE OF IN	141,500.				EDUCATIONAL
<b>(7)</b> RUTGERS THE STATE UNIVERSITY OF NEW JERSEY ASB IIII2ND RUTGER NEW BRUNSWICK, NJ 08901	23-7318742	STATE OF NJ	139,705.				EDUCATIONAL
<b>(8)</b> SOMERSET COUNTY 4H 310 MILLTOWN ROAD BRIDGEWATER, NJ 08807	22-6064597	501(C)(3)	7,285.				EDUCATIONAL
<b>(9)</b> SOUTH DAKOTA STATE UNIVERSITY 1905 PLAZA BLVD RAPID CITY, SD 57702	46-0273801	STATE OF SD	71,845.				EDUCATIONAL
<b>(10)</b> SOUTHERN UNIVERSITY AG RESEARCH P.O. BOX 10010 BATON ROUGE, LA 70813	72-6000817	STATE OF LA	61,044.				EDUCATIONAL
<b>(11)</b> TENNESSEE 4H CLUB FOUNDATION 2621 MORGAN 205 KNOXVILLE, TN 37996	62-6047753	501(C)(3)	23,121.				EDUCATIONAL
<b>(12)</b> TENNESSEE STATE UNIVERSITY 3500 JOHN MERRITT BLVD NASHVILLE, TN 37209	62-0786119	STATE OF TN	54,967.				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) 2020

**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.

OMB No. 1545-0047

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Name of the organization

NATIONAL 4-H COUNCIL

Employer identification number

36-2862206

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

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) TEXAS 4H YOUTH FOUNDATION 1470 WIL D PRWY COLLEGE STATION, TX 77845	74-6091147	501(C)(3)	155,855.				EDUCATIONAL
(2) THE CURATORS OF THE UNIVERSITY OF MISSOURI P.O. BOX 807012 KANSAS CITY, MO 64180	43-6003859	STATE OF MO	294,928.				EDUCATIONAL
(3) UNIVERSITY OF ALASKA FAIRBANKS P O BOX 757880 FAIRBANKS, AK 99775	23-7394620	STATE OF AL	87,649.				EDUCATIONAL
(4) UNIVERSITY OF ARKANSAS/BOARD OF TRUSTEES OF P.O. BOX 391 LITTLE ROCK, AR 72203	71-6060767	STATE OF AR	148,400.				EDUCATIONAL
(5) UNIVERSITY OF CALIFORNIA P.O. BOX 989062 WEST SACRAMENTO, CA 95798	94-6002123	STATE OF CA	263,126.				EDUCATIONAL
(6) UNIVERSITY OF CONNECTICUT 843 UNIVERSITY DRIVE TORRINGTON, CT 06790	06-0772160	STATE OF CT	30,281.				EDUCATIONAL
(7) UNIVERSITY OF DELAWARE OFF OF THE VP , RM 220 NEWARK, DE 19716	51-6000297	STATE OF DE	141,702.				EDUCATIONAL
(8) UNH COOPERATIVE EXTENSION 59 COLLEGE RD TAYLOR DURHAM, NH 03824	93-2551295	501(C)(3)	21,321.				EDUCATIONAL
(9) UNIVERSITY OF HAWAII 2440 CAMPUS RD, BOX 368 HONOLULU, HI 96822	99-6000394	STATE OF HAWAII	90,453.				EDUCATIONAL
(10) UNIVERSITY OF IDAHO 701 W. COLLEGE AVE, SAINT MARIES, ID 83861	82-6000281	STATE OF ID	92,760.				EDUCATIONAL
(11) UNIVERSITY OF ILLINOIS 1305 WEST GREEN STREET URBANA, IL 61801	37-6006007	STATE OF IL	354,366.				EDUCATIONAL
(12) UNIVERSITY OF MAINE 107 MAINE AVENUE BANGOR, ME 04401	01-6000769	501(C)(3)	63,827.				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) 2020

**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.

OMB No. 1545-0047

**2020**

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Department of the Treasury  
Internal Revenue Service

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Name of the organization

NATIONAL 4-H COUNCIL

Employer identification number

36-2862206

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

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) UNIVERSITY OF MARYLAND PO BOX 1632 WALDORF, MD 20604	82-5181784	501(C)(3)	65,000.				EDUCATIONAL
(2) UNIVERSITY OF MASSACHUSETTES 46 DOROTHY RD MILLBURY, MA 01527	35-2317545	501(C)(3)	34,968.				EDUCATIONAL
(3) UNIVERSITY OF MINNESOTA 1420 ECKELS AVENUE ST. PAUL, MN 55108	41-6007513	STATE OF MN	143,790.				EDUCATIONAL
(4) UNIVERSITY OF NEVADA COOPERATIVE 1664 N VIRGINIA ST RENO, NV 89557	88-6000024	501(C)(3)	18,075.				EDUCATIONAL
(5) UNIVERSITY OF NEW HAMPSHIRE 51 COLLEGE ROAD, ROOM 109B DURHAM, NH 03824	02-6000937	STATE OF NH	32,500.				EDUCATIONAL
(6) UNIVERSITY OF TENNESSEE 2621 MORGAN CIRCLE, KNOXVILLE, TN 37996	62-6047753	STATE OF TN	331,575.				EDUCATIONAL
(7) UTAH STATE UNIVERSITY 5049 OLD MAIN HILL LOGAN, UT 84322	87-6000528	STATE OF UT	243,756.				EDUCATIONAL
(8) UVI COOPERATIVE EXTENSION UVI ALB A SHEEN CPS, KINGSHILL, VI 00851		501(C)(3)	26,000.				EDUCATIONAL
(9) VIRGINI TECH FOUNDATION 902 PRICES FRK RD, BLACKSBURG, VA 24060	54-0721690	501(C)(3)	130,396.				EDUCATIONAL
(10) VIRGINIA COOPERATIVE 300 TURNER STREET, BLACKSBURG, VA 24061	36-2862206	STATE OF VA	28,536.				EDUCATIONAL
(11) VIRGINIA POLYTECH 1880 PRATT DRIVE, BLACKSBURG, VA 24060	54-6001805	STATE OF VA	59,139.				EDUCATIONAL
(12) WASHINGTON STATE 4H FOUNDATION 140 S. ARTHUR ST., SPOKANE, WA 99202	36-2862206	STATE OF WA	9,291.				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) 2020

**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.

OMB No. 1545-0047

**2020**

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Department of the Treasury  
Internal Revenue Service

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Name of the organization

NATIONAL 4-H COUNCIL

Employer identification number

36-2862206

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

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) WASHINGTON STATE UNIVERSITY 14204 SALMON CREEK AVE VANCOUVER, WA 98686	91-1075542	STATE OF WA	159,428.				EDUCATIONAL
(2) WEST VIRGINIA UNIVERSITY P.O. BOX 1000 INSTITUTE, WV 25112	55-0708567	STATE OF WV	374,699.				EDUCATIONAL
(3) WISCONSIN 4H FOUNDATION THE PYLE CEN 702 LANG ST, MADISON, WI 53706	39-0914868	501(C)(3)	11,490.				EDUCATIONAL
(4) WEST VIRGINIA UNIVERSITY FOUNDATION 1 WATFRT PLAC, 7TH FL MORGANTOWN, WV 26507	55-6017181	501(C)(3)	8,178.				EDUCATIONAL
(5) WYOMING STATE 4H FOUNDATION 1000 E. UNIV AVE, DEPT LARAMIE, WY 82071	83-6000331	STATE OF WY	9,751.				EDUCATIONAL
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 89.

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) 2020

**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 THE FISCAL AND REPORTING GUIDELINES. NATIONAL 4-H COUNCIL ACCOUNT

**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.

MANAGERS MONITOR THE GRANTEE THROUGHOUT THE LIFE OF THE GRANT.



**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

Name of the organization

NATIONAL 4-H COUNCIL

Employer identification number

36-2862206

**Part I Questions Regarding Compensation**

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

- |  |  |
|--|--|
| <input 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) 2020

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	JENNIFER SIRANGELO PRESIDENT AND CEO	(i) 453,367.	0.	1,242.	36,537.	30,766.	521,912.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2	ARTIS STEVENS SVP, CHIEF MARKETING OFFICER	(i) 302,280.	0.	810.	10,158.	14,217.	327,465.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3	JILL BRAMBLE SVP, CHIEF DEVELOPMENT OFFICER	(i) 297,448.	0.	810.	9,670.	30,986.	338,914.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
4	ANDREW FERRIN SVP, CHIEF STRATEGY OFFICER	(i) 268,969.	0.	2,322.	9,061.	36,897.	317,249.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
5	YI TANG SVP, CHIEF FINANCIAL OFFICER	(i) 168,283.	0.	1,038.	0.	30,518.	199,839.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
6	JOSEPH P. ROCHE SVP, CHIEF FINANCIAL OFFICER	(i) 82,028.	290,073.	715.	3,054.	3,894.	379,764.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
7	HEATHER ELLIOTT VP, DEVELOPMENT	(i) 182,325.	0.	466.	6,295.	54,404.	243,490.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
8	KATHLEEN CASKIN SR DIR, FIELD & COUNCIL COMMS	(i) 155,150.	0.	1,918.	5,507.	37,116.	199,691.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
9	DANELLE SABATHIER VP, DIGITAL STRATEGY	(i) 172,745.	0.	1,832.	3,549.	5,482.	183,608.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
10	ESTELLA MCCOLLUM VP, ECOMMERCE	(i) 165,935.	0.	446.	5,234.	8,961.	180,576.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
11	SARITA BHARGAVA VP, INTEGRATED MARKETING	(i) 154,592.	0.	844.	5,172.	19,629.	180,237.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
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, LINES 4A, 4B, AND 4C:

JOSEPH ROCHE RECEIVED A SEVERANCE PAYMENT IN THE AMOUNT OF \$290,073.

JENNIFER L. SIRANGELO PARTICIPATED IN A SECTION 457 PLAN SPONSORED BY NATIONAL 4-H COUNCIL. A CONTRIBUTION OF \$26,000 WAS MADE TO HER PLAN BY NATIONAL 4-H COUNCIL FOR THE YEAR ENDED DECEMBER 31, 2020.

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

**2020**

**Open to Public  
Inspection**

Employer identification number

36-2862206

FORM 990, PART VI, SECTION A, LINE 4:

ON DECEMBER 11, 2019. THE BOARD VOTED TO MAKE THE FOLLOWING CHANGES TO  
THE CODE OF REGULATIONS:

-INCREASE THE NUMBER OF VOTING SEATS FROM 21 TO 23

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

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

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

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

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

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

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

THE PROCESS FOR DETERMINING THE COMPENSATION OF THE SENIOR LEADERSHIP

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

TEAM INCLUDES THE FOLLOWING:

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

FORM 990, PART VI, LINE 19:

GOVERNING DOCUMENTS: UPON REQUEST.

CONFLICT OF INTEREST POLICY: UPON REQUEST.

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

FORM 990, PART XI, LINE 9:

CHANGES IN NET ASSETS:

NET PERIODIC POSTRETIREMENT BENEFIT COST OTHER THAN	
SERVICE COST	(14,205)
NET PERIODIC PENSION BENEFIT COST OTHER THAN	
SERVICE COST	(728,154)
POSTRETIREMENT RELATED CHANGES OTHER THAN NET	
PERIODIC POSTRETIREMENT COSTS	1,443,035
PENSION RELATED CHANGES OTHER THAN NET PERIODIC	
PENSION COST	2,494,059
	3,194,735

FORM 990, PART XII, LINE 2C:

AUDIT OF CONSOLIDATED FINANCIAL STATEMENTS/OVERSIGHT OF AUDIT:

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

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

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ATTACHMENT 1

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

NATIONAL 4-H COUNCIL IS THE PRIVATE SECTOR, NON-PROFIT PARTNER OF THE NATION'S COOPERATIVE EXTENSION SYSTEM AND THE NATIONAL INSTITUTE OF FOOD AND AGRICULTURE (NIFA) WITHIN THE UNITED STATES DEPARTMENT OF AGRICULTURE (USDA). COUNCIL'S MISSION IS TO EXPAND OPPORTUNITIES FOR ALL OF AMERICA'S YOUTH THROUGH INCREASED INVESTMENT AND PARTICIPATION IN 4H POSITIVE YOUTH DEVELOPMENT.

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ATTACHMENT 2

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

EDUCATIONAL PROGRAMS: IN 4-H, WE BELIEVE IN CREATING OPPORTUNITY FOR ALL YOUNG PEOPLE SO THEY ARE EQUIPPED WITH THE SKILLS NEEDED TO SUCCEED IN LIFE AND CAREER. WHEN YOUNG PEOPLE ARE EMPOWERED TO PURSUE THEIR PASSIONS, THEIR UNIQUE SKILLS GROW AND TAKE SHAPE, HELPING THEM DRIVE POSITIVE CHANGE IN THEIR LIVES, CAREERS AND COMMUNITIES.

4-H STARTED MORE THAN A CENTURY AGO WITH THE INTENTION OF DRIVING ECONOMIC OPPORTUNITY THROUGH YOUTH INNOVATION. AS THE LARGEST YOUTH DEVELOPMENT ORGANIZATION SERVING EVERY U.S. COUNTY AND TERRITORY, 4-H IS DELIVERED BY 100+ LAND-GRANT UNIVERSITIES AND MORE THAN HALF A MILLION CARING ADULT MENTORS. 4-H APPLIES

Name of the organization NATIONAL 4-H COUNCIL	Employer identification number 36-2862206
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ATTACHMENT 2 (CONT'D)

UNIVERSITY RESEARCH TO POSITIVE YOUTH DEVELOPMENT PROGRAMS (PYD) IN WORKFORCE DEVELOPMENT, HEALTH EQUITY, CIVIC ENGAGEMENT, FOOD & AGRICULTURE.

ACCESS TO PROGRAMS AND RELATIONSHIPS OF 4-H PYD CREATE A PROVEN PATHWAY TO WELLBEING, EMPLOYABILITY, AND INCREASED OPPORTUNITY FOR 6 MILLION YOUTH. INDEPENDENT RESEARCH PROVES THE UNPARALLELED IMPACT OF THE 4-H PYD MODEL. 4-H'ERS ARE FOUR TIMES MORE LIKELY THAN PEERS TO BE CIVICALLY ENGAGED, TWO TIMES MORE LIKELY TO MAKE HEALTHY CHOICES AND LOWER RISK BEHAVIORS, AND TWO TIMES MORE LIKELY THAN PEERS TO PURSUE SCIENCE, TECHNOLOGY, ENGINEERING AND MATH (STEM) COLLEGE MAJORS AND CAREERS.

NATIONAL 4-H COUNCIL EXISTS TO SUPPORT THE COOPERATIVE EXTENSION SYSTEM'S 4-H PROGRAM THROUGH THREE UNIQUE ROLES: (1) CONVENE THE 4-H MOVEMENT TO STIMULATE COLLECTIVE ACTION ON THE MOST PRESSING ISSUES; (2) TELL THE 4-H STORY BY LEVERAGING THE POWER OF TRUSTED BRAND PARTNERS AND ALUMNI; AND (3) CREATE PUBLIC-PRIVATE PARTNERSHIPS TO GENERATE FINANCIAL RESOURCES TO GROW 4-H PYD ACCESS FOR ALL YOUTH. COUNCIL HIGHLIGHTS FOR THE CURRENT FISCAL YEAR INCLUDE:

-NATIONAL MENTORING PROGRAM - IN PARTNERSHIP WITH THE OFFICE OF JUVENILE JUSTICE AND DELINQUENCY PREVENTION (OJJDP), THE 4-H NATIONAL MENTORING PROGRAM SUPPORTS INITIATIVES AND COMMUNITY

Name of the organization NATIONAL 4-H COUNCIL	Employer identification number 36-2862206
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 ATTACHMENT 2 (CONT'D)
 

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PROGRAMS THAT PROVIDE MENTORING SERVICES TO HIGH-RISK POPULATIONS. THE GOAL IS TO REDUCE JUVENILE DELINQUENCY, DRUG ABUSE, TRUANCY, AND OTHER HIGH-RISK BEHAVIORS THROUGH 4-H PYD ONE-ON-ONE MENTORING, GROUP MENTORING, OR PEER-MENTORING PROGRAMS.

-WELL-CONNECTED COMMUNITIES - IN PARTNERSHIP WITH THE ROBERT WOOD JOHNSON FOUNDATION, THE WELL CONNECTED COMMUNITIES INITIATIVE HELPS BUILD DIVERSE, MULTIGENERATIONAL, CROSS-SECTOR COALITIONS THAT CAN RECOGNIZE AND ADDRESS SYSTEMIC HEALTH INEQUITIES. BY INTENTIONALLY FORGING CONNECTIONS, BUILDING CAPACITY, AND TAKING ACTION IN THESE COMMUNITIES AND ACROSS THE EXTENSION NETWORK WE CAN ENSURE THAT LIFE-LONG HEALTH AND WELL-BEING ARE WITHIN EVERYONE'S REACH.

-TECH CHANGEMAKERS - NATIONAL 4-H COUNCIL AND MICROSOFT ARE WORKING TOGETHER TO CLOSE THE CONNECTIVITY GAP IN RURAL AREAS BY EMPOWERING TEENS TO BRING TECHNOLOGY AND DIGITAL SKILLS ACCESS TO THEIR COMMUNITIES. THE 4-H TECH CHANGEMAKERS PROGRAM PUTS TEENS AT THE FOREFRONT OF CREATING CHANGE IN THEIR COMMUNITIES, EMPOWERING THEM TO SERVE AS DIGITAL AMBASSADORS BY EQUIPPING THEM WITH THE TOOLS, RESOURCES, AND TECHNICAL PARTNERS TO HELP THEM BE SUCCESSFUL.

-YOUTH VOICE THOUGHT LEADERSHIP - COUNCIL COORDINATES OPPORTUNITIES TO GIVE YOUNG PEOPLE ACROSS THE NATION A FORUM TO



Name of the organization NATIONAL 4-H COUNCIL	Employer identification number 36-2862206
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ATTACHMENT 2 (CONT'D)

PUT THEIR VOICES INTO POSITIVE ACTION AND RALLY THE NATION TO INVEST IN THE NEXT GENERATION OF TRUE LEADERS. THROUGH THE YOUNG ALUMNI ADVISORY COMMITTEE, YOUTH IN ACTION PROGRAM, CITIZENSHIP WASHINGTON FOCUS AND PROGRAMMATIC AMBASSADOR ROLES, NATIONAL 4-H COUNCIL HAS SCALED YOUTH VOICE THOUGHT LEADERSHIP IN CRITICAL AREAS OF MENTAL HEALTH, BROADBAND ACCESS, CIVIC ENGAGEMENT AND FOOD SECURITY.

-4-H SUMMIT SERIES: THE NATIONAL YOUTH SUMMIT SERIES ARE IMMERSIVE, THREE-DAY EXPERIENCES WHERE YOUTH DIVE INTO THE ISSUES, EXPAND YOUR CAREER HORIZONS AND GROW AS A LEADER WHILE WORKING WITH AND LEARNING FROM OTHER TEENS AND EXPERTS WITH SHARED PASSIONS.

4-H AT HOME: 4-H AT HOME IS A HYBRID ON AND OFFLINE PLATFORM THAT SUPPORTS THE FRONTLINE EDUCATORS AND FAMILIES WHO NEED US MOST. THIS PLATFORM PROVIDES IMMERSIVE ONLINE AND MOBILE 4-H EXPERIENCES WHERE THE PUBLIC CAN ACCESS 4-H'S RESEARCH-BACKED, DEVELOPMENTALLY APPROPRIATE, HANDS-ON LEARNING.

ATTACHMENT 3

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

NATIONAL 4-H CONFERENCE CENTER: THE CENTER IS ONE OF THE LARGEST NONACADEMIC YOUTH EDUCATION AND CONFERENCE FACILITIES IN THE UNITED STATES AND CONTINUES TO BE THE NATIONAL HOME FOR 4-H IN THE

Name of the organization NATIONAL 4-H COUNCIL	Employer identification number 36-2862206
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ATTACHMENT 3 (CONT'D)

UNITED STATES AS WELL AS A BEACON OF INDEPENDENT INTERNATIONAL COOPERATION FOR INDEPENDENT 4-H COUNTRY-LED PROGRAMS AROUND THE WORLD. THE CENTER HOSTS ANNUAL 4-H CONFERENCES AND YEAR-ROUND TRAINING PROGRAMS FOR YOUTH, VOLUNTEER LEADERS, AND PROFESSIONAL STAFF. THE NATIONAL 4-H CONFERENCE CENTER HOSTS MORE THAN 30,000 YOUTH EACH YEAR ON ITS 12-ACRE WASHINGTON, DC METRO CAMPUS WHILE THEY TOUR THE CITY'S HISTORIC LANDMARKS, ATTEND CONFERENCES AND LEADERSHIP PROGRAMS, AND EXPERIENCE THE BEST OF OUR NATION'S CAPITAL. EVERY YOUNG PERSON, VOLUNTEER LEADER, OR PROFESSIONAL WHO HAS VISITED THE NATIONAL 4-H CONFERENCE CENTER OVER THE YEARS HAS LEFT WITH SOMETHING TO INSPIRE THEM - SOME NEW POINT OF VIEW, SOME NEW IDEA TO TAKE HOME. THAT'S THE INGREDIENT THAT HAS KEPT THE EXPERIENCE OF CENTER FRESH AND EXCITING FOR MORE THAN 50 YEARS. THE CENTER CLOSED TO GUEST ON MARCH 22, 2020 DUE TO THE COVID19 PANDEMIC AND DID NOT RE-OPEN.

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

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,

ATTACHMENT 5

Name of the organization NATIONAL 4-H COUNCIL	Employer identification number 36-2862206
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ATTACHMENT 5 (CONT'D)990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
ARAMARK SPORTS & ENTERTAINMENT SERV. LLC P.O. BOX 978839 DALLAS, TX 75397	HOSP. MGMT SVCS	2,105,713.
API SOURCE 7850 WALKER DRIVE, SUITE 400 GREENBELT, MD 20770	MARKETING SERVICES	584,773.
CORDIA RESOURCES 700 12TH STREET NW, SUITE 700 WASHINGTON, DC 20005	ACCOUNTING SERVICES	359,066.
PUBLIC INC 26 SOHO STREET, SUITE 102 TORONTO ONTARIO CANADA M5T 127	MARKETING SERVICES	324,326.
CALIBRE CPA GROUP 7501 WISCONSIN AVENUE, SUITE 1200 WEST BETHESDA, MD 20814	ACCOUNTING SERVICES	264,812.

ATTACHMENT 6FORM 990, PART IX - OTHER FEES

<u>DESCRIPTION</u>	<u>(A) TOTAL FEES</u>	<u>(B) PROGRAM SERVICE EXP.</u>	<u>(C) MANAGEMENT AND GENERAL</u>	<u>(D) FUNDRAISING EXPENSES</u>
EVALUATION SERVICES	4,259,583.	4,259,583.	0.	0.
MARKETING AND PR	774,776.	447,884.	48,651.	278,241.
HUMAN RESOURCES	156,707.	0.	156,707.	0.
SUPPLY	423,555.	423,555.	0.	0.
TOTALS	<u>5,614,621.</u>	<u>5,131,022.</u>	<u>205,358.</u>	<u>278,241.</u>

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

▶ 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.

Department of the Treasury  
Internal Revenue Service

Name of the organization

NATIONAL 4-H COUNCIL

Employer identification number

36-2862206

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) NATIONAL 4-H ACTIVITIES FOUNDATION 7100 CONNECTICUT AVE CHEVY CHASE, MD 20815 52-2292245	SEE PART VII	OH	501(C)(3)	12A	THE COUNCIL	X	
(2) GLOBAL CLOVER NETWORK, INC. 7100 CONNECTICUT AVE CHEVY CHASE, MD 20815 52-2292242	SEE PART VII	OH	501(C)(3)	12A	THE COUNCIL	X	
(3) NATIONAL 4-H CONGRESS FOUNDATION 7100 CONNECTICUT AVE CHEVY CHASE, MD 20815 45-2572008	SEE PART VII	OH	501(C)(3)	12A	THE COUNCIL	X	
(4)							
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2020

**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.



# RENT AND ROYALTY INCOME

Taxpayer's Name NATIONAL 4-H COUNCIL	Identifying Number 36-2862206
---	----------------------------------

DESCRIPTION OF PROPERTY  
RENTAL OF ROOF SPACE

Yes	No	Did you actively participate in the operation of the activity during the tax year?
-----	----	--

TYPE OF PROPERTY:  
REAL RENTAL INCOME

OTHER INCOME:

--	--	--

TOTAL GROSS INCOME

OTHER EXPENSES:

--	--	--

DEPRECIATION (SHOWN BELOW)	16,754.		
LESS: Beneficiary's Portion			
AMORTIZATION			
LESS: Beneficiary's Portion			
DEPLETION			
LESS: Beneficiary's Portion			
TOTAL EXPENSES			16,754.
TOTAL RENT OR ROYALTY INCOME (LOSS)			-16,754.

Less Amount to

Rent or Royalty		
Depreciation		
Depletion		
Investment Interest Expense		
Other Expenses		
Net Income (Loss) to Others		
Net Rent or Royalty Income (Loss)		-16,754.

Deductible Rental Loss (if Applicable)

**SCHEDULE FOR DEPRECIATION CLAIMED**

(a) Description of property	(b) Cost or unadjusted basis	(c) Date acquired	(d) ACRS des.	(e) Bus. %	(f) Basis for depreciation	(g) Depreciation in prior years	(h) Method	(i) Life or rate	(j) Depreciation for this year
SEE ATTACHMENT									
<b>Totals</b>									

RENT AND ROYALTY SUMMARY

<u>PROPERTY</u>	<u>TOTAL INCOME</u>	<u>DEPLETION/ DEPRECIATION</u>	<u>OTHER EXPENSES</u>	<u>ALLOWABLE NET INCOME</u>
RENTAL OF ROOF SPACE		16,754.		-16,754.
TOTALS		<u>16,754.</u>		<u>-16,754.</u>