Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ **Do not enter Social Security numbers on this form as it may be made public.**

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

OMB No. 1545-0047

2023

Open to Public Inspection

A For the 2023 calendar year, or tax year beginning 03/01/2023 **and ending** 02/29/2024

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
NATIONAL 4-H COUNCIL

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address) | Room/suite
655 15TH STREET, NW, SUITE 220

City or town, state or province, country, and ZIP or foreign postal code
WASHINGTON, DC 20005

D Employer identification number
36-2862206

E Telephone number
(301) 961-2800

G Gross receipts $ 141,990,359.

F Name and address of principal officer: JILL BRAMBLE
SAME AS "C" ABOVE

H(a) Is this a group return for subordinates? ☐ Yes ☒ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.4-H.ORG

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶ | **L** Year of formation: 1976 | **M** State of legal domicile: OH

Part I Summary

1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	20
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	20
5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5	129
6	Total number of volunteers (estimate if necessary)	6	22
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	NONE
b	Net unrelated business taxable income from Form 990-T, line 34	7b	NONE

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	25,767,450.	30,711,981.
9	Program service revenue (Part VIII, line 2g)	1,660,020.	2,295,854.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,048,238.	2,781,390.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,122,688.	2,649,012.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	31,598,396.	38,438,237.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	11,073,338.	9,793,439.
14	Benefits paid to or for members (Part IX, column (A), line 4)	NONE	NONE
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	15,182,828.	16,293,328.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	NONE	275,442.
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 6,740,845.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	13,949,885.	17,878,994.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	40,206,051.	44,241,203.
19	Revenue less expenses. Subtract line 18 from line 12	-8,607,655.	-5,802,966.

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		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	134,786,716.	140,105,512.
21	Total liabilities (Part X, line 26)	21,111,012.	21,403,653.
22	Net assets or fund balances. Subtract line 21 from line 20	113,675,704.	118,701,859.

Part II Signature Block

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

Sign Here

▶ Signature of officer: Stan M. Harrell — Date: 01/15/2025

▶ Type or print name and title: STAN HARRELL — SVP, CHIEF FIN OFFCR

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
MARC BERGER	MARC BERGER	01/15/2025		P01871563

Firm's name ▶ BDO USA — Firm's EIN ▶ 13-5381590

Firm's address ▶ 8401 GREENSBORO DRIVE, #800 MCLEAN, VA 22102 — Phone no. 703-893-0600

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2023)

JSA
3E1065 1.000
8869NV L43V

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:

SEE SCHEDULE O

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

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

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

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

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

4a (Code:) (Expenses $ 11,329,877. including grants of $ 8,235,418.) (Revenue $ NONE)

SCALING PYD
BY HARNESSING THE NATIONAL AND LOCAL POWER OF THE 4-H NETWORK, WE ARE EXPANDING THE CAPACITY OF OUR 3,000+ EDUCATORS AND ~500,000 VOLUNTEERS, SCALING PROGRAMMING TO ACCELERATE OUR IMPACT, AND AMPLIFYING YOUTH VOICE. THROUGH THIS WORK, WE ARE EMPOWERING OUR SIX MILLION 4-H'ERS TO BE READY FOR WORK AND LIFE. THIS IS PARTICULARLY IMPORTANT FOR YOUTH IN RURAL AREAS, AS 4-H IS THE ONLY YOUTH DEVELOPMENT ORGANIZATION WITH REACH IN EVERY COUNTY AND PARISH IN THE COUNTRY.

4b (Code:) (Expenses $ 7,896,450. including grants of $ 374,177.) (Revenue $ 2,655,135.)

SEE SCHEDULE O

4c (Code:) (Expenses $ 6,262,184. including grants of $ 1,102,016.) (Revenue $ 2,220,331.)

SEE SCHEDULE O

4d Other program services (Describe on Schedule O.) SEE SCHEDULE O
(Expenses $ 2,677,380. including grants of $ 81,828.) (Revenue $ 69,400.)

4e Total program service expenses 28,165,891.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		X
26	Did the organization report any amount on Part X, line 5 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? *If "Yes," complete Schedule L, Part II*	26		X
27	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? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		X
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in noncash contributions? *If "Yes," complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b	X	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? **Note:** All Form 990 filers are required to complete Schedule O	38	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
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	94		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	NONE		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c X	

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

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return **2a** 129			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	**2b**	X	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	**3a**		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation on Schedule O*	**3b**		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	**4a**		X
b	If "Yes," enter the name of the foreign country _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	**5a**		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	**5b**		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	**5c**		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	**6a**		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	**6b**		
7	**Organizations that may receive deductible contributions under section 170(c).**			
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	**7a**		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	**7b**		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	**7c**		X
d	If "Yes," indicate the number of Forms 8282 filed during the year **7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	**7e**		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	**7f**		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	**7g**		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	**7h**		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	**8**		
9	**Sponsoring organizations maintaining donor advised funds.**			
a	Did the sponsoring organization make any taxable distributions under section 4966?	**9a**		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	**9b**		
10	**Section 501(c)(7) organizations.** Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12 **10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities **10b**			
11	**Section 501(c)(12) organizations.** Enter:			
a	Gross income from members or shareholders **11a**			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) **11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	**12a**		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year **12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**			
a	Is the organization licensed to issue qualified health plans in more than one state? **Note:** See the instructions for additional information the organization must report on Schedule O.	**13a**		
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 **13b**			
c	Enter the amount of reserves on hand **13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	**14a**		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation on Schedule O*	**14b**		
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	**15**		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	**16**		X
17	**Section 501(c)(21) organizations.** Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	**17**		

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

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	20		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b	Enter the number of voting members included on line 1a, above, who are independent	1b	20		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6	Did the organization have members or stockholders?	6			X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses on Schedule O*	9			X

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE O

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

☐ Own website ☒ Another's website ☒ Upon request ☐ Other *(explain on Schedule O)*

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records.
STAN HARRELL 655 15TH STREET, NW, SUITE 220 WASHINGTON, DC 20005
301-961-2890

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

Check if Schedule O contains a response or note to any line in this Part VII 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 the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JENNIFER SIRANGELO	40.00									
PRESIDENT&CEO (THRU 9/1/23)	NONE			X				464,875.	NONE	58,497.
(2) JILL BRAMBLE	40.00									
PRESIDENT&CEO (AS OF 08/20/23)	NONE			X				423,829.	NONE	63,802.
(3) IVAN HEREDIA	40.00									
SVP, CHIEF MARKETING OFFICER	NONE				X			357,314.	NONE	61,317.
(4) ANDREW FERRIN	40.00									
SVP, CHIEF STRATEGY OFFICER	NONE				X			305,283.	NONE	52,242.
(5) HEATHER ELLIOTT	40.00									
SVP, CHIEF DEVELOPMENT OFFICER	NONE				X			294,883.	NONE	49,634.
(6) STAN HARRELL	40.00									
SVP, CFO (AS OF 3/6/23)	NONE			X				290,646.	NONE	17,889.
(7) SHAWNDA HOWARD	40.00									
VP, PEOPLE & CULTURE	NONE				X			216,249.	NONE	44,772.
(8) JESSICA MURRAY	40.00									
VP, CONTROLLER	NONE					X		190,752.	NONE	44,020.
(9) YI TANG	40.00									
SP. ASST TO CEO(THRU 03/31/23)	NONE					X		210,832.	NONE	14,288.
(10) KRISHNA YENDLURI	40.00									
VP, INFORMATION TECHNOLOGY	NONE					X		201,242.	NONE	9,064.
(11) DANELLE SABATHIER	40.00									
VP, DIGITAL STRATEGY	NONE					X		194,914.	NONE	10,713.
(12) ESTELLA MCCOLLUM	40.00									
VP, ECOMMERCE & BUS DEVEL	NONE					X		187,555.	NONE	13,889.
(13) KRYSTA HARDEN	4.00									
CHAIR, BOARD OF TRUSTEES	NONE	X		X				NONE	NONE	NONE
(14) JULIETTE B. BELL, PH.D.	2.00									
VICE CHAIR, BOARD OF TRUSTEES	NONE	X		X				NONE	NONE	NONE

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) WADE MIQUELON	2.00									
TREASURER, BOARD OF TRUSTEES	NONE	X		X				NONE	NONE	NONE
(16) JACKIE APPLEGATE, PH.D.	2.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
(17) TIFFANY ATWELL	2.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
(18) MARTHA BERNADETT, M.D., MBA	2.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
(19) MARK BERVEN	2.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
(20) ALYSIA BORSA	2.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
(21) LESLIE COLEMAN	2.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
(22) E. GORDON GEE, PH.D.	2.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
(23) ROBERT J. JONES, PH.D.	2.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
(24) RICHARD MALTSBARGER	2.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
(25) TRENT MCKNIGHT	2.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
1b Sub-total ▶								3,338,374.	NONE	440,127.
c Total from continuation sheets to Part VII, Section A ▶								NONE	NONE	NONE
d Total (add lines 1b and 1c) ▶								3,338,374.	NONE	440,127.

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
3	Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*		
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*		
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*		

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(26) DANA MCNABB	2.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
(27) JOHN ORDUS	2.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
(28) MAGGIE SANS	2.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
(29) MARY SNAPP	2.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
(30) AIDAN SPENCER	2.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
(31) LAURA STEPHENSON, PH.D.	2.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
(32) DANIELLE TIEDT	2.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
(33) JON BOREN, PH. D.	2.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
(34) DAVID L. EPSTEIN	2.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
(35) CARLA HALL	2.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
(36) PRIYA KUMAR	2.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
1b Sub-total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶										

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

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(37) JANIS PENMAN	2.00									
SECRETARY	NONE			X				NONE	NONE	NONE
1b Sub-total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶										

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

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

Section B. Independent Contractors

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

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶ 41

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants, and Other Similar Amounts	1a	Federated campaigns	1a 9,216.				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e 1,588,139.				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 29,114,626.				
	g	Noncash contributions included in lines 1a-1f	1g $				
	h	**Total.** Add lines 1a-1f		30,711,981.			
Program Service Revenue			Business Code				
	2a	OTHER PROGRAM SERVICE REVENUE	624100	2,295,854.	2,295,854.		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a-2f		2,295,854.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		2,634,002.		NONE	2,634,002.
	4	Income from investment of tax-exempt bond proceeds		NONE			
	5	Royalties		NONE			
			(i) Real / (ii) Personal				
	6a	Gross rents 6a					
	b	Less: rental expenses 6b					
	c	Rental income or (loss) 6c	NONE / NONE				
	d	Net rental income or (loss)		NONE			
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory 7a	102,027,172.				
	b	Less: cost or other basis and sales expenses 7b	101,879,784.				
	c	Gain or (loss) 7c	147,388.				
	d	Net gain or (loss)		147,388.			147,388.
	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18 8a	NONE				
	b	Less: direct expenses 8b	NONE				
	c	Net income or (loss) from fundraising events		NONE			
	9a	Gross income from gaming activities. See Part IV, line 19 9a	NONE				
	b	Less: direct expenses 9b	NONE				
	c	Net income or (loss) from gaming activities		NONE			
	10a	Gross sales of inventory, less returns and allowances 10a	4,321,350.				
	b	Less: cost of goods sold 10b	1,672,338.				
	c	Net income or (loss) from sales of inventory		2,649,012.	2,649,012.		
Miscellaneous Revenue			Business Code				
	11a						
	b						
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a-11d		NONE			
	12	**Total revenue.** See instructions		38,438,237.	4,944,866.	NONE	2,781,390.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	9,786,239.	9,786,239.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	7,200.	7,200.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	NONE			
4 Benefits paid to or for members	NONE			
5 Compensation of current officers, directors, trustees, and key employees	2,467,286.	90,370.	1,721,835.	655,081.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	NONE			
7 Other salaries and wages	11,222,333.	5,163,260.	2,789,561.	3,269,512.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	410,806.	157,654.	135,381.	117,771.
9 Other employee benefits	1,340,030.	514,260.	441,605.	384,165.
10 Payroll taxes	852,873.	327,305.	281,063.	244,505.
11 Fees for services (nonemployees):				
a Management	NONE			
b Legal	508,645.		508,645.	
c Accounting	198,011.		198,011.	
d Lobbying	180,250.	180,250.		
e Professional fundraising services. See Part IV, line 17	275,442.			275,442.
f Investment management fees	252,856.		252,856.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	SEE SCHE O 5,963,866.	4,265,009.	1,444,559.	254,298.
12 Advertising and promotion	619,112.	522,776.		96,336.
13 Office expenses	1,241,699.	892,571.	181,454.	167,674.
14 Information technology	2,635,784.	1,629,481.	540,481.	465,822.
15 Royalties	67,051.	67,051.		
16 Occupancy	899,540.	429,018.	253,254.	217,268.
17 Travel	1,085,666.	573,182.	208,631.	303,853.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	NONE			
19 Conferences, conventions, and meetings	3,228,215.	2,995,414.	143,131.	89,670.
20 Interest	NONE			
21 Payments to affiliates	NONE			
22 Depreciation, depletion, and amortization	777,431.	448,272.	152,856.	176,303.
23 Insurance	77,818.	23,354.	37,018.	17,446.
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 DUES & SUBSCRIPTION	108,623.	62,085.	42,125.	4,413.
b OTHER	34,427.	31,140.	2,001.	1,286.
c				
d				
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	44,241,203.	28,165,891.	9,334,467.	6,740,845.
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

			(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing	23,215,915.	1	4,163,072.
	2	Savings and temporary cash investments	NONE	2	NONE
	3	Pledges and grants receivable, net	9,204,271.	3	15,967,908.
	4	Accounts receivable, net	1,649,822.	4	132,973.
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	NONE	5	NONE
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	NONE	6	NONE
	7	Notes and loans receivable, net	NONE	7	NONE
	8	Inventories for sale or use	1,630,983.	8	1,658,987.
	9	Prepaid expenses and deferred charges	937,410.	9	2,361,122.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a: 5,209,316.			
	b	Less: accumulated depreciation — 10b: 1,274,606.	3,439,771.	10c	3,934,710.
	11	Investments - publicly traded securities	86,929,860.	11	104,153,798.
	12	Investments - other securities. See Part IV, line 11	NONE	12	NONE
	13	Investments - program-related. See Part IV, line 11	NONE	13	NONE
	14	Intangible assets	NONE	14	NONE
	15	Other assets. See Part IV, line 11	7,778,684.	15	7,732,942.
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)	134,786,716.	16	140,105,512.
Liabilities	17	Accounts payable and accrued expenses	7,246,098.	17	5,487,209.
	18	Grants payable	NONE	18	NONE
	19	Deferred revenue	895,439.	19	1,509,390.
	20	Tax-exempt bond liabilities	NONE	20	NONE
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	NONE	21	NONE
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	NONE	22	NONE
	23	Secured mortgages and notes payable to unrelated third parties	NONE	23	NONE
	24	Unsecured notes and loans payable to unrelated third parties	NONE	24	NONE
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	12,969,475.	25	14,407,054.
	26	**Total liabilities.** Add lines 17 through 25	21,111,012.	26	21,403,653.
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here** [X] **and complete lines 27, 28, 32, and 33.**			
	27	Net assets without donor restrictions	76,335,858.	27	78,308,359.
	28	Net assets with donor restrictions	37,339,846.	28	40,393,500.
		Organizations that do not follow FASB ASC 958, check here ☐ **and complete lines 29 through 33.**			
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
	32	Total net assets or fund balances	113,675,704.	32	118,701,859.
	33	Total liabilities and net assets/fund balances	134,786,716.	33	140,105,512.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	38,438,237.
2	Total expenses (must equal Part IX, column (A), line 25)	2	44,241,203.
3	Revenue less expenses. Subtract line 2 from line 1	3	-5,802,966.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	113,675,704.
5	Net unrealized gains (losses) on investments	5	9,515,629.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	1,313,492.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	118,701,859.

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b		X

SCHEDULE A (Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
Attach to Form 990 or Form 990-EZ.
Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

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

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

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

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
10 ☐ An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
f Enter the number of supported organizations . . . . . ☐
g Provide the following information about the supported organization(s).

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	36,333,462.	21,947,407.	90,902,825.	25,767,450.	30,711,981.	205,663,125.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						NONE
3 The value of services or facilities furnished by a governmental unit to the organization without charge						NONE
4 **Total.** Add lines 1 through 3	36,333,462.	21,947,407.	90,902,825.	25,767,450.	30,711,981.	205,663,125.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						64,860,249.
6 **Public support.** Subtract line 5 from line 4						140,802,876.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4	36,333,462.	21,947,407.	90,902,825.	25,767,450.	30,711,981.	205,663,125.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	600,781.	254,285.	256,893.	981,053.	2,634,002.	4,727,014.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	NONE	NONE	NONE	NONE	NONE	NONE
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						NONE
11 **Total support.** Add lines 7 through 10						210,390,139.

12 Gross receipts from related activities, etc. (see instructions)	12	28,524,549.

13 **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

14	Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f))	14	66.92 %
15	Public support percentage from 2022 Schedule A, Part II, line 14	15	75.22 %

16a **33 1/3 % support test - 2023.** If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☒

b **33 1/3 % support test - 2022.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

17a **10%-facts-and-circumstances test - 2023.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐

b **10%-facts-and-circumstances test - 2022.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ☐

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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)						

14 **First 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

15	Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f))	15	%
16	Public support percentage from 2022 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2023** (line 10c, column (f), divided by line 13, column (f))	17	%
18	Investment income percentage from **2022** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2023.** 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 - 2022.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *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.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer lines 3b and 3c below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* ***Part VI*** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in* ***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.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *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).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990).*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)*	10b		

Part IV Supporting Organizations *(continued)*

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

Section B. Type I Supporting Organizations

			Yes	No
1	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? *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.*	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* ***Part VI*** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.*	2		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 *Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (****see instructions****).*

a ☐ The organization satisfied the Activities Test. *Complete* ***line 2*** *below.*

b ☐ The organization is the parent of each of its supported organizations. *Complete* ***line 3*** *below.*

c ☐ The organization supported a governmental entity. *Describe in* ***Part VI*** *how you supported a governmental entity (see instructions).*

			Yes	No
2	Activities Test. ***Answer lines 2a and 2b below.***			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *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.*	2b		
3	Parent of Supported Organizations. ***Answer lines 3a and 3b below.***			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No," provide details in* ***Part VI.***	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI*** *the role played by the organization in this regard.*	3b		

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

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

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

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

Section C - Distributable Amount		Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	**1**	
2 Enter 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 **Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	**6**	

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

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

Section D - Distributions			**Current Year**
1	Amounts paid to supported organizations to accomplish exempt purposes	**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 - *provide details in* ***Part VI***)	**5**	
6	Other distributions (*describe in* ***Part VI***). See instructions.	**6**	
7	**Total annual distributions.** Add lines 1 through 6.	**7**	
8	Distributions to attentive supported organizations to which the organization is responsive (*provide details in* ***Part VI***). See instructions.	**8**	
9	Distributable amount for 2023 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-2023**	**(iii) Distributable Amount for 2023**
1	Distributable amount for 2023 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2023 (reasonable cause required - *explain in* ***Part VI***). See instructions.			
3	Excess distributions carryover, if any, to 2023			
a	From 2018			
b	From 2019			
c	From 2020			
d	From 2021			
e	From 2022			
f	**Total** of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2023 distributable amount			
i	Carryover from 2018 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2023 from Section D, line 7: $			
a	Applied to underdistributions of prior years			
b	Applied to 2023 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, *explain in* ***Part VI.*** See instructions.			
6	Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, *explain in* ***Part VI.*** See instructions.			
7	**Excess distributions carryover to 2024.** Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2019			
b	Excess from 2020			
c	Excess from 2021			
d	Excess from 2022			
e	Excess from 2023			

Schedule B (Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2023

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

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

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

General Rule

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

Special Rules

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

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

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

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

Name of organization: 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	$ 12,500,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
2	N/A	$ 4,800,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
3	N/A	$ 1,416,144.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
4	N/A	$ 1,750,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
5	N/A	$ 1,500,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
6	N/A	$ 1,140,000.	Person [X] Payroll [ ] Noncash [ ] (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	$ 1,104,861.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
8	N/A	$ 1,189,779.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
9	N/A	$ 1,000,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
10	N/A	$ 1,000,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: NATIONAL 4-H COUNCIL

Employer identification number: 36-2862206

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

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

Name of organization: NATIONAL 4-H COUNCIL

Employer identification number: 36-2862206

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

Use duplicate copies of Part III if additional space is needed.

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

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

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

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

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

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

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

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE C
(Form 990)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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* for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

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	Employer identification number
NATIONAL 4-H COUNCIL	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)					

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.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a. If zero or less, enter -0-		
i Subtract line 1f from line 1c. If zero or less, enter -0-		

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.

j 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? ☐ **Yes** ☐ **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.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	**(a)** 2020	**(b)** 2021	**(c)** 2022	**(d)** 2023	**(e)** Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f 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) Yes	(a) No	(b) Amount
1 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:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		180,250.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?		X	
j Total. Add lines 1c through 1i			180,250.
2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d 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
1	Were substantially all (90% or more) dues received nondeductible by members?	**1**		
2	Did the organization make only in-house lobbying expenditures of $2,000 or less?	**2**		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	**3**		

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."

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

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.

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

SCHEDULE C, PART II-B:

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

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization

NATIONAL 4-H COUNCIL

Employer identification number

36-2862206

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

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (for example, recreation or education)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of a historically important land area
☐ Preservation of a certified historic structure

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

		Held at the End of the Tax Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included on line 2a	2c
d	Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year _____

4 Number of states where property subject to conservation easement is located _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 $ _____

(ii) Assets included in Form 990, Part X $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 $ _____

b Assets included in Form 990, Part X $

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

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange program
- e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table.

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐

Part V Endowment Funds

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	8,203,095.	8,541,050.	8,751,389.	7,795,570.	7,579,456.
b Contributions	84,604.	54,556.	61,396.	45,108.	62,991.
c Net investment earnings, gains, and losses	635,534.	-384,467.	-256,867.	920,275.	165,531.
d Grants or scholarships					
e Other expenditures for facilities and programs	12,044.	8,044.	14,868.	9,564.	12,408.
f Administrative expenses					
g End of year balance	8,911,189.	8,203,095.	8,541,050.	8,751,389.	7,795,570.

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

- a Board designated or quasi-endowment 69.5500 %
- b Permanent endowment 2.8400 %
- c Term endowment 27.6100 %

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

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

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

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

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		2,114,776.	116,923.	1,997,853.
d Equipment		584,280.	80,125.	504,155.
e Other		2,510,260.	1,077,558.	1,432,702.
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, line 10c, column (B))*				3,934,710.

Schedule D (Form 990) 2023

JSA
3E1269 1.000

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

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

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

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

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

(a) Description	(b) Book value
(1) RIGHT OF USE ASSET - LEASES	7,732,942.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, line 15, col. (B))*	7,732,942.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) LEASE OBLIGATION	11,120,408.
(3) ACCRUED POST RETIR. BENEFIT	2,091,330.
(4) UNFUNDED PENSION LIABILITY	952,964.
(5) AGENCY FUNDS	242,352.
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, line 25, col. (B))*	14,407,054.

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 . X

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.

1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			5	

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.

1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*			5	

Part XIII Supplemental Information

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

SEE SUPPLEMENTAL PAGE

Part XIII Supplemental Information *(continued)*

SCHEDULE D, PART V, LINE 4:

ENDOWMENT FUNDS ARE INTENDED TO BE USED FOR EDUCATIONAL PROGRAMS.

SCHEDULE G
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

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** [X] Mail solicitations
- **b** [X] Internet and email solicitations
- **c** [X] Phone solicitations
- **d** [X] In-person solicitations
- **e** [X] Solicitation of non-government grants
- **f** [X] 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? [X] **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? Yes	No	**(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
SEE SUPPLEMENT INFORMATION **1**						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total				NONE	275,442.	-275,442.

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.

AL,AK,AR,CA,CO,CT,FL,GA,HI,IL,
KS,KY,ME,MD,MA,MI,MN,MS,MO,NV,NH,NJ,NM,NY,NC,ND,OH,
OK,OR,PA,RI,SC,TN,VA,WA,WV,WI,

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 (event type)	(b) Event #2 (event type)	(c) Other events (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts				
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d)				
	11 Net income summary. Subtract line 10 from line 3, column (d)				

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

11 Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No

13 Indicate the percentage of gaming activity conducted in:

a	The organization's facility	**13a**	%
b	An outside facility	**13b**	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____.

c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ $ _____

Description of services provided ▶ _____

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

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

FORM 990, SCHEDULE G, LINE 2B - HIGHEST PAID INDIVIDUALS/ENTITIES

NAME:
FOR MOMENTUM, LLC

ADDRESS:
1816 INDEPENDENCE SQUARE, SUITE D
ATLANTA, GA 30338

ACTIVITY :
DIRECT SOL & PROSPECT

CUSTODY OR CONTROL OF CONTRIBUTION?
NO

GROSS RECEIPTS FROM ACTIVITY : NONE

AMOUNT PAID TO (OR RETAINED BY) FUNDRAISER : 191,242.

AMOUNT PAID TO (OR RETAINED BY) ORGANIZATION : -191,242.

NAME:
SOCIAL CAPITAL, INC.

ADDRESS:
980 N. MICHIGAN AVE, SUITE 1610
CHICAGO, IL 60611

ACTIVITY :
CONSLT SUPP FOR CAMPGN

CUSTODY OR CONTROL OF CONTRIBUTION?
NO

GROSS RECEIPTS FROM ACTIVITY : NONE

AMOUNT PAID TO (OR RETAINED BY) FUNDRAISER : 84,200.

AMOUNT PAID TO (OR RETAINED BY) ORGANIZATION : -84,200.

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

Attach to Form 990.

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

OMB No. 1545-0047

2023

Open to Public Inspection

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? . . . . . [X] Yes [ ] No

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) ALABAMA 4-H CLUB FOUNDATION 226 DUNCAN HALL AUBURN UNIVERSITY, AL 36849	63-0457929	501(C)(3)	88,397.				EDUCATIONAL
(2) ALABAMA A&M UNIVERSITY 4900 M. ST. P.O. BOX 967 NORMAL, AL 35762	63-6001097	STATE OF AL	203,601.				EDUCATIONAL
(3) ALABAMA A&M UNIVERSITY FOUNDATION 4900 MERIDIAN STREET NORMAL, AL 35762	23-7067600	501(C)(3)	9,571.				EDUCATIONAL
(4) ALCORN STATE UNIVERSITY 1000 ASU DRIVE, #285 LORMAN, MS 39096	64-0538010	STATE OF MS	255,915.				EDUCATIONAL
(5) ARIZONA UNIVERSITY/ARIZONA BOARD OF REGENTS 888 N. EUCLID AV TUCSON, AZ 85721	86-6004791	STATE OF AZ	103,133.				EDUCATIONAL
(6) ARKANSAS 4-H FOUNDATION 1 FOUR-H WAY LITTLE ROCK, AR 72223	71-6060767	STATE OF AR	222,539.				EDUCATIONAL
(7) AUBURN UNIVERSITY 208 M WHITE AUBURN UNIVERSITY, AL 36849	63-6000724	STATE OF AL	166,679.				EDUCATIONAL
(8) BOARD OF REGENTS NEVADA SYSTEM HIGH EDU 1664 N. VIRGINIA ST MS 0405 RENO, NV 89557	88-6000024	501(C)(3)	37,902.				EDUCATIONAL
(9) BOARD OF REGENTS OF UNIVERSITY OF NEBRASKA 151 S PAUL RESRCH CNTR LINCOLN, NE 06858	47-0049123	501(C)(3)	56,752.				EDUCATIONAL
(10) BOARD OF REGENTS UNIVERSITY WISCONSIN SYS 21 N.PARK ST., SUITE 6401 MADISON, WI 53715	39-6076198	501(C)(3)	8,400.				EDUCATIONAL
(11) BOARD OF TRUSTEES UNIVERSITY OF ARKANSAS 2301 S. UNIV. AVE LITTLE ROCK, AR 72204	71-6003252	STATE OF AR	64,000.				EDUCATIONAL
(12) CALIFORNIA 4H FOUNDATION P.O. BOX 73673 DAVIS, CA 95617	23-7327765	501(C)(3)	182,437.				EDUCATIONAL

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 107

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

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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.

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2023

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Name of the organization

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Employer identification number

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(1) CLEMSON UNIVERSITY 210 BARRE HALL CLEMSON, SC 29634	57-6000254	STATE OF SC	253,292.				EDUCATIONAL
(2) COLORADO STATE UNIVERSITY ROOM 108 FORT COLLINS, CO 80523	23-7098397	STATE OF CO	56,572.				EDUCATIONAL
(3) CORNELL UNIVERSITY 750 CASCADILLA STREET ITHACA, NY 14851	15-0532082	501(C)(3)	265,864.				EDUCATIONAL
(4) CURATORS OF THE UNIVERSITY OF MISSOURI 316 UNIVERSITY HALL COLUMBIA, MO 65211	26-6440629	501(C)(3)	67,771.				EDUCATIONAL
(5) FLORIDA 4H CLUB FOUNDATION 3103 MCCARTY HALL GAINESVILLE, FL 32611	59-1000186	501(C)(3)	140,428.				EDUCATIONAL
(6) FLORIDA A&M UNIVERSITY 2010 PINDER STREET TALLAHASSEE, FL 32307	59-0977035	501(C)(3)	88,735.				EDUCATIONAL
(7) FORT VALLEY STATE UNIVERSITY 1005 STATE UNIV DR. FORT VALLEY, GA 31030	23-7281905	STATE OF GA	82,294.				EDUCATIONAL
(8) GEORGIA 4H FOUNDATION 306 HOKE SMITH ANNEX ATHENS, GA 30602	58-0832988	501(C)(3)	423,850.				EDUCATIONAL
(9) IOWA 4-H FOUNDATION 202 S. IST, SUITE B GREENFIELD, IA 50849	32-0222380	501(C)(3)	76,797.				EDUCATIONAL
(10) IOWA STATE UNIVERSITY 1138 PEARSON HALL AMES, IA 50011	42-6004224	STATE OF IA	67,647.				EDUCATIONAL
(11) KANSAS 4H FOUNDATION 116 UMBERGER HALL MANHATTAN, KS 66506-3417	48-0623884	501(C)(3)	28,908.				EDUCATIONAL
(12) KANSAS STATE UNIVERSITY 201 UMBERGER MANHATTAN, KS 66506	48-0667209	STATE OF KS	18,345.				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 . . . . . ____

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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.

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OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization

NATIONAL 4-H COUNCIL

Employer identification number

36-2862206

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1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) KENTUCKY 4H FOUNDATION 209 SCOVELL HALL LEXINGTON, KY 40506-0064	23-7437297	501(C)(3)	122,695.				EDUCATIONAL
(2) LOUISIANA 4H FOUNDATION 104 EFFERSON HALL BATON ROUGE, LA 70803	72-1367519	501(C)(3)	80,622.				EDUCATIONAL
(3) LOUISIANA STATE UNIVERSITY 110 LSU UNION BATON ROUGE, LA 70803-0100	72-6000848	STATE OF LA	128,184.				EDUCATIONAL
(4) MARYLAND 4H FOUNDATION 8020 GREENMEAD DRIVE COLLEGE PARK, MD 20740	52-6056016	501(C)(3)	107,735.				EDUCATIONAL
(5) MASSACHUSETTS 4H FOUNDATION 400 MAIN STREET MALPOLE, MA 02081	04-2303708	501(C)(3)	46,324.				EDUCATIONAL
(6) MICHIGAN 4H FOUNDATION 14901 4H DRIVE TUSTIN, MI 49688	38-1539997	501(C)(3)	195,189.				EDUCATIONAL
(7) MICHIGAN STATE UNIVERSITY 446 WEST CIRCLE DR. LANSING, MI 48824-2612	38-6005984	STATE OF MI	60,783.				EDUCATIONAL
(8) MISSISSIPPI STATE UNIVERSITY P.O DRAWER 5227 MISSISSIPPI STATE, MS 39762	06-7589752	STATE OF MS	106,563.				EDUCATIONAL
(9) MISSOURI 4H FOUNDATION 819 CLARK HALL COLUMBIA, MO 65211	43-6044367	501(C)(3)	42,395.				EDUCATIONAL
(10) MONTANA 4H FOUNDATION PO BOX 173580 BOZEMAN, MT 59717	23-7051460	501(C)(3)	13,993.				EDUCATIONAL
(11) NEBRASKA 4H FOUNDATION P O BOX 830719 LINCOLN, NE 68583-0700	47-0469703	501(C)(3)	30,373.				EDUCATIONAL
(12) NEW MEXICO STATE UNIVERSITY P O BOX 30002 LAS CRUCES, NM 88003	85-6000401	STATE OF NM	11,000.				EDUCATIONAL

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

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

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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.

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OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization

NATIONAL 4-H COUNCIL

Employer identification number

36-2862206

Part I General Information on Grants and Assistance

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) NORTH CAROLINA A&T STATE 1601 E. MARKET ST GREENSBORO, NC 27411	56-6000007	STATE OF NC	112,219.				EDUCATIONAL
(2) NORTH CAROLINA STATE UNIVERSITY 512 BRICKHAVEN DRIVE RALEIGH, NC 27695	56-6049304	STATE OF NC	181,262.				EDUCATIONAL
(3) NORTH DAKOTA 4H FOUNDATION 1340 ADMINISTRATION AVENUE FARGO, ND 58102	23-7120898	STATE OF ND	15,458.				EDUCATIONAL
(4) NORTH DAKOTA STATE UNIVERSITY 1241 UNIVERSITY DR N FARGO, ND 58102	23-7120898	501(C)(3)	43,999.				EDUCATIONAL
(5) NORTHERN MARIANAS COLLEGE P.O. BOX 501250 SAIPAN, MP 96950	98-6021499	STATE OF ME	8,700.				EDUCATIONAL
(6) OHIO STATE UNIVERSITY 2202 FRED TAYLOR DRIVE COLUMBUS, OH 43211	31-1145987	STATE OF OH	222,515.				EDUCATIONAL
(7) OKLAHOMA 4H FOUNDATION 205 4-H YOUTH DEV. STILLWATER, OK 74078	73-6109761	501(C)(3)	28,171.				EDUCATIONAL
(8) OKLAHOMA STATE UNIVERSITY 205 4-H YOUTH DEV. STILLWATER, OK 74078	73-6109761	STATE OF OK	150,985.				EDUCATIONAL
(9) OREGON 4H FOUNDATION 119 BALLARD EXT. HALL CORVALLIS, OR 97331	93-0711337	501(C)(3)	56,158.				EDUCATIONAL
(10) OREGON STATE UNIVERSITY PO BOX 1086 CORVALLIS, OR 97339-1086	48-1278540	STATE OF OR	73,683.				EDUCATIONAL
(11) PENNSYLVANIA STATE UNIVERSITY 8 GRANT STREET CLARION, PA 16214	24-6000376	STATE OF PA	439,572.				EDUCATIONAL
(12) PINE TREE STATE 4-H FOUNDATION 15 ESTABROOKE DRIVE ORONO, ME 04469	01-6011487	501(C)(3)	32,850.				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 . . . . . ____

SCHEDULE I (Form 990)

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

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2023

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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

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(1) PRAIRIE VIEW A&M UNIVERSITY P.O. BOX 667 PRAIRIE VIEW, TX 77446	74-6001078	STATE OF TX	189,380.				EDUCATIONAL
(2) PURDUE UNIVERSITY 1281 WIN HENTSCHEL W LAFAYETTE, IN 47906	35-6002041	STATE OF IN	146,676.				EDUCATIONAL
(3) REGENTS OF NEW MEXICO STATE UNIVERSITY 2850 N WEDDEL DRIVE LAS CRUCES, NM 88003	85-6000642	501(C)(3)	33,468.				EDUCATIONAL
(4) REGENTS OF THE UNIVERSITY OF CALIFORNIA 595 CHARLES E YOUNG LOS ANGELES, CA 90095	94-6002123	501(C)(3)	81,682.				EDUCATIONAL
(5) REGENTS OF THE UNIVERSITY OF IDAHO 875 PERIMETER DRIVE MOSCOW, ID 83844-3020	82-6000945	501(C)(3)	74,696.				EDUCATIONAL
(6) REGENTS OF THE UNIVERSITY OF MINNESOTA 600 MCNAMARA ALUMNI MINNEAPOLIS, MN 55455	41-6007513	501(C)(3)	136,443.				EDUCATIONAL
(7) RUTGERS THE STATE UNIVERSITY OF NEW JERSEY ASB III-2ND RL-3 NEW BRUNSWICK, NJ 08901	23-7318742	STATE OF NJ	39,130.				EDUCATIONAL
(8) SOMERSET COUNTY 4-H ASSOCIATION 310 MILLTOWN RD BRIDGEWATER, NJ 08807	22-6064597	501(C)(3)	37,779.				EDUCATIONAL
(9) SOUTH DAKOTA STATE UNIVERSITY SDSU WEST RIVER AGR. RAPID CITY, SD 57702	46-0273801	STATE OF SD	57,952.				EDUCATIONAL
(10) SOUTHERN UNIVERSITY AG RESEARCH P.O. BOX 10010 BATON ROUGE, LA 70813-0010	72-6000817	STATE OF LA	11,071.				EDUCATIONAL
(11) TENNESSEE 4H CLUB FOUNDATION 2621 MORGAN CIR. KNOXVILLE, TN 37996	62-6047753	501(C)(3)	126,282.				EDUCATIONAL
(12) TENNESSEE STATE UNIVERSITY 3500 JOHN MERRITT BLVD. NASHVILLE, TN 37209	62-0786119	STATE OF TN	71,041.				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 . . . . . ____

SCHEDULE I (Form 990)

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

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(1) TEXAS 4H YOUTH FOUNDATION 1470 WILLIAM COLLEGE STATION, TX 77845	74-6091147	501(C)(3)	206,261.				EDUCATIONAL
(2) TEXAS A&M AGRILIFE EXTENSION SERVICE 600 JOHN KIMBOROUGH COLLEGE SN, TX 77845	74-6000537	501(C)(3)	65,540.				EDUCATIONAL
(3) THE BOARD OF TRUSTEES UNIV. OF ILLINOIS 506 S. WRIGHT ST URBANA, IL 61801	37-6000511	501(C)(3)	64,751.				EDUCATIONAL
(4) THE CURATORS OF THE UNIVERSITY OF MISSOURI P.O. BOX 807012 KANSAS CITY, MO 64180	43-6003859	STATE OF MO	8,000.				EDUCATIONAL
(5) THE OHIO STATE UNIVERSITY FOUNDATION PO BOX 710811 COLUMBUS, OH 43271	31-1145986	501(C)(3)	149,608.				EDUCATIONAL
(6) TRUSTEES OF TUFTS COLLEGE 80 GEORGE STREET MEDFORD, MA 02155	04-2103634	501(C)(3)	109,908.				EDUCATIONAL
(7) TUSKEGEE UNIVERSITY 1200 W MONTGOMERY RD TUSKEGEE, AL 36088	63-0288878	STATE OF AL	171,250.				EDUCATIONAL
(8) UNIVERSITY OF ALASKA (FAIRBANKS) 2025 YUKON DRIVE FAIRBANKS, AK 99775	92-6000147	STATE OF AK	49,499.				EDUCATIONAL
(9) UNIVERSITY OF ARIZONA P.O BOX 210036 TUCSON, AZ 85721	74-2652689	STATE OF AZ	159,028.				EDUCATIONAL
(10) UNIVERSITY OF CA/REGENTS OF THE UNIVERSITY P.O. BOX 989062 WEST SACRAMENTO, CA 95798	94-6002123	STATE OF CA	60,725.				EDUCATIONAL
(11) UNIVERSITY OF CONNECTICUT 843 UNIVERSITY DRIVE TORRINGTON, CT 06790	06-0772160	STATE OF CT	32,467.				EDUCATIONAL
(12) UNIVERSITY OF DELAWARE OFF OF VP FOR FIN. & ADMIN NEWARK, DE 19716	51-6000297	STATE OF DE	72,562.				EDUCATIONAL

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

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(1) UNIVERSITY OF FLORIDA 1885 STADIUM ROAD GAINESVILLE, FL 32611	59-6002052	STATE OF FL	68,214.				EDUCATIONAL
(2) UNIVERSITY OF GEORGIA 621 BOYD GRADUATE ATHENS, GA 30602-7411	58-6001998	STATE OF GA	24,349.				EDUCATIONAL
(3) UNIVERSITY OF HAWAII 2440 CAMPUS RD. BOX 368 HONOLULU, HI 96822	99-6000394	STATE OF HI	12,023.				EDUCATIONAL
(4) UNIV OF IDAHO/REGENTS OF THE UNIV OF IDAHO 701 W. COLLEGE AVE. SAINT MARIES, ID 83861	82-6000281	STATE OF ID	13,369.				EDUCATIONAL
(5) UNIVERSITY OF ILLINOIS 1201 W. UNIVERSITY AVE URBANA, IL 61801	37-6000511	501(C)(3)	76,434.				EDUCATIONAL
(6) UNIVERSITY OF MAINE 107 MAINE AVENUE BANGOR, ME 04401	01-6000769	501(C)(3)	62,850.				EDUCATIONAL
(7) UNIVERSITY OF MARYLAND, EASTERN SHORE 30665 STUDENT SRVC PRINCESS ANNE, MD 21853	52-6002033	501(C)(3)	15,000.				EDUCATIONAL
(8) UNIVERSITY OF MARYLAND, COLLEGE PARK 4101 CHESAPEAKE BLDG COLLEGE PARK, MD 20742	52-6002033	501(C)(3)	11,065.				EDUCATIONAL
(9) UNIVERSITY OF MASSACHUSETTES 46 DOROTHY RD MILLBURY, MA 01527-3450	35-2317545	501(C)(3)	29,934.				EDUCATIONAL
(10) UNIV OF MINNESOTA/REGENTS OF THE UNIV OF MI 1420 ECKELS AVENUE ST. PAUL, MN 55108-1030	41-6007513ÿ	STATE OF MN	130,910.				EDUCATIONAL
(11) UNIVERSITY OF MISSOURI 1110 S. COLLEGE AVE COLUMBIA, MO 65211	26-6440629	STATE OF MO	18,017.				EDUCATIONAL
(12) UNIV OF NEBRASKA LINCOLN 312 N 14TH STREET LINCOLN, NE 68588	47-0049123	STATE OF NE	189,821.				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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2023

Open to Public Inspection

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) UNIVERSITY OF NEVADA COOPERATIVE 1664 N VIRGINIA ST RENO, NV 89557	88-6000024	501(C)(3)	39,373.				EDUCATIONAL
(2) UNIVERSITY OF NEW HAMPSHIRE 51 COLLEGE ROAD, ROOM 109B DURHAM, NH 03824	02-6000937	STATE OF NH	39,100.				EDUCATIONAL
(3) UNIVERSITY OF PUERTO RICO JARDIN BOTANICO SUR SAN JUAN, PR 00919	66-0350945	501(C)(3)	73,200.				EDUCATIONAL
(4) UNIVERSITY OF TENNESSEE 2621 MORGAN CIRCLE KNOXVILLE, TN 37996	62-6047753	STATE OF TN	340,606.				EDUCATIONAL
(5) UNIVERSITY OF THE DISTRICT OF COLUMBIA 4200 CONNECTICUT AVE WASHINGTON, DC 20008	53-6001131	501(C)(3)	51,502.				EDUCATIONAL
(6) UNIVERSITY OF THE VIRGINISLANDS PO BOX 10000 KINGSHILL, VI 00850	66-0432514	501(C)(3)	20,150.				EDUCATIONAL
(7) UNIVERSITY OF VERMONT & STATE AGRI COLL 655 SPEAR STREET BURLINGTON, VT 05405	06-6811191	STATE OF VT	10,783.				EDUCATIONAL
(8) UNIVERSITY OF WISCONSIN 436 LOWELL HALL MADISON, WI 53703	39-6006492	STATE OF WI	18,779.				EDUCATIONAL
(9) UNIVERSITY OF WYOMING 1000 E UNIVERSITY AVE LARAMIE, WY 82071	83-0201971	501(C)(3)	9,200.				EDUCATIONAL
(10) UNIVERSITY SYSTEM OF NEW HAMPSHIRE 5 CHENNELL DRIVE #301 CONCORD, NH 03301	02-6000937	501(C)(3)	22,386.				EDUCATIONAL
(11) UTAH STATE UNIVERSITY 5049 OLD MAIN HILL LOGAN, UT 84322	87-6000528	STATE OF UT	163,172.				EDUCATIONAL
(12) UVM FOUNDATION, THE UNIV OF VERMONT FDN 140 KENNEDY DRIVE BURLINGTON, VT 05401	45-1556038	501(C)(3)	5,020.				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 . . . . . ____

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

Attach to Form 990.

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

OMB No. 1545-0047

2023

Open to Public Inspection

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) VIRGINIA POLYTECH 1880 PRATT DR. BLACKSBURG, VA 24060	54-6001805	STATE OF VA	80,350.				EDUCATIONAL
(2) VIRGINIA TECH FOUNDATION 902 PRICES FORK RD. BLACKSBURG, VA 24061	54-0721690	STATE OF VA	211,814.				EDUCATIONAL
(3) VIRGINIA STATE UNIVERSITY P.O. BOX 9081 PETERSBURG, VA 23806	54-6074532	STATE OF VA	56,300.				EDUCATIONAL
(4) WASHINGTON STATE UNIVERSITY 14204 SALMON CREEK AVE VANCOUVER, WA 98686	91-1075542	STATE OF WA	50,863.				EDUCATIONAL
(5) WASHINGTON STATE UNIVERSITY FOUNDATION 255 E MAIN ST #301 PULLMAN, WA 99163	91-1075542	501(C)(3)	71,196.				EDUCATIONAL
(6) WEST VIRGINIA STATE UNIV RESRCH & DVLP CORP 886 CHESTNUT RIDGE RD. MORGANTOWN, WV 26506	55-0665758	501(C)(3)	38,202.				EDUCATIONAL
(7) WEST VIRGINIA UNIVERSITY P.O. BOX 1000 INSTITUTE, WV 25112-1000	55-0708567	STATE OF WV	115,947.				EDUCATIONAL
(8) WEST VIRGINIA UNIVERSITY FOUNDATION ONE WATERFRONT PLACE MORGANTOWN, WV 26507	55-6017181	501(C)(3)	113,960.				EDUCATIONAL
(9) WISCONSIN 4H FOUNDATION THE PYLE CENTER MADISON, WI 53706	39-0914868	501(C)(3)	58,562.				EDUCATIONAL
(10) WSU SPOKANE COUNTY 4-H TEEN ADVISORY 222 N HAVANA ST SPOKANE, WA 99202	91-1075542	501(C)(3)	7,000.				EDUCATIONAL
(11) WYOMING STATE 4H FOUNDATION 1000 E. UNIV. AVE. LARAMIE, WY 82071	83-6000331	STATE OF WY	8,409.				EDUCATIONAL
(12)							

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 . . . . . ____

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	IZETTE R. MCNEALY	1	7,200.			
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. COMPETITIVE APPLICATIONS ARE ACCEPTED THROUGH AN ONLINE GRANTS MANAGEMENT SYSTEM AND REVIEWED IN ACCORDANCE WITH GRANT GUIDELINES. ONCE SCORED AND AWARDED, GRANTEES SIGN A CONTRACT OUTLINING DELIVERABLES AND

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.

ADHERE TO THE FISCAL AND REPORTING GUIDELINES. SOLE SOURCE GRANTEES ALSO

SIGN A CONTRACT OUTLINING DELIVERABLES AND ADHERE TO THE FISCAL AND

REPORTING GUIDELINES. NATIONAL 4-H COUNCIL ACCOUNT MANAGERS AND/OR

DIRECTOR, FOUNDATION AND FEDERAL FINANCIAL MANAGEMENT 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* for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization
NATIONAL 4-H COUNCIL

Employer identification number
36-2862206

Part I Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		
	☐ First-class or charter travel		
	☐ Travel for companions		
	☐ Tax indemnification and gross-up payments		
	☐ Discretionary spending account		
	☐ Housing allowance or residence for personal use		
	☐ Payments for business use of personal residence		
	☐ Health or social club dues or initiation fees		
	☐ 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 **1b**		
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? **2**		
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.		
	☐ Compensation committee		
	☐ Independent compensation consultant		
	☒ Form 990 of other organizations		
	☐ Written employment contract		
	☒ Compensation survey or study		
	☒ 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? **4a**		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan? **4b**	X	
c	Participate in or receive payment from an equity-based compensation arrangement? **4c**		X
	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? **5a**		X
b	Any related organization? **5b**		X
	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? **6a**		X
b	Any related organization? **6b**		X
	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 **7**		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III **8**		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? **9**		

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
JENNIFER SIRANGELO	(i)	464,015.	NONE	860.	36,115.	22,382.	523,372.	NONE
1 PRESIDENT&CEO (THRU 9/1/23)	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
JILL BRAMBLE	(i)	422,587.	NONE	1,242.	22,735.	41,067.	487,631.	NONE
2 PRESIDENT&CEO (AS OF 08/20/23)	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
STAN HARRELL	(i)	285,107.	NONE	5,539.	13,500.	4,389.	308,535.	NONE
3 SVP, CFO (AS OF 3/6/23)	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
YI TANG	(i)	210,450.	NONE	382.	6,807.	7,481.	225,120.	NONE
4 SP. ASST TO CEO(THRU 03/31/23)	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
SHAWNDA HOWARD	(i)	215,007.	NONE	1,242.	17,935.	26,837.	261,021.	NONE
5 VP, PEOPLE & CULTURE	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
IVAN HEREDIA	(i)	331,504.	25,000.	810.	22,264.	39,053.	418,631.	NONE
6 SVP, CHIEF MARKETING OFFICER	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
ANDREW FERRIN	(i)	301,719.	NONE	3,564.	22,240.	30,002.	357,525.	NONE
7 SVP, CHIEF STRATEGY OFFICER	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
HEATHER ELLIOTT	(i)	294,415.	NONE	468.	21,600.	28,034.	344,517.	NONE
8 SVP, CHIEF DEVELOPMENT OFFICER	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
JESSICA MURRAY	(i)	190,212.	NONE	540.	8,143.	35,877.	234,772.	NONE
9 VP, CONTROLLER	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
KRISHNA YENDLURI	(i)	200,000.	NONE	1,242.	6,154.	2,910.	210,306.	NONE
10 VP, INFORMATION TECHNOLOGY	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
DANELLE SABATHIER	(i)	193,025.	NONE	1,889.	4,892.	5,821.	205,627.	NONE
11 VP, DIGITAL STRATEGY	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
ESTELLA MCCOLLUM	(i)	186,918.	NONE	637.	7,614.	6,275.	201,444.	NONE
12 VP, ECOMMERCE & BUS DEVEL	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

Part III Supplemental Information

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

SCHEDULE J, PART I, LINE 4B:

KEY EMPLOYEES AND OFFICERS PARTICIPATED IN A SECTION 457 PLAN SPONSORED BY NATIONAL 4-H COUNCIL. ALL HAD CONTRIBUTIONS MADE TO THEIR PLAN BY NATIONAL 4 H COUNCIL FOR THE YEAR ENDED DECEMBER 31, 2023. JENNIFER SIRANGELO AND JILL BRAMBLE EACH HAD A CONTRIBUTION OF $20,500. IVAN HEREDIA, ANDREW FERRIN, HEATHER ELLIOTT, STAN HARRELL AND SHAWNDA HOWARD EACH HAD A CONTRIBUTION OF $10,000. NATIONAL 4-H COUNCIL MAINTAINS AN INDIVIDUAL ACCOUNT THAT IS CREDITED WITH THE CONTRIBTUIONS AND ANY GAINS, LOSSES AND EARNINGS BASED UPON THE TERMS OF THE PLAN WITH EXECUTIVE'S RIGHTS VESTING ANNUALLY ON DECEMBER 31.

Name of the organization

NATIONAL 4-H COUNCIL

Employer identification number

36-2862206

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

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

FORM 990, PART III, LINE 4D:

OTHER PROGRAMS: THE 4-H STORY, EXTENSION RELATIONS

NO ONE CAN TELL THE 4-H STORY MORE EFFECTIVELY THAN OUR SIX MILLION 4-H'ERS THEMSELVES, WHICH IS WHY WE SITUATE YOUTH AT THE CENTER OF EVERY STORYTELLING OPPORTUNITY. WHETHER IT'S DIGITAL STORYTELLING, PARTNERSHIP ENGAGEMENTS, OR PR OPPORTUNITIES, WE ENSURE OUR YOUNG PEOPLE ARE INVOLVED AND ELEVATED. ONE OF THE MOST IMPACTFUL EXAMPLES OF OUR STORYTELLING IS OUR 4-H YOUTH IN ACTION PROGRAM, WHICH AMPLIFIES THE DIVERSE STORIES AND LEADERSHIP OF 4-H YOUTH WHO ARE MAKING A DIFFERENCE IN THEIR COMMUNITIES EVERY DAY. EACH APPLICANT RECEIVES DIGITAL, INTERVIEW, AND STORYTELLING TRAINING FROM 4-H PROFESSIONALS, AS WELL AS NATIONAL MULTI-MEDIA AND SPOKESPERSON OPPORTUNITIES. IN ADDITION, OUR FOUR YOUTH IN ACTION WINNERS RECEIVE A SCHOLARSHIP FOR HIGHER EDUCATION; A YEAR OF PERSONAL, PROFESSIONAL AND MEDIA DEVELOPMENT AND TRAINING; NATIONAL OPPORTUNITIES TO SERVE AS A SPOKESPERSON AND KEY THOUGHT LEADER IN THEIR PROGRAM AREA; ALL-EXPENSES PAID TRIPS FOR THEMSELVES AND A CHAPERONE TO TRAVEL AS A 4-H AMBASSADOR; AN OFFICIAL REFERENCE LETTER FROM A NATIONAL 4-H COUNCIL LEADER FOR EDUCATIONAL OR CAREER PURPOSES; NETWORKING OPPORTUNITIES; AND DOCUMENTARY-STYLE VIDEOS THAT POSITION EACH WINNER'S COMMUNITY WORK TO LOCAL AND NATIONAL MEDIA.

THE EXTENSION RELATIONS TEAM DRIVES INCREASED ENGAGEMENT IN COUNCIL'S LINES OF BUSINESS AND COOPERATIVE EXTENSION'S INITIATIVES TO GROW 4-H'S REACH AND RELEVANCE. THE TEAM DOES THIS THROUGH STRATEGIC RELATIONSHIP MANAGEMENT WITH 4-H NETWORK STAKEHOLDERS; TARGETED COMMUNICATIONS AND OUTREACH; LEVERAGING NATIONAL CONVENINGS TO MOBILIZE THE NETWORK AND ACCELERATE IMPACT; AND USING THEIR EXPERTISE TO INFORM COUNCIL'S OPERATIONS AND BUILD A COUNCIL CULTURE THAT IS IN SERVICE TO COOPERATIVE EXTENSION

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

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

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

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

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

THE PROCESS FOR DETERMINING THE COMPENSATION OF JILL BRAMBLE (CURRENT) AND JENNIFER L SIRANGELO (FORMER) INCLUDES THE FOLLOWING:

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

THE PROCESS FOR DETERMINING THE COMPENSATION OF THE SENIOR LEADERSHIP

TEAM INCLUDES THE FOLLOWING:

- COMPENSATION STUDY BY EXTERNAL EXECUTIVE COMPENSATION CONSULTING FIRM

- REVIEW OF FORM 990 FOR SIMILAR ORGANIZATIONS AND COMPENSATION STUDY OF SIMILAR SIZE FOR-PROFIT BUSINESSES

- APPROVAL OF THE EXECUTIVE COMMITTEE

FORM 990, PART VI, LINE 19:

GOVERNING DOCUMENTS: UPON REQUEST.

CONFLICT OF INTEREST POLICY: UPON REQUEST.

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

FORM 990, PART XI, LINE 9:

CHANGES IN NET ASSETS:

NET PERIODIC POSTRETIREMENT BENEFIT COST OTHER THAN SERVICE COST	(42,120)
NET PERIODIC PENSION BENEFIT COST OTHER THAN SERVICE COST	1,753,076
PENSION RELATED CHANGES OTHER THAN NET PERIODIC PENSION COST	(397,464)
	1,313,492

FORM 990, PART XII, 2B AND 3B:

COUNCIL HAS CHANGED ITS YEAR-END FROM 2/29 TO 6/30 AND COMPLETED ITS AUDIT FOR THE COMBINED 16-MONTH PERIOD ENDED 6/30/2024. THE FORM 990 FOR 2/29/24 HAS BEEN PREPARED BASED ON UNAUDITED FINANCIAL STATEMENTS PREPARED WITHIN THE PERIOD.

Name of the organization: NATIONAL 4-H COUNCIL

Employer identification number: 36-2862206

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

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

Name of the organization: NATIONAL 4-H COUNCIL

Employer identification number: 36-2862206

FORM 990, PART III - PROGRAM SERVICE
==========

LINE 4B, PROGRAM SERVICE

EDUCATOR EXPERIENCES
OUR HIGHLY-TRAINED EDUCATORS AND VOLUNTEERS ARE CRITICAL FOR THE DEVELOPMENT AND DELIVERY OF OUR QUALITY PROGRAMMING. THROUGH ONLINE AND IN-PERSON COURSES, CONFERENCES AND IMMERSIONS, THE 4-H PYD ACADEMY PROVIDES RESEARCH-BACKED LEARNING OPPORTUNITIES THAT EQUIP 4-H EDUCATORS AND VOLUNTEERS WITH THE ESSENTIAL KNOWLEDGE AND SKILLS TO PLAN, IMPLEMENT, AND EVALUATE HIGH-QUALITY PYD PROGRAMS THAT HELP YOUTH THRIVE.
THE ONLY ONLINE PLATFORM TO OFFER ENGAGING, RESEARCH-BASED YOUTH AND EDUCATOR CONTENT FROM 100+ UNIVERSITIES AND 4-H LOCAL PROGRAMMING, CLOVER BY 4-H EXTENDS EDUCATOR REACH BY PROVIDING OVER 300 HANDS-ON, EDUCATIONAL RESOURCES TO YOUTH AND THEIR CAREGIVERS ANYTIME, ANYWHERE.

LINE 4C, PROGRAM SERVICE

PYD EVENTS
MILLIONS OF YOUNG PEOPLE LACK ACCESS TO OPPORTUNITIES THAT WOULD DEVELOP THE SKILLS THEY NEED TO SUCCEED, INCLUDING CONFIDENCE, TEAMWORK, CREATIVITY, AND INNOVATION. 4-H'S NATIONAL YOUTH EVENTS ENGAGE TEENS AND EDUCATORS FROM AROUND THE COUNTRY TO FIND ANSWERS TO PROBLEMS AND EQUIP THEM TO CREATE CHANGE. THIS EMPOWERS THEM TO BECOME LEADERS; THE NEXT WAVE OF INNOVATORS WHO INFLUENCE OTHERS AND LIVE THE IDEALS THAT FOSTER A VIBRANT AND CREATIVE ECONOMY.
OUR ANNUAL YOUTH EVENTS, IGNITE BY 4-H AND CITIZENSHIP WASHINGTON FOCUS, SEE HIGH SCHOOL STUDENTS AND EXTENSION PROFESSIONALS CONVENE IN THE WASHINGTON, D.C. AREA FOR IMMERSIVE EXPERIENCES THAT EMPOWER THEM TO CONNECT AND FIND THEIR SPARK. IGNITE ATTENDEES EXPLORE THE BEST 4-H HAS TO OFFER IN STEM, AGRISCIENCE, HEALTHY LIVING, CAREER READINESS, AND EMOTIONAL WELL-BEING THROUGH EXPERIENCES THAT INCLUDE CAREER PANELS, CAREER PREPARATION, EDUCATIONAL WORKSHOPS, AND THE DEVELOPMENT OF LOCAL ENGAGEMENT PLANS, WHILE CWF ATTENDEES EXPERIENCE HANDS-ON EDUCATIONAL WORKSHOPS, TOUR WASHINGTON, D.C.'S LIVING CLASSROOMS, AND MEET WITH MEMBERS OF CONGRESS TO BUILD THE SKILLS TO BE ACTIVE CITIZENS IN THEIR LOCAL COMMUNITIES.

Name of the organization: NATIONAL 4-H COUNCIL

Employer identification number: 36-2862206

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES

DESCRIPTION	GRANTS	EXPENSES	REVENUE
OTHER PROGRAMS: 4-H STORY, EXT RELATIONS	81,828.	2,677,380.	69,400.
TOTALS	81,828.	2,677,380.	69,400.

Name of the organization: NATIONAL 4-H COUNCIL

Employer identification number: 36-2862206

FORM 990, PART VI, LINE 17 - STATES
==========

AL,AR,CA,
FL,GA,HI,IL,KS,KY,MD,MA,MI,
MN,MS,NH,NJ,NM,NY,NC,ND,OR,PA,
RI,SC,TN,VA,WV,WI,

Name of the organization: NATIONAL 4-H COUNCIL

Employer identification number: 36-2862206

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

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
HI MUM SAID DAD LTD 50 FEATHERSTONE STREET OLD STREET LONDON UNITED KINGDOM EC1Y 8RT	IT CONSULTANT	1,019,244.
CORDIA RECRUITING AND STAFFING LLC 8330 BOONE BLVD SUITE 350 VIENNA, VA 22182	TEMP LABOR	433,168.
ALLIED ADVERTISING LIMITED PARTNERSHIP 55 CAMBRIDGE PARKWAY, SUITE 200 CAMBRIDGE, MA 02142	MARKETING SERVICES	376,460.
QUALTRICS LLC PO BOX 29650 PHOENIX, AZ 85038	SOFTWARE	362,597.
SUNSHINE SACHS MORGAN & LYLIS 136 MADISON AVENUE, 17TH FLOOR NEW YORK, NY 10016	PR & MEDIA	323,514.

Name of the organization: NATIONAL 4-H COUNCIL

Employer identification number: 36-2862206

FORM 990, PART IX - OTHER FEES

DESCRIPTION	(A) TOTAL FEES	(B) PROGRAM SERVICE EXP.	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING EXPENSES
CONTENT DEVELOPMENT	1,094,773.	1,016,972.	30,287.	47,514.
PUBLIC RELATIONS	296,786.	236,855.	24,977.	34,954.
PAID SEARCH	294,000.	NONE	294,000.	NONE
BRAND MANAGEMENT	210,530.	180,326.	10,068.	20,136.
HONORARIA	185,460.	177,460.	8,000.	NONE
RESEARCH FEES	159,903.	155,528.	NONE	4,375.
OTHER	3,722,414.	2,497,868.	1,077,227.	147,319.
TOTALS	5,963,866.	4,265,009.	1,444,559.	254,298.

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization

NATIONAL 4-H COUNCIL

Employer identification number

36-2862206

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

(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	(g) Section 512(b)(13) controlled entity? No
(1) NATIONAL 4-H ACTIVITIES FOUNDATION 52-2292245 655 15TH STREET, NW, SUITE 220 WASHINGTON, DC 20005	SEE PART VII	OH	501(C)(3)	12A	THE COUNCIL	X	
(2) GLOBAL CLOVER NETWORK, INC. 52-2292242 655 15TH STREET, NW, SUITE 220 WASHINGTON, DC 20005	SEE PART VII	OH	501(C)(3)	12A	THE COUNCIL	X	
(3) NATIONAL 4-H CONGRESS FOUNDATION 45-2572008 655 15TH STREET, NW, SUITE 220 WASHINGTON, DC 20005	SEE PART VII	OH	501(C)(3)	12A	THE COUNCIL	X	
(4)							
(5)							
(6)							
(7)							

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? Yes	(h) No	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(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	(i) 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.

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

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

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

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

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

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

Part VII **Supplemental Information**

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

SCHEDULE R, PART II, COL B:

PRIMARY ACTIVITY:

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

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

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