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Frank Edelblut
Commissioner

Christine M. Brennan
Deputy Commissioner

STATE OF NEW HAMPSHIRE
DEPARTMENT OF EDUCATION
25 Hall Street
Concord, NH 03301
TEL. (603) 271-3495
FAX (603) 271-1953

August 28, 2024

His Excellency, Governor Christopher T. Sununu
and the Honorable Executive Council
State House
Concord, New Hampshire 03301

REQUESTED ACTION

Authorize the Department of Education to enter into a contract, with 4-H: National 4-H Council, in an amount not to exceed \$11,988.00 to purchase miniature herb gardens to be distributed to schools throughout New Hampshire effective upon Governor and Council approval through June 30, 2026. 100% Federal Funds

Funds to support this request are available in the following account in FY 2025 and are anticipated to be available in FY 2026 upon approval by Fiscal Committee and Governor and Council of the Department's request to extend American Rescue Plan Act funding, with the authority to adjust encumbrances between fiscal years within the price limitation through the Budget Office, if needed and justified.

06-56-56-562010-28280000 CN Farm to School ARPA Grant

Fiscal Year	Class/Account	Class Title	Total Amount
2025	102-500731	Contracts for Program Services	\$ 5,994.00
2026	102-500731	Contracts for Program Services	\$ 5,994.00
Total			\$ 11,988.00

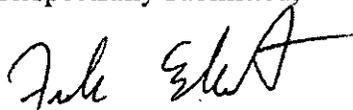
EXPLANATION

This contract is to purchase one thousand two hundred (1,200) mini herb gardens over two (2) years. Each year six hundred (600) will be purchased and will be distributed by the Department of Education to the Districts throughout New Hampshire that operate the United States

His Excellency, Governor Christopher T. Sununu
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Department of Agriculture (USDA) National School Lunch Program on a first come, first served basis with a maximum of two (2) per school per year. These herb gardens are intended to increase education for students related to school gardens and USDA Patrick Leahy Farm to School Program. Hands-on experience that these herb gardens can provide the students with will increase their knowledge about plant life cycle, water requirements, and the impact of environmental factors on plant growth. They will also provide students with the opportunity to learn about the health factors of different herbs, explore culinary uses, and the importance of a nutritious balanced diet.

Respectfully submitted,



Frank Edelblut
Commissioner of Education

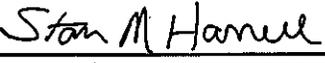
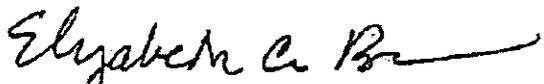
Notice: This agreement and all of its attachments shall become public upon submission to Governor and Executive Council for approval. Any information that is private, confidential, or proprietary must be clearly identified to the agency and agreed to in writing prior to signing the contract.

AGREEMENT

The State of New Hampshire and the Contractor hereby mutually agree as follows:

GENERAL PROVISIONS

1. IDENTIFICATION.

1.1 State Agency Name Department of Education		1.2 State Agency Address 25 Hall Street, Concord, NH 03301	
1.3 Contractor Name 4-H: National 4-H Council		1.4 Contractor Address 655 15 th St NW, Suite 220, Washington, DC 20005	
1.5 Contractor Phone Number 202-248-6800	1.6 Account Number See Exhibit C	1.7 Completion Date 6.30.2026	1.8 Price Limitation \$ 11,988.00
1.9 Contracting Officer for State Agency Amanda Marshall		1.10 State Agency Telephone Number 603-271-3860	
1.11 Contractor Signature  Stan Harrell (Aug 9, 2024 12:58 EDT)		1.12 Name and Title of Contractor Signatory Stan Harrell SVP & CFO	
1.13 State Agency Signatory  Date: 9/10/2024		1.14 Name and Title of State Agency Signatory Frank Edelblut, Commissioner of Education	
1.15 Approval by the N.H. Department of Administration, Division of Personnel (if applicable) By: _____ Director, On: _____			
1.16 Approval by the Attorney General (Form, Substance and Execution) (if applicable) By:  Elizabeth Brown, Attorney On: 9/10/2024			
1.17 Approval by the Governor and Executive Council (if applicable) G&C Item number: _____ G&C Meeting Date: _____			

2. SERVICES TO BE PERFORMED. The State of New Hampshire, acting through the agency identified in block 1.1 ("State"), engages contractor identified in block 1.3 ("Contractor") to perform, and the Contractor shall perform, the work or sale of goods, or both, identified and more particularly described in the attached EXHIBIT B which is incorporated herein by reference ("Services").

3. EFFECTIVE DATE/COMPLETION OF SERVICES.

3.1 Notwithstanding any provision of this Agreement to the contrary, and subject to the approval of the Governor and Executive Council of the State of New Hampshire, if applicable, this Agreement, and all obligations of the parties hereunder, shall become effective on the date the Governor and Executive Council approve this Agreement as indicated in block 1.17, unless no such approval is required, in which case the Agreement shall become effective on the date the Agreement is signed by the State Agency as shown in block 1.13 ("Effective Date").

3.2 If the Contractor commences the Services prior to the Effective Date, all Services performed by the Contractor prior to the Effective Date shall be performed at the sole risk of the Contractor, and in the event that this Agreement does not become effective, the State shall have no liability to the Contractor, including without limitation, any obligation to pay the Contractor for any costs incurred or Services performed. Contractor must complete all Services by the Completion Date specified in block 1.7.

4. CONDITIONAL NATURE OF AGREEMENT.

Notwithstanding any provision of this Agreement to the contrary, all obligations of the State hereunder, including, without limitation, the continuance of payments hereunder, are contingent upon the availability and continued appropriation of funds affected by any state or federal legislative or executive action that reduces, eliminates or otherwise modifies the appropriation or availability of funding for this Agreement and the Scope for Services provided in EXHIBIT B, in whole or in part. In no event shall the State be liable for any payments hereunder in excess of such available appropriated funds. In the event of a reduction or termination of appropriated funds, the State shall have the right to withhold payment until such funds become available, if ever, and shall have the right to reduce or terminate the Services under this Agreement immediately upon giving the Contractor notice of such reduction or termination. The State shall not be required to transfer funds from any other account or source to the Account identified in block 1.6 in the event funds in that Account are reduced or unavailable.

5. CONTRACT PRICE/PRICE LIMITATION/PAYMENT.

5.1 The contract price, method of payment, and terms of payment are identified and more particularly described in EXHIBIT C which is incorporated herein by reference.

5.2 The payment by the State of the contract price shall be the only and the complete reimbursement to the Contractor for all expenses, of whatever nature incurred by the Contractor in the performance hereof, and shall be the only and the complete

compensation to the Contractor for the Services. The State shall have no liability to the Contractor other than the contract price.

5.3 The State reserves the right to offset from any amounts otherwise payable to the Contractor under this Agreement those liquidated amounts required or permitted by N.H. RSA 80:7 through RSA 80:7-c or any other provision of law.

5.4 Notwithstanding any provision in this Agreement to the contrary, and notwithstanding unexpected circumstances, in no event shall the total of all payments authorized, or actually made hereunder, exceed the Price Limitation set forth in block 1.8.

6. COMPLIANCE BY CONTRACTOR WITH LAWS AND REGULATIONS/ EQUAL EMPLOYMENT OPPORTUNITY.

6.1 In connection with the performance of the Services, the Contractor shall comply with all applicable statutes, laws, regulations, and orders of federal, state, county or municipal authorities which impose any obligation or duty upon the Contractor, including, but not limited to, civil rights and equal employment opportunity laws. In addition, if this Agreement is funded in any part by monies of the United States, the Contractor shall comply with all federal executive orders, rules, regulations and statutes, and with any rules, regulations and guidelines as the State or the United States issue to implement these regulations. The Contractor shall also comply with all applicable intellectual property laws.

6.2 During the term of this Agreement, the Contractor shall not discriminate against employees or applicants for employment because of race, color, religion, creed, age, sex, handicap, sexual orientation, or national origin and will take affirmative action to prevent such discrimination.

6.3. The Contractor agrees to permit the State or United States access to any of the Contractor's books, records and accounts for the purpose of ascertaining compliance with all rules, regulations and orders, and the covenants, terms and conditions of this Agreement.

7. PERSONNEL.

7.1 The Contractor shall at its own expense provide all personnel necessary to perform the Services. The Contractor warrants that all personnel engaged in the Services shall be qualified to perform the Services and shall be properly licensed and otherwise authorized to do so under all applicable laws.

7.2 Unless otherwise authorized in writing, during the term of this Agreement, and for a period of six (6) months after the Completion Date in block 1.7, the Contractor shall not hire, and shall not permit any subcontractor or other person, firm or corporation with whom it is engaged in a combined effort to perform the Services to hire, any person who is a State employee or official, who is materially involved in the procurement, administration or performance of this Agreement. This provision shall survive termination of this Agreement.

7.3 The Contracting Officer specified in block 1.9, or his or her successor, shall be the State's representative. In the event of any dispute concerning the interpretation of this Agreement, the Contracting Officer's decision shall be final for the State.

8. EVENT OF DEFAULT/REMEDIES.

8.1 Any one or more of the following acts or omissions of the Contractor shall constitute an event of default hereunder ("Event of Default"):

8.1.1 failure to perform the Services satisfactorily or on schedule;

8.1.2 failure to submit any report required hereunder; and/or

8.1.3 failure to perform any other covenant, term or condition of this Agreement.

8.2 Upon the occurrence of any Event of Default, the State may take any one, or more, or all, of the following actions:

8.2.1 give the Contractor a written notice specifying the Event of Default and requiring it to be remedied within, in the absence of a greater or lesser specification of time, thirty (30) days from the date of the notice; and if the Event of Default is not timely cured, terminate this Agreement, effective two (2) days after giving the Contractor notice of termination;

8.2.2 give the Contractor a written notice specifying the Event of Default and suspending all payments to be made under this Agreement and ordering that the portion of the contract price which would otherwise accrue to the Contractor during the period from the date of such notice until such time as the State determines that the Contractor has cured the Event of Default shall never be paid to the Contractor;

8.2.3 give the Contractor a written notice specifying the Event of Default and set off against any other obligations the State may owe to the Contractor any damages the State suffers by reason of any Event of Default; and/or

8.2.4 give the Contractor a written notice specifying the Event of Default, treat the Agreement as breached, terminate the Agreement and pursue any of its remedies at law or in equity, or both.

8.3. No failure by the State to enforce any provisions hereof after any Event of Default shall be deemed a waiver of its rights with regard to that Event of Default, or any subsequent Event of Default. No express failure to enforce any Event of Default shall be deemed a waiver of the right of the State to enforce each and all of the provisions hereof upon any further or other Event of Default on the part of the Contractor.

9. TERMINATION.

9.1 Notwithstanding paragraph 8, the State may, at its sole discretion, terminate the Agreement for any reason, in whole or in part, by thirty (30) days written notice to the Contractor that the State is exercising its option to terminate the Agreement.

9.2 In the event of an early termination of this Agreement for any reason other than the completion of the Services, the Contractor shall, at the State's discretion, deliver to the Contracting Officer, not later than fifteen (15) days after the date of termination, a report ("Termination Report") describing in detail all Services performed, and the contract price earned, to and including the date of termination. The form, subject matter, content, and number of copies of the Termination Report shall be identical to those of any Final Report described in the attached EXHIBIT B. In addition, at the State's discretion, the Contractor shall, within 15 days of notice of early termination, develop and

submit to the State a Transition Plan for services under the Agreement.

10. DATA/ACCESS/CONFIDENTIALITY/PRESERVATION.

10.1 As used in this Agreement, the word "data" shall mean all information and things developed or obtained during the performance of, or acquired or developed by reason of, this Agreement, including, but not limited to, all studies, reports, files, formulae, surveys, maps, charts, sound recordings, video recordings, pictorial reproductions, drawings, analyses, graphic representations, computer programs, computer printouts, notes, letters, memoranda, papers, and documents, all whether finished or unfinished.

10.2 All data and any property which has been received from the State or purchased with funds provided for that purpose under this Agreement, shall be the property of the State, and shall be returned to the State upon demand or upon termination of this Agreement for any reason.

10.3 Confidentiality of data shall be governed by N.H. RSA chapter 91-A or other existing law. Disclosure of data requires prior written approval of the State.

11. CONTRACTOR'S RELATION TO THE STATE. In the performance of this Agreement the Contractor is in all respects an independent contractor, and is neither an agent nor an employee of the State. Neither the Contractor nor any of its officers, employees, agents or members shall have authority to bind the State or receive any benefits, workers' compensation or other emoluments provided by the State to its employees.

12. ASSIGNMENT/DELEGATION/SUBCONTRACTS.

12.1 The Contractor shall not assign, or otherwise transfer any interest in this Agreement without the prior written notice, which shall be provided to the State at least fifteen (15) days prior to the assignment, and a written consent of the State. For purposes of this paragraph, a Change of Control shall constitute assignment. "Change of Control" means (a) merger, consolidation, or a transaction or series of related transactions in which a third party, together with its affiliates, becomes the direct or indirect owner of fifty percent (50%) or more of the voting shares or similar equity interests, or combined voting power of the Contractor, or (b) the sale of all or substantially all of the assets of the Contractor.

12.2 None of the Services shall be subcontracted by the Contractor without prior written notice and consent of the State. The State is entitled to copies of all subcontracts and assignment agreements and shall not be bound by any provisions contained in a subcontract or an assignment agreement to which it is not a party.

13. INDEMNIFICATION. Unless otherwise exempted by law, the Contractor shall indemnify and hold harmless the State, its officers and employees, from and against any and all claims, liabilities and costs for any personal injury or property damages, patent or copyright infringement, or other claims asserted against the State, its officers or employees, which arise out of (or which may be claimed to arise out of) the acts or omission of the

Contractor, or subcontractors, including but not limited to the negligence, reckless or intentional conduct. The State shall not be liable for any costs incurred by the Contractor arising under this paragraph 13. Notwithstanding the foregoing, nothing herein contained shall be deemed to constitute a waiver of the sovereign immunity of the State, which immunity is hereby reserved to the State. This covenant in paragraph 13 shall survive the termination of this Agreement.

14. INSURANCE.

14.1 The Contractor shall, at its sole expense, obtain and continuously maintain in force, and shall require any subcontractor or assignee to obtain and maintain in force, the following insurance:

14.1.1 commercial general liability insurance against all claims of bodily injury, death or property damage, in amounts of not less than \$1,000,000 per occurrence and \$2,000,000 aggregate or excess; and

14.1.2 special cause of loss coverage form covering all property subject to subparagraph 10.2 herein, in an amount not less than 80% of the whole replacement value of the property.

14.2 The policies described in subparagraph 14.1 herein shall be on policy forms and endorsements approved for use in the State of New Hampshire by the N.H. Department of Insurance, and issued by insurers licensed in the State of New Hampshire.

14.3 The Contractor shall furnish to the Contracting Officer identified in block 1.9, or his or her successor, a certificate(s) of insurance for all insurance required under this Agreement. Contractor shall also furnish to the Contracting Officer identified in block 1.9, or his or her successor, certificate(s) of insurance for all renewal(s) of insurance required under this Agreement no later than ten (10) days prior to the expiration date of each insurance policy. The certificate(s) of insurance and any renewals thereof shall be attached and are incorporated herein by reference.

15. WORKERS' COMPENSATION.

15.1 By signing this agreement, the Contractor agrees, certifies and warrants that the Contractor is in compliance with or exempt from, the requirements of N.H. RSA chapter 281-A ("*Workers' Compensation*").

15.2 To the extent the Contractor is subject to the requirements of N.H. RSA chapter 281-A, Contractor shall maintain, and require any subcontractor or assignee to secure and maintain, payment of Workers' Compensation in connection with activities which the person proposes to undertake pursuant to this Agreement. The Contractor shall furnish the Contracting Officer identified in block 1.9, or his or her successor, proof of Workers' Compensation in the manner described in N.H. RSA chapter 281-A and any applicable renewal(s) thereof, which shall be attached and are incorporated herein by reference. The State shall not be responsible for payment of any Workers' Compensation premiums or for any other claim or benefit for Contractor, or any subcontractor or employee of Contractor, which might arise under applicable State of New Hampshire Workers' Compensation laws in connection with the performance of the Services under this Agreement.

16. NOTICE. Any notice by a party hereto to the other party shall be deemed to have been duly delivered or given at the time of mailing by certified mail, postage prepaid, in a United States Post Office addressed to the parties at the addresses given in blocks 1.2 and 1.4, herein.

17. AMENDMENT. This Agreement may be amended, waived or discharged only by an instrument in writing signed by the parties hereto and only after approval of such amendment, waiver or discharge by the Governor and Executive Council of the State of New Hampshire unless no such approval is required under the circumstances pursuant to State law, rule or policy.

18. CHOICE OF LAW AND FORUM. This Agreement shall be governed, interpreted and construed in accordance with the laws of the State of New Hampshire, and is binding upon and inures to the benefit of the parties and their respective successors and assigns. The wording used in this Agreement is the wording chosen by the parties to express their mutual intent, and no rule of construction shall be applied against or in favor of any party. Any actions arising out of this Agreement shall be brought and maintained in New Hampshire Superior Court which shall have exclusive jurisdiction thereof.

19. CONFLICTING TERMS. In the event of a conflict between the terms of this P-37 form (as modified in EXHIBIT A) and/or attachments and amendment thereof, the terms of the P-37 (as modified in EXHIBIT A) shall control.

20. THIRD PARTIES. The parties hereto do not intend to benefit any third parties and this Agreement shall not be construed to confer any such benefit.

21. HEADINGS. The headings throughout the Agreement are for reference purposes only, and the words contained therein shall in no way be held to explain, modify, amplify or aid in the interpretation, construction or meaning of the provisions of this Agreement.

22. SPECIAL PROVISIONS. Additional or modifying provisions set forth in the attached EXHIBIT A are incorporated herein by reference.

23. SEVERABILITY. In the event any of the provisions of this Agreement are held by a court of competent jurisdiction to be contrary to any state or federal law, the remaining provisions of this Agreement will remain in full force and effect.

24. ENTIRE AGREEMENT. This Agreement, which may be executed in a number of counterparts, each of which shall be deemed an original, constitutes the entire agreement and understanding between the parties, and supersedes all prior agreements and understandings with respect to the subject matter hereof.

EXHIBIT A

Special Provisions

Additional Exhibits D-G

Federal Certification 2 CFR 200.415

Required certifications include: (a) To assure that expenditures are proper and in accordance with the terms and conditions of the Federal award and approved project budgets, the annual and final fiscal reports or vouchers requesting payment under the agreements must include a certification, signed by an official who is authorized to legally bind the non-Federal entity, which reads as follows:

By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Federal award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729–3730 and 3801–3812).

NHED P-37 revisions

4-H: National 4-H Council and the New Hampshire Department of Education has agreed to remove provision 18 of the P-37 document. 4-H: National 4-H Council has requested to remain silent on this section.

4-H: National 4-H Council and the New Hampshire Department of Education has agreed to adjust provision 15.1 of the P-37 document to read:

“By signing this agreement, the Contractor agrees, certifies and warrants that the Contractor is in compliance with or exempt from any applicable Workers' Compensation requirements.”

EXHIBIT B

Scope of Services

4-H: National 4-H Council will provide Mini Herb Garden Kits to the New Hampshire Department of Education (NHED) through June 30, 2026.

Mini Herb Garden Kits (9.99 each- free shipping) These mini herb garden kits include three sets of pots, soil, and seeds (parsley, basil, chives). NHED will purchase 600 kits in Fiscal Year (FY) 2025 and 600 kits in FY 2026.

The New Hampshire Department of Education will distribute the mini herb garden kits to Districts/Schools throughout the State of New Hampshire. These garden kits will be given on a first come first served basis with a maximum of 2 per school per year. The New Hampshire Department of Education will keep note of what schools are given the mini herb gardens each year.

EXHIBIT C

Method of Payment

Budget:	FY 2025	FY 2026	Total
Mini Herb Gardens (600) shipping included	\$ 5,994.00	\$ 5,994.00	\$11,988.00

Limitations on Price: This contract will not exceed \$11,988.00

Source of Funding: Funds to support this request are available in the following account in FY 2025 and are anticipated to be available in FY 2026 upon approval by Fiscal Committee and Governor and Council of the Department's request to extend American Rescue Plan Act funding, with the authority to adjust encumbrances between fiscal years within the price limitation through the Budget Office, if needed and justified.

06-56-56-562010-28280000 CN Farm to School ARPA Grant

Fiscal Year	Class/Account	Class Title	Total Amount
2025	102-500731	Contracts for Program Services	\$ 5,994.00
2026	102-500731	Contracts for Program Services	\$ 5,994.00
		Total	\$11,988.00

Method of Payment: Payment is to be made on the basis of invoices which are submitted by the 10th of the following month and supported by a summary of completed deliverables, as outlined by budget line, that have taken place in accordance with the terms of the contract, along with a detailed listing of expenses incurred. If otherwise correct and acceptable, payment will be made for 100% of the expenditures listed. A final invoice is due within 30 days of the end of this contract. Invoices and reports shall be submitted electronically to:

Amanda Marshall
Administrator, NHED Office of Nutrition Programs and Services
Amanda.A.Marshall@doe.nh.gov
603-271-3860

National 4-H Council

By: Stan M. Harrell
Stan Harrell (Sep 10, 2024 06:24 EDT)

Title: CFO

Date: 08/09/2024

Contract between 4-H: National 4-H Council and the New Hampshire Department of Education

EXHIBIT D

Contractor Obligations

Contracts in excess of the simplified acquisition threshold (currently set at \$250,000) must address **administrative, contractual, or legal remedies** in instances where the contractors violate or breach contract terms, and provide for such sanctions and penalties as appropriate. Reference:

2 C.F.R. § 200.326 and 2 C.F.R. 200, Appendix II, required contract clauses.

The contractor acknowledges that 31 U.S.C. Chap. 38 (Administrative Remedies for False Claims and Statements) applies to the contractor's actions pertaining to this contract.

The Contractor, certifies and affirms the truthfulness and accuracy of each statement of its certification and disclosure, if any. In addition, the Contractor understands and agrees that the provisions of 31 U.S.C. § 3801 et seq., apply to this certification and disclosure, if any.

Breach

A breach of the contract clauses above may be grounds for termination of the contract, and for debarment as a contractor and subcontractor as provided in 29 C.F.R. § 5.12.

Fraud and False Statements

The Contractor understands that, if the project which is the subject of this Contract is financed in whole or in part by federal funds, that if the undersigned, the company that the Contractor represents, or any employee or agent thereof, knowingly makes any false statement, representation, report or claim as to the character, quality, quantity, or cost of material used or to be used, or quantity or quality work performed or to be performed, or makes any false statement or representation of a material fact in any statement, certificate, or report, the Contractor and any company that the Contractor represents may be subject to prosecution under the provision of 18 USC §1001 and §1020.

Environmental Protection

(This clause is applicable if this Contract exceeds \$150,000. It applies to Federal-aid contracts only.)

The Contractor is required to comply with all applicable standards, orders or requirements issued under Section 306 of the Clean Air Act (42 U.S.C. 1857 (h)), Section 508 of the Clean Water Act (33 U.S.C. 1368), Executive Order 11738, and Environmental Protection Agency (EPA) regulations (40 CFR Part 15) which prohibit the use under non-exempt Federal contracts, grants or loans of facilities included on the EPA List of Violating Facilities. Violations shall be reported to the FHWA and to the U.S. EPA Assistant Administrator for Enforcement.

Procurement of Recovered Materials

In accordance with Section 6002 of the Solid Waste Disposal Act (42 U.S.C. § 6962), State agencies and agencies of a political subdivision of a state that are using appropriated Federal funds for procurement must procure items designated in guidelines of the Environmental Protection Agency (EPA) at 40 CFR 247 that contain the highest percentage of recovered materials practicable, consistent with maintaining a satisfactory level of competition, where the purchase price of the item exceeds \$10,000 or the value of the quantity acquired in the preceding fiscal year exceeded \$10,000; must procure solid waste management services in a manner that maximizes energy and resource recovery; and must have established an affirmative procurement program for procurement of recovered materials identified in the EPA guidelines.

Revised June 2022

Contractor Initials SH
Date 08/09/24

Exhibit E

Federal Debarment and Suspension

- a. By signature on this Contract, the Contractor certifies its compliance, and the compliance of its Sub-Contractors, present or future, by stating that any person associated therewith in the capacity of owner, partner, director, officer, principal investor, project director, manager, auditor, or any position of authority involving federal funds:
 1. Is not currently under suspension, debarment, voluntary exclusion, or determination of ineligibility by any Federal Agency;
 2. Does not have a proposed debarment pending;
 3. Has not been suspended, debarred, voluntarily excluded or determined ineligible by any Federal Agency within the past three (3) years; and
 4. Has not been indicted, convicted, or had a civil judgment rendered against the firm by a court of competent jurisdiction in any matter involving fraud or official misconduct within the past three (3) years.
- b. Where the Contractor or its Sub-Contractor is unable to certify to the statement in Section a.1. above, the Contractor or its Sub-Contractor shall be declared ineligible to enter into Contract or participate in the project.
- c. Where the Contractor or Sub-Contractor is unable to certify to any of the statements as listed in Sections a.2., a.3., or a.4., above, the Contractor or its Sub-Contractor shall submit a written explanation to the NHED. The certification or explanation shall be considered in connection with the NHED's determination whether to enter into Contract.
- d. The Contractor shall provide immediate written notice to the NHED if, at any time, the Contractor or its Sub-Contractor, learn that its Debarment and Suspension certification has become erroneous by reason of changed circumstances.

Revised June 2022

Contractor Initials St
Date 08/09/24

Exhibit F

Anti-Lobbying

The Contractor agrees to comply with the provisions of Section 319 of Public Law 101-121, Government wide Guidance for New Restrictions on Lobbying, and 31 U.S.C. 1352, and further agrees to have the Contractor's representative, execute the following Certification:

The Contractor certifies, by signing and submitting this contract, to the best of his/her knowledge and belief, that:

- a. No federal appropriated funds have been paid or shall be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence any officer or employee of any State or Federal Agency, a Member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with the awarding of any Federal contract, the making of any federal grant, the making of any federal loan, the entering into any cooperative agreement, and the extension, continuation, renewal amendment, or modification of any Federal contract grant, loan, or cooperative agreement.
- b. If any funds other than federally appropriated funds have been paid or shall be paid to any person for influencing or attempting to influence an officer or employee of any Federal Agency, a Member of Congress, and officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit the "Disclosure of Lobbying Activities" form in accordance with its instructions

<https://www.gsa.gov/forms-library/disclosure-lobbying-activities>

- c. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making and entering into this transaction imposed by Section 1352, Title 31 and U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.
- d. The Contractor also agrees, by signing this contract that it shall require that the language of this certification be included in subcontracts with all Sub-Contractor(s) and lower-tier Sub-Contractors which exceed \$100,000 and that all such Sub-Contractors and lower-tier Sub-Contractors shall certify and disclose accordingly.
- e. The NHED shall keep the firm's certification on file as part of its original contract. The Contractor shall keep individual certifications from all Sub-Contractors and lower-tier Sub-Contractors on file. Certification shall be retained for three (3) years following completion and acceptance of any given project.

Revised June 2022

Contractor Initials: St
Date 08/09/24

Exhibit G

Rights to Inventions Made Under a Contract, Copy Rights and Confidentiality

Rights to Inventions Made Under a Contract or Agreement

Contracts or agreements for the performance of experimental, developmental, or research work shall provide for the rights of the Federal Government and the recipient in any resulting invention in accordance with 37 CFR part 401, "Rights to Inventions Made by Nonprofit Organizations and Small Business Firms Under Government Grants, Contracts and Cooperative Agreements," and any implementing regulations issued by the NHED.

Any discovery or invention that arises during the course of the contract shall be reported to the NHED. The Contractor is required to disclose inventions promptly to the contracting officer (within 2 months) after the inventor discloses it in writing to contractor personnel responsible for patent matters. The awarding agency shall determine how rights in the invention/discovery shall be allocated consistent with "Government Patent Policy" and Title 37 C.F.R. § 401.

Confidentiality

All Written and oral information and materials disclosed or provided by the NHED under this agreement constitutes Confidential Information, regardless of whether such information was provided before or after the date on this agreement or how it was provided.

The Contractor and representatives thereof, acknowledge that by making use of, acquiring or adding to information about matters and data related to this agreement, which are confidential to the NHED and its partners, must remain the exclusive property of the NHED.

Confidential information means all data and information related to the business and operation of the NHED, including but not limited to all school and student data contained in NH Title XV, Education, Chapters 186-200.

Confidential information includes but is not limited to, student and school district data, revenue and cost information, the source code for computer software and hardware products owned in part or in whole by the NHED, financial information, partner information (including the identity of NHED partners), Contractor and supplier information, (including the identity of NHED Contractors and suppliers), and any information that has been marked "confidential" or "proprietary", or with the like designation. During the term of this contract the Contractor agrees to abide by such rules as may be adopted from time to time by the NHED to maintain the security of all confidential information. The Contractor further agrees that it will always regard and preserve as confidential information/data received during the performance of this contract. The Contractor will not use, copy, make notes, or use excerpts of any confidential information, nor will it give, disclose, provide access to, or otherwise make available any confidential information to any person not employed or contracted by the NHED or subcontracted with the Contractor.

Ownership of Intellectual Property

The NHED shall retain ownership of all source data and other intellectual property of the NHED provided to the Contractor in order to complete the services of this agreement. As well the NHED will retain copyright ownership for any and all materials, patents and intellectual property produced, including, but not limited to, brochures, resource directories, protocols, guidelines, posters, or reports. The Contractor shall not reproduce any materials for purposes other than use for the terms under the contract without prior written approval from the NHED.

Revised June 2022

Contractor Initials SH
Date 08/09/24

Certificate of Authority

I, Matthew Wilhelm, hereby certify that I am an Agent of National 4-H Council.

I hereby certify that Stan Harrell Chief Financial Officer, is authorized to execute contracts on behalf of National 4-H Council and may bind the organization.

I hereby certify that said authority has not been amended or repealed and remains in full force and effect as of the date of the contract to which this certificate is attached. This authority **remains valid for thirty (30) days**. I further certify that it is understood that the State of New Hampshire will rely on this certificate as evidence that the person(s) listed above currently occupy the position(s) indicated and that they have full authority to bind the corporation. To the extent that there are any limits on the authority of any listed

individual to bind the corporation in contracts with the State of New Hampshire, all such limitations are expressly stated herein.

Dated: 08/09/24

Attest: Matthew Wilhelm Procurement and Contracts Manager
Matthew Wilhelm (Aug 9, 2024 13:14 EDT)
(Name & Title of person filling out this form)



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
12/03/2021	202133700982	TRADE NAME RENEWAL (RNR)	25.00				0

Receipt

This is not a bill. Please do not remit payment.

**MATTHEW WILLHELM
7100 CONNECTICUT AVENUE
CHEVY CHASE, MD, 20815**

**STATE OF OHIO
CERTIFICATE**

**Ohio Secretary of State, Frank LaRose
2068701**

It is hereby certified that the Secretary of State of Ohio has custody of the business records for
4-H: NATIONAL 4-H COUNCIL
and, that said business records show the filing and recording of:

Document(s)
TRADE NAME RENEWAL

Document No(s):
202133700982

Effective Date: 12/03/2021



United States of America
State of Ohio
Office of the Secretary of State

Witness my hand and the seal of the
Secretary of State at Columbus, Ohio
this 3rd day of December, A.D. 2021.

Frank LaRose
Ohio Secretary of State

The validation number you entered is valid. Below is data specific to that certificate

Charter Number	Validation Number	Business Name	Certificate Created On
2068701	202133700982	4-H: NATIONAL 4-H COUNCIL	12/3/2021 12:40:12 PM

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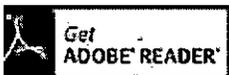
TTY: (614) 466-0562 | TTY Toll-free: (877) 644-6889

(614) 466-2655

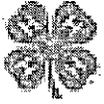
(877) SOS-OHIO (877-767-6446)

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National 4-H Council

Our Mission: To expand opportunities for all of America's youth through increased investment and participation in 4-H positive youth development.

This contract is for the purchase of mini herb gardens, no portion of the funding will be used to pay salaries.

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2022

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

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

B Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization NATIONAL 4-H COUNCIL		D Employer identification number 36-2862206
	Doing Business As		E Telephone number (301) 961-2800
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 655 15TH STREET, NW, SUITE 220		G Gross receipts \$ 78,793,662.
	City or town, state or province, country, and ZIP or foreign postal code WASHINGTON, DC 20005		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
F Name and address of principal officer: JILL BRAMBLE SAME AS "C" ABOVE		H(c) Group exemption number	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: WWW.4-H.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> 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: <u>SEE SCHEDULE O</u>			
2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
3 Number of voting members of the governing body (Part VI, line 1a)	3 23		
4 Number of independent voting members of the governing body (Part VI, line 1b)	4 23		
5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5 132		
6 Total number of volunteers (estimate if necessary)	6 22		
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a NONE		
7b Net unrelated business taxable income from Form 990-T, line 34	7b NONE		
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	90,902,825.	25,767,450.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	96,643.	1,660,020.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	34,712,495.	2,048,238.
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,549,262.	2,122,688.	
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	128,261,225.	31,598,396.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	9,325,921.	11,073,338.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	NONE	NONE
	16a Professional fundraising fees (Part IX, column (A), line 11e)	14,105,832.	15,182,828.
	b Total fundraising expenses (Part IX, column (D), line 25)	NONE	NONE
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	3,932,000.	
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	11,621,926.	13,949,885.
19 Revenue less expenses. Subtract line 18 from line 12	35,053,679.	40,206,051.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	93,207,546.	-8,607,655.
	21 Total liabilities (Part X, line 26)	Beginning of Current Year	End of Year
		137,934,120.	134,786,716.
	22 Net assets or fund balances. Subtract line 21 from line 20.	10,726,565.	21,111,012.
	127,207,555.	113,675,704.	

Part II Signature Block

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

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

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2022)

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

SEE SCHEDULE O

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

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

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

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

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

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

SEE SCHEDULE O

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

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

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

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

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

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

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	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		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	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		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		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		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		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		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	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	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		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		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	X	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	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	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		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	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		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		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		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		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		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	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		X
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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	X	

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 detailing various organizational requirements and compliance checks.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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 132		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>		
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)?		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?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
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?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
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?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		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?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
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?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
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?		
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.		
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?		X
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>		
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.		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.		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.		

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	23	
b	Enter the number of voting members included on line 1a, above, who are independent.	23	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.		X

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

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

Section C. Disclosure

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

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

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

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

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

	Yes	No
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) ROBERT J. JONES TRUSTEE	2.00 NONE	X					NONE	NONE	NONE	
(27) RICHARD MALTSBARGER TRUSTEE	2.00 NONE	X					NONE	NONE	NONE	
(28) TRENT MCKNIGHT TRUSTEE	2.00 NONE	X					NONE	NONE	NONE	
(29) TAY MOORE TRUSTEE	2.00 NONE	X					NONE	NONE	NONE	
(30) KAYE REITZENSTEIN TRUSTEE	2.00 NONE	X					NONE	NONE	NONE	
(31) LISA SAFARIAN TRUSTEE	2.00 NONE	X					NONE	NONE	NONE	
(32) MAGGIE SANS TRUSTEE	2.00 NONE	X					NONE	NONE	NONE	
(33) MARY SNAPP TRUSTEE	2.00 NONE	X					NONE	NONE	NONE	
(34) DANIELLE TIEDT TRUSTEE	2.00 NONE	X					NONE	NONE	NONE	
(35) JANIS PENMAN SECRETARY	2.00 NONE			X			NONE	NONE	NONE	
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 ▶

12

Part VIII Statement of Revenue

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

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

Part IX Statement of Functional Expenses

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

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

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	11,073,338.	11,073,338.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	NONE			
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	2,353,809.	1,271,057.	611,990.	470,762.
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	10,342,480.	5,542,184.	2,770,999.	2,029,297.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	364,280.	195,485.	97,064.	71,731.
9 Other employee benefits	1,269,656.	681,339.	338,306.	250,011.
10 Payroll taxes	852,603.	457,535.	227,180.	167,888.
11 Fees for services (nonemployees):				
a Management	421,125.	230,854.	143,952.	46,319.
b Legal	625,879.		625,879.	
c Accounting	316,561.		316,561.	
d Lobbying	188,489.	103,670.	65,970.	18,849.
e Professional fundraising services. See Part IV, line 17.	NONE			
f Investment management fees	NONE			
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	SEE SCHE O 6,767,099.	5,586,011.	931,494.	249,594.
12 Advertising and promotion	577,996.	500,854.	216.	76,926.
13 Office expenses	404,389.	287,555.	69,019.	47,815.
14 Information technology	538,723.	284,541.	142,943.	111,239.
15 Royalties	52,247.	52,247.		
16 Occupancy	584,284.	363,676.	122,544.	98,064.
17 Travel	1,026,044.	680,969.	179,077.	165,998.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	NONE			
19 Conferences, conventions, and meetings	1,926,812.	1,711,668.	195,532.	19,612.
20 Interest	NONE			
21 Payments to affiliates	NONE			
22 Depreciation, depletion, and amortization	92,294.	48,916.	23,996.	19,382.
23 Insurance	335,628.	165,389.	104,707.	65,532.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a BANK & CREDIT CARD FEES	90,584.	46,810.	20,793.	22,981.
b OTHER	1,731.	1,731.	NONE	NONE
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	40,206,051.	29,285,829.	6,988,222.	3,932,000.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

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	31,254,805.	1	23,215,915.
	2 Savings and temporary cash investments	NONE	2	NONE
	3 Pledges and grants receivable, net	12,262,614.	3	9,204,271.
	4 Accounts receivable, net	1,365,739.	4	1,649,822.
	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	1,655,308.	8	1,630,983.
	9 Prepaid expenses and deferred charges	207,607.	9	937,410.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 3,936,948.		
	b Less: accumulated depreciation	10b 497,177.	375,189.	10c 3,439,771.
	11 Investments - publicly traded securities	90,812,858.	11	86,929,860.
	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	NONE	15	7,778,684.
16 Total assets. Add lines 1 through 15 (must equal line 33)	137,934,120.	16	134,786,716.	
Liabilities	17 Accounts payable and accrued expenses	4,185,150.	17	7,246,098.
	18 Grants payable	NONE	18	NONE
	19 Deferred revenue	542,764.	19	895,439.
	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	5,998,651.	25	12,969,475.
	26 Total liabilities. Add lines 17 through 25	10,726,565.	26	21,111,012.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. <input checked="" type="checkbox"/>			
	27 Net assets without donor restrictions	86,653,045.	27	76,335,858.
	28 Net assets with donor restrictions	40,554,510.	28	37,339,846.
	Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. <input type="checkbox"/>			
	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	127,207,555.	32	113,675,704.
33 Total liabilities and net assets/fund balances	137,934,120.	33	134,786,716.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	31,598,396.
2	Total expenses (must equal Part IX, column (A), line 25)	2	40,206,051.
3	Revenue less expenses. Subtract line 2 from line 1	3	-8,607,655.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	127,207,555.
5	Net unrealized gains (losses) on investments	5	-5,892,071.
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	967,875.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	113,675,704.

Part XII Financial Statements and Reporting

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

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

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

SCHEDULE A
(Form 990)

Public Charity Status and Public Support

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Attach to Form 990 or Form 990-EZ.

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

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

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

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

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	27,952,809.	36,333,462.	21,947,407.	90,902,825.	25,767,450.	202,903,953.
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.	27,952,809.	36,333,462.	21,947,407.	90,902,825.	25,767,450.	202,903,953.
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).						47,743,240.
6 Public support. Subtract line 5 from line 4						155,160,713.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4	27,952,809.	36,333,462.	21,947,407.	90,902,825.	25,767,450.	202,903,953.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,272,346.	600,781.	254,285.	256,893.	981,053.	3,365,358.
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						206,269,311.
12 Gross receipts from related activities, etc. (see instructions)					12	43,283,473.
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. <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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 2022 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2021 Schedule A, Part III, line 15.	16	%

Section D. Computation of Investment Income Percentage

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

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

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows include questions 1 through 10b regarding supported organizations, such as 'Are all of the organization's supported organizations listed by name...', 'Did the organization have any supported organization that does not have an IRS determination of status...', etc.

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Row 11a: A person who directly or indirectly controls... Row 11b: A family member... Row 11c: A 35% controlled entity...

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the governing body, members of the governing body, officers acting in their official capacity... Row 2: Did the organization operate for the benefit of any supported organization other than the supported organization(s)...

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)...

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year... Row 2: Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body... Row 3: By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice...

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year... Row 2: Activities Test. Answer lines 2a and 2b below. Row 2a: Did substantially all of the organization's activities during the tax year directly further the exempt purposes... Row 2b: Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement... Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Row 3a: Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees... Row 3b: Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations...

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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - 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 2022 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

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

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No: 1545-0047

2022

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

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

Name of organization

NATIONAL 4-H COUNCIL

Employer identification number

36-2862206

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

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

Name of organization

NATIONAL 4-H COUNCIL

Employer identification number

36-2862206

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

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

Name of organization NATIONAL 4-H COUNCIL	Employer identification number 36-2862206
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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
	<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<hr/> <hr/> <hr/>		<hr/> <hr/> <hr/>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<hr/> <hr/> <hr/>		<hr/> <hr/> <hr/>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<hr/> <hr/> <hr/>		<hr/> <hr/> <hr/>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<hr/> <hr/> <hr/>		<hr/> <hr/> <hr/>	

SCHEDULE C
(Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2022

Open to Public Inspection

For Organizations Exempt From Income Tax Under section 501(c) and section 527
Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule C (Form 990) 2022

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

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

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.														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 35%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 65%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
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-														
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?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(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)		(b)
	Yes	No	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		188,489.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?		X	
j Total. Add lines 1c through 1i			188,489.
2a Did the activities in line 1 cause the organization to be not 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)

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

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

NATIONAL 4-H COUNCIL

Employer identification number

36-2862206

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

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

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

Part II Conservation Easements.

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

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

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

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

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

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?

Part IV Escrow and Custodial Arrangements.

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?
b If "Yes," explain the arrangement in Part XIII and complete the following table:
Table with columns: Description, Amount
1c Beginning balance
1d Additions during the year
1e Distributions during the year
1f Ending balance
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

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

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows include: 1a Beginning of year balance, b Contributions, c Net investment earnings, gains, and losses, d Grants or scholarships, e Other expenditures for facilities and programs, f Administrative expenses, g End of year balance.

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

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

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

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

- (i) Unrelated organizations
(ii) Related organizations

Table with 2 columns: Yes, No. Rows: 3a(i), 3a(ii), 3b

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

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

Part VI Land, Buildings, and Equipment.

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

Table with 5 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other, Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		

Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) . . .

Part VIII Investments - Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		

Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) . . .

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

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

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII .

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.
 Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

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 D, PART X, LINE 2:

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

COUNCIL HAS FILED FOR AND RECEIVED INCOME TAX EXEMPTIONS IN THE JURISDICTIONS WHERE IT IS REQUIRED TO DO SO. ADDITIONALLY, COUNCIL HAS FILED IRS FORM 990 AND FORM 990-T TAX RETURNS, AS REQUIRED, AND ALL OTHER APPLICABLE RETURNS IN JURISDICTIONS WHERE IT IS REQUIRED. COUNCIL BELIEVES THAT IT IS NO LONGER SUBJECT TO U.S. FEDERAL, STATE AND LOCAL, OR NON-U.S. INCOME TAX EXAMINATIONS BY TAX AUTHORITIES FOR FISCAL YEARS PRIOR TO 2020. FOR THE YEARS ENDED FEBRUARY 28, 2023 AND 2022, NO INTEREST OR PENALTIES WERE RECORDED OR INCLUDED IN THE CONSOLIDATED STATEMENTS OF ACTIVITIES RELATED TO UNCERTAIN TAX POSITIONS.

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

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

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

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

9 Enter the state(s) in which the organization conducts gaming activities: _____
 a Is the organization licensed to conduct gaming activities in each of these states? Yes No
 b If "No," explain: _____

10 a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
 b If "Yes," explain: _____

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

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

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

Name ▶ _____

Address ▶ _____

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

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

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

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

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Attach to Form 990.

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

Name of the organization

Employer identification number

NATIONAL 4-H COUNCIL

36-2862206

Part I General Information on Grants and Assistance

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

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

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

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

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

Schedule I (Form 990) 2022

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

NATIONAL 4-H COUNCIL

**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

2022

**Open to Public
Inspection**

Employer identification number

36-2862206

Part I General Information on Grants and Assistance

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) GEORGIA 4H FOUNDATION 306 HOKE SMITH ANNEX ATHENS, GA 30602	58-0832988	501(C)(3)	375,767.				EDUCATIONAL
(2) ILLINOIS4-H FDN,COUNTIES,CLUBS P.O. BOX 8467 SPRINGFIELD, IL 61821	37-6046465	501(C)(3)	51,461.				EDUCATIONAL
(3) INDIANA 4H FOUNDATION 615 W. STATE ST. WEST LAFAYETTE, IN 47907	35-1097611	501(C)(3)	78,493.				EDUCATIONAL
(4) IOWA 4-H FOUNDATION 202 S. 1ST, SUITE B GREENFIELD, IA 50849	32-0222380	501(C)(3)	18,247.				EDUCATIONAL
(5) IOWA STATE UNIVERSITY 1138 PEARSON HALL AMES, IA 50011	42-6004224	STATE OF IA	188,155.				EDUCATIONAL
(6) KANSAS 4H FOUNDATION 116 UMBERGER HALL MANHATTAN, KS 66506-3417	48-0623884	501(C)(3)	25,304.				EDUCATIONAL
(7) KANSAS STATE UNIVERSITY 201 UMBERGER MANHATTAN, KS 66506	48-0667209	STATE OF KS	40,774.				EDUCATIONAL
(8) KENTUCKY 4H FOUNDATION 209 SCOVELL HALL LEXINGTON, KY 40506-0064	23-7437297	501(C)(3)	130,915.				EDUCATIONAL
(9) KENTUCKY STATE UNIVERSITY 400 EAST MAIN ST. FRANKFORT, KY 40601-2355	61-1099712	STATE OF KY	35,965.				EDUCATIONAL
(10) LOUISIANA 4H FOUNDATION 104 EFFERSON HALL BATON ROUGE, LA 70803	72-1367519	501(C)(3)	82,889.				EDUCATIONAL
(11) LOUISIANA STATE UNIVERSITY 110 LSU UNION BATON ROUGE, LA 70803-0100	72-6000848	STATE OF LA	172,675.				EDUCATIONAL
(12) MAINE 4H FOUNDATION 75 CLEARWATER DR. FALMOUTH, ME 04105	01-6011487	501(C)(3)	16,125.				EDUCATIONAL

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

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

Schedule I (Form 990) 2022

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

2022

**Open to Public
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Department of the Treasury
Internal Revenue Service

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Name of the organization

Employer identification number

NATIONAL 4-H COUNCIL

36-2862206

Part I General Information on Grants and Assistance

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

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

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

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

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

Schedule I (Form 990) 2022

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Attach to Form 990.

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

Name of the organization

NATIONAL 4-H COUNCIL

Employer identification number

36-2862206

Part I General Information on Grants and Assistance

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

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.

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

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

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

Schedule I (Form 990) 2022

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

NATIONAL 4-H COUNCIL

**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

2022

**Open to Public
Inspection**

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

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

Schedule I (Form 990) 2022

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Attach to Form 990.

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Name of the organization

NATIONAL 4-H COUNCIL

Employer identification number

36-2862206

Part I General Information on Grants and Assistance

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

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

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

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

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

Schedule I (Form 990) 2022

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

2022

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Inspection**

Department of the Treasury
Internal Revenue Service

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Name of the organization

Employer identification number

NATIONAL 4-H COUNCIL

36-2862206

Part I General Information on Grants and Assistance

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

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

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

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

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

Schedule I (Form 990) 2022

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Attach to Form 990.

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Name of the organization.

Employer identification number

NATIONAL 4-H COUNCIL

36-2862206

Part I General Information on Grants and Assistance

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

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

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

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

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

Schedule I (Form 990) 2022

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

NATIONAL 4-H COUNCIL

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

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

Attach to Form 990.

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OMB No. 1545-0047

2022

**Open to Public
Inspection**

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) WEST VIRGINIA STATE UNIVERSITY ROUTE 25 INSTITUTE, WV 25112	55-6019288	STATE OF WV	15,600.				EDUCATIONAL
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

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

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

Schedule I (Form 990) 2022

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

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

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

SCHEDULE I, PART I, LINE 2:

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

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

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

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

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

MANAGERS MONITOR THE GRANTEE THROUGHOUT THE LIFE OF THE GRANT.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

2022

**Open to Public
Inspection**

Name of the organization

NATIONAL 4-H COUNCIL

Employer identification number

36-2862206

Part I Questions Regarding Compensation

	Yes	No								
<p>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.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (such as maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (such as maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (such as maid, chauffeur, chef)									
<p>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</p>	1b									
<p>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?</p>	2									
<p>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.</p> <table border="0"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input checked="" type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study									
<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
<p>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:</p> <p>a Receive a severance payment or change-of-control payment?</p>	4a	X								
<p>b Participate in or receive payment from a supplemental nonqualified retirement plan?</p>	4b	X								
<p>c Participate in or receive payment from an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4c	X								
<p>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p>										
<p>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:</p> <p>a The organization?</p>	5a	X								
<p>b Any related organization?</p> <p>If "Yes" on line 5a or 5b, describe in Part III.</p>	5b	X								
<p>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:</p> <p>a The organization?</p>	6a	X								
<p>b Any related organization?</p> <p>If "Yes" on line 6a or 6b, describe in Part III.</p>	6b	X								
<p>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</p>	7	X								
<p>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</p>	8	X								
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9									

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

Schedule J (Form 990) 2022

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

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

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

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

Part III Supplemental Information

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

SCHEDULE J, PART I, LINE 4B:

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

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

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

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

▶ Attach to Form 990 or 990-EZ.

2022

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Name of the organization

Employer identification number

NATIONAL 4-H COUNCIL

36-2862206

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

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

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

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

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

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

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

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

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

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

NATIONAL 4-H COUNCIL

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Employer identification number

36-2862206

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

FORM 990, PART VI, LINE 19:

GOVERNING DOCUMENTS: UPON REQUEST.

CONFLICT OF INTEREST POLICY: UPON REQUEST.

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

FORM 990, PART XI, LINE 9:

CHANGES IN NET ASSETS:

NET PERIODIC POSTRETIREMENT BENEFIT COST OTHER THAN

SERVICE COST 27,894

NET PERIODIC PENSION BENEFIT COST OTHER THAN

SERVICE COST (135,931)

POSTRETIREMENT RELATED CHANGES OTHER THAN NET

PERIODIC POSTRETIREMENT COSTS 456,521

PENSION RELATED CHANGES OTHER THAN NET PERIODIC

PENSION COST 619,391

967,875

FORM 990, PART XII, LINE 2C:

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

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

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

▶ Attach to Form 990 or 990-EZ.

2022

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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Name of the organization

Employer identification number

NATIONAL 4-H COUNCIL

36-2862206

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

THE ORGANIZATION IS AUDITED AS PART OF CONSOLIDATED FINANCIAL STATEMENTS.

IT DOES NOT RECEIVE SEPARATE AUDITED FINANCIAL STATEMENTS.

Name of the organization

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 4A, PROGRAM SERVICE

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

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

IGNITE BY 4-H EXPERIENCES INCLUDE:

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

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

Name of the organization

NATIONAL 4-H COUNCIL

Employer identification number

36-2862206

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

HELP YOUTH THRIVE.

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

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

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

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

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

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

Name of the organization

NATIONAL 4-H COUNCIL

Employer identification number

36-2862206

FORM 990, PART III - PROGRAM SERVICE

=====

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

Name of the organization

Employer identification number

NATIONAL 4-H COUNCIL

36-2862206

FORM 990, PART VI, LINE 17 - STATES

=====
AL, AK, AZ, AR, CA, CT, DE,
DC, FL, GA, IL, KS, KY, ME, MD, MA, MI,
MN, MS, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA,
RI, SC, TN, TX, UT, VA, WA, WV, WI,

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

Name of the organization

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
MARKETING AND PR	1,358,418.	1,338,519.	15,477.	4,422.
LEAD ADVISOR FEES	976,826.	976,826.	NONE	NONE
HUMAN RESOURCES	872,180.	NONE	872,180.	NONE
RESEARCH FEES	394,654.	394,654.	NONE	NONE
LGU SUBCONTRACTS	326,146.	326,146.	NONE	NONE
WEBSITE & CLOVER CONTENT	290,821.	290,821.	NONE	NONE
OFFICE	165,155.	87,532.	42,940.	34,683.
OTHER	2,382,899.	2,171,513.	897.	210,489.
TOTALS	6,767,099.	5,586,011.	931,494.	249,594.

**SCHEDULE R
(Form 990)**

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

2022

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

NATIONAL 4-H COUNCIL

Employer identification number

36-2862206

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

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

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

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

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

Schedule R (Form 990) 2022

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

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

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

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

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

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

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

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

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

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

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

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

Part VII Supplemental Information

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

SCHEDULE R, PART II, COL B:

PRIMARY ACTIVITY:

1. NATIONAL 4-H ACTIVITIES FOUNDATION: PROVIDES ACCOUNTING AND ADMINISTRATIVE SUPPORT FOR NATIONAL 4-H INITIATIVES.
2. GLOBAL CLOVER NETWORK: SUPPORTS 4-H INITIATIVES AND INTERNATIONAL COOPERATION TO INCREASE GLOBAL POSITIVE YOUTH DEVELOPMENT.
3. NATIONAL 4-H CONGRESS FOUNDATION: OPERATES AND PROVIDES ASSISTANCE WITH THE NATIONAL 4-H CONGRESS EVENT.

List of Officers and Directors

FEIN: 36-2862206

Officers:

Krysta Harden*	Board Chair
Juliette B. Bell, Ph.D.*	Vice Chair
Wade Miquelon*	Treasurer
Janis Penman^	Secretary
Jill Bramble^	Assistant Secretary, President & CEO, National 4-H Council

Trustees:

Jackie Applegate, Ph.D.
Tiffany Atwell
Martha Bernadett, M.D., MBA*
Mark Berven*
Jon Boren, Ph.D.*
Alysia Borsa
Leslie Coleman
David Epstein
E. Gordon Gee, Ph.D.*
Carla Hall
Priya Kumar
Robert J. Jones, Ph.D.
Richard Maltsbarger*
Trent Mcknight
Dana McNabb
John Ordus
Maggie Sans
Mary Snapp*
Danielle Tiedt

*Executive Committee Member

^Ex Officio Member

Administrative Personnel

Jill Bramble, President and CEO
Stan Harrell, SVP and CFO
Andy Ferrin, SVP and Chief Strategy Officer

**All Officers and Directors can be reached at:
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