

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2024 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025	
A	This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____ ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information	
1a	Name of plan	1b Three-digit plan number (PN) ▶ 001
	NATIONAL 4-H COUNCIL EMPLOYEES RETIREMENT PLAN	1c Effective date of plan 06/01/1976
	2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)	2b Employer Identification Number (EIN) 36-2862206
	NATIONAL 4-H COUNCIL	2c Plan Sponsor's telephone number 301-633-2882
	655 15TH ST NW STE 220 WASHINGTON, DC 20005	2d Business code (see instructions) 611000

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	04/15/2026	SHAWNDA H. HOWARD
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☐ Same as Plan Sponsor NATL 4-H COUNCIL BOARD OF TRUSTEES FINANCIAL MANAGEMENT COMMITTEE NATIONAL 4-H COUNCIL 655 15TH ST NW STE 220 WASHINGTON, DC 20005	3b Administrator's EIN 36-2897258 3c Administrator's telephone number 301-633-2882
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 208
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1) 12 6a(2) 11 6b 119 6c 55 6d 185 6e 18 6f 203 6g(1) 6g(2) 6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

1A 1I

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- (1) ☒ **R** (Retirement Plan Information)
- (2) ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) ☒ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4) ☐ **DCG** (Individual Plan Information) – Number Attached _____
- (5) ☐ **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- (1) ☒ **H** (Financial Information)
- (2) ☐ **I** (Financial Information – Small Plan)
- (3) ☒ **A** (Insurance Information) – Number Attached 1
- (4) ☒ **C** (Service Provider Information)
- (5) ☐ **D** (DFE/Participating Plan Information)
- (6) ☐ **G** (Financial Transaction Schedules)

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025		
A Name of plan NATIONAL 4-H COUNCIL EMPLOYEES RETIREMENT PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 NATIONAL 4-H COUNCIL	D Employer Identification Number (EIN) 36-2862206	

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions	Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier
LINCOLN NATIONAL

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
35-0472300	65676	GA-194	1	07/01/2024	06/30/2025

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end **4** 96083**5** Current value of plan's interest under this contract in separate accounts at year end **5****6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier **6b****c** Premiums due but unpaid at the end of the year **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
Specify nature of costs ▶**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee(3) ☒ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year **7b** 98345**c** Additions: (1) Contributions deposited during the year **7c(1)**
(2) Dividends and credits **7c(2)** 1791
(3) Interest credited during the year **7c(3)**
(4) Transferred from separate account **7c(4)**
(5) Other (specify below) **7c(5)**(6) Total additions **7c(6)** 1791**d** Total of balance and additions (add lines **7b** and **7c(6)**) **7d** 100136**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)** 2782(2) Administration charge made by carrier **7e(2)** 1271(3) Transferred to separate account **7e(3)**(4) Other (specify below) **7e(4)**(5) Total deductions **7e(5)** 4053**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) **7f** 96083

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
 b ☐ Dental
 c ☐ Vision
 d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
 f ☐ Long-term disability
 g ☐ Supplemental unemployment
 h ☐ Prescription drug
i ☐ Stop loss (large deductible)
 j ☐ HMO contract
 k ☐ PPO contract
 l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025	
▶ Round off amounts to nearest dollar.	
▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.	
A Name of plan NATIONAL 4-H COUNCIL EMPLOYEES RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF NATIONAL 4-H COUNCIL	D Employer Identification Number (EIN) 36-2862206
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500

Part I	Basic Information			
1	Enter the valuation date: Month 07 Day 01 Year 2024			
2	Assets:			
a	Market value	2a	11697831	
b	Actuarial value	2b	11081512	
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a	For retired participants and beneficiaries receiving payment	136	9868262	9868262
b	For terminated vested participants	60	2089676	2089676
c	For active participants	12	463895	466793
d	Total	208	12421833	12424731
4	If the plan is in at-risk status, check the box and complete lines (a) and (b). ☐			
a	Funding target disregarding prescribed at-risk assumptions	4a		
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5	Effective interest rate	5	5.35 %	
6	Target normal cost			
a	Present value of current plan year accruals	6a	0	
b	Expected plan-related expenses	6b	51186	
c	Target normal cost	6c	51186	

Statement by Enrolled Actuary
To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE	Signature of actuary GLEN C. GAHAN Type or print name of actuary HUB INTERNATIONAL GREAT PLAINS Firm name 11516 MIRACLE HILLS DRIVE SUITE 100 OMAHA, NE 68154-8006 Address of the firm	10/27/2025 Date 23-04875 Most recent enrollment number 402-964-5400 Telephone number (including area code)
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Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	0
10 Interest on line 9 using prior year's actual return of <u>11.71</u> %	0	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		1176
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.20</u> %		61
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		1237
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14 Funding target attainment percentage	14	89.18 %
15 Adjusted funding target attainment percentage	15	89.18 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	90.63 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls**18** Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
10/11/2024	42999	0			
01/24/2025	42999	0			
05/16/2025	42999	0			
07/10/2025	42999	0			
08/15/2025	28000	0			
Totals ▶			18(b)	199996	18(c) 0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	192170

20 Quarterly contributions and liquidity shortfalls:

- a** Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No
- b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☒ No
- c** If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V	Assumptions Used to Determine Funding Target and Target Normal Cost
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21 Discount rate:			
a Segment rates:	1st segment: 4.99 %	2nd segment: 5.29 %	3rd segment: 5.59 %
			☐ N/A, full yield curve used
b Applicable month (enter code)			21b 0
22 Weighted average retirement age			22 63
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute			

Part VI	Miscellaneous Items
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24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.....		☐ Yes ☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.....		☐ Yes ☒ No
26 Demographic and benefit information		
a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.		☒ Yes ☐ No
b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...		☐ Yes ☒ No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....		27

Part VII	Reconciliation of Unpaid Minimum Required Contributions For Prior Years
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28 Unpaid minimum required contributions for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29).....	30	0

Part VIII	Minimum Required Contribution For Current Year
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31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c)		31a	51186
b Excess assets, if applicable, but not greater than line 31a		31b	0
32 Amortization installments:		Outstanding Balance	Installment
a Net shortfall amortization installment		1343219	139921
b Waiver amortization installment		0	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount		33	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....		34	191107
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0
36 Additional cash requirement (line 34 minus line 35)		36	191107
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)		37	192170
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)		38a	1063
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances		38b	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)		39	0
40 Unpaid minimum required contributions for all years		40	0

Part IX	Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)
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41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☐ 2019 ☐ 2020 ☐ 2021

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2024
		This Form is Open to Public Inspection.

For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025		
A Name of plan NATIONAL 4-H COUNCIL EMPLOYEES RETIREMENT PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 NATIONAL 4-H COUNCIL	D Employer Identification Number (EIN) 36-2862206	

Part I	Service Provider Information (see instructions)
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You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. ☐ Yes ☒ No
- b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

HUB INTERNATIONAL GREAT PLAINS

47-0813106

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	ACTUARY	59450	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

BANK OF AMERICA

13-5674085

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
25 28	TRUSTEE, INVMT MGMT	37682	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2024
		This Form is Open to Public Inspection
For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025		
A Name of plan NATIONAL 4-H COUNCIL EMPLOYEES RETIREMENT PLAN		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 NATIONAL 4-H COUNCIL		D Employer Identification Number (EIN) 36-2862206

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	72003	70999
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	210955	161076
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	11325366	11367340
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	98345	96083
(15) Other.....	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	11706669	11695498
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	8400	8500
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	8400	8500
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	11698269	11686998

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	199996	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B), (C), and line 2a(2)	2a(3)		199996
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	8148	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		8148
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	150557	
(D) Total dividends. Add lines 2b(2)(A) , (B), and (C)	2b(2)(D)		150557
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	4735542	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	4589385	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	769920	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		212273
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		1487051

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1078681	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		1078681
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	1271	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	26732	
(6) Bank or trust company trustee/custodial fees	2i(6)	10950	
(7) Actuarial fees	2i(7)	67950	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	312738	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		419641
j Total expenses. Add all expense amounts in column (b) and enter total	2j		1498322

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-11271
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☒ Unmodified (2) ☐ Qualified (3) ☐ Disclaimer (4) ☐ Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) ☐ DOL Regulation 2520.103-8 (2) ☐ DOL Regulation 2520.103-12(d) (3) ☒ neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: **BDO USA, P.C.**

(2) EIN: **13-5381590**

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1) ☐ This form is filed for a CCT, PSA, DCG or MTIA. (2) ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		☒	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		☒	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		☒	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		☒	
e Was this plan covered by a fidelity bond?	☒		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	☒		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☒ Yes ☐ No ☐ Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 568025.

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation		Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.		OMB No. 1210-0110 2024 This Form is Open to Public Inspection.	
For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025					
A Name of plan NATIONAL 4-H COUNCIL EMPLOYEES RETIREMENT PLAN				B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 NATIONAL 4-H COUNCIL				D Employer Identification Number (EIN) 36-2862206	
Part I Distributions					
All references to distributions relate only to payments of benefits during the plan year.					
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....				1	0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 94-1687665 35-0472300					
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.					
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year				3	0
Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)					
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☒ No ☐ N/A					
If the plan is a defined benefit plan, go to line 8.					
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____					
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.					
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)				6a	
b Enter the amount contributed by the employer to the plan for this plan year				6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....				6c	
If you completed line 6c, skip lines 8 and 9.					
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A					
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☒ N/A					
Part III Amendments					
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☒ No					
Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.					
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No					
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No					
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No					
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No					
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.				Schedule R (Form 5500) 2024 v. 240311	

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

14a

b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14b

c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14c

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year.....

15a

b The corresponding number for the second preceding plan year.....

15b

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year.....

16a

b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....

16b

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment..... ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment..... ☐

19 If the total number of participants is 1,000 or more, complete lines (a) and (b):

a Enter the percentage of plan assets held as:

Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%

High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:

☐ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more

20 PBGC missed contribution reporting requirements. If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☐ No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation.....

Part VII IRS Compliance Questions

21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? ☒ Yes ☐ No

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☐ N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter ____/____/____ (MM/DD/YYYY) and the Opinion Letter serial number_____.

National 4-H Council Employees' Retirement Plan

Financial Statements and ERISA-Required Supplemental Schedules

Years Ended June 30, 2025 and 2024

The report accompanying these financial statements was issued by BDO USA, P.C. a Virginia professional corporation, and the U.S. member of BDO International Limited, a UK company limited by guarantee.



**National 4-H Council
Employees' Retirement Plan**

**Financial Statements
and ERISA-Required Supplemental Schedules**
Years Ended June 30, 2025 and 2024

National 4-H Council Employees' Retirement Plan

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Note: Other schedules required by Section 2520.103.10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA have been omitted because they are not applicable.



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Independent Auditor's Report

To the Plan Administrator
National 4-H Council and Employees' Retirement Plan
Washington, D.C.

Opinion

We have audited the financial statements of National 4-H Council Employees' Retirement Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of June 30, 2025 and 2024, and the related statements of changes in net assets available for benefits for the years then ended, the statement of accumulated plan benefits as of June 30, 2024, and the related statement of changes in accumulated plan benefits for the year then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of the Plan as of June 30, 2025 and 2024, and the changes in its net assets available for benefits for the years then ended, and the accumulated plan benefits as of June 30, 2024, and the changes in its accumulated plan benefits for the year then ended in accordance with accounting principles generally accepted in the United States of America (GAAP).

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with GAAP, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern within one year after the date that the financial statements are available to be issued.

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Management is responsible for maintaining a current plan instrument, including all plan amendments. Management is also responsible for administering the Plan and determining that the Plan's transactions that are presented and disclosed in the financial statements are in conformity with the Plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if, there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.



Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The ERISA-required Supplemental Schedule H, Line 4i- Schedule of Assets (Held at End of Year) as of June 30, 2025, and the Schedule H, Line 4j - Schedule of Reportable Transactions for the year ended June 30, 2025 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the accompanying supplemental schedules are fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

BDO USA, P.C.

April 10, 2026

Financial Statements

National 4-H Council Employees' Retirement Plan

Statements of Net Assets Available for Benefits

<i>June 30,</i>	2025	2024
Assets		
Investments, at fair value	\$ 11,624,499	\$ 11,634,666
Employer contribution receivables	70,999	72,003
Total assets	11,695,498	11,706,669
Liabilities		
Administrative expenses payable	8,500	8,400
Net assets available for benefits	\$ 11,686,998	\$ 11,698,269

See accompanying notes to financial statements.

National 4-H Council Employees' Retirement Plan

Statements of Changes in Net Assets Available for Benefits

<i>Years Ended June 30,</i>	2025	2024
Additions:		
Investment income, net:		
Net appreciation		
in fair value of investments	\$ 143,099	\$ 608,152
Interest and dividend income	1,143,956	669,514
Total investment income, net	1,287,055	1,277,666
Employer contribution	199,996	180,012
Total additions	1,487,051	1,457,678
Deductions:		
Benefits paid to participants	1,078,681	1,075,656
Administrative expenses	419,641	88,266
Total deductions	1,498,322	1,163,922
Net (decrease) increase in net assets available for benefits	(11,271)	293,756
Net assets available for benefits, beginning of year	11,698,269	11,404,513
Net assets available for benefits, end of year	\$ 11,686,998	\$ 11,698,269

See accompanying notes to financial statements.

National 4-H Council Employees' Retirement Plan

Statement of Accumulated Plan Benefits

June 30, 2024

Actuarial present value of accumulated plan benefits

Vested benefits:

Participants currently receiving benefits	\$ 9,811,112
Other participants	2,565,749

Total vested benefits 12,376,861

Nonvested benefits 2,907

**Total actuarial present value of
accumulated plan benefits**

\$ 12,379,768

See accompanying notes to financial statements.

National 4-H Council Employees' Retirement Plan

Statement of Changes in Accumulated Plan Benefits

Year Ended June 30, 2024

Actuarial present value of accumulated plan benefits, beginning of year	\$ 12,957,156
--	---------------

Increase (decrease) during the year attributable to:	
Changes in actuarial assumptions	(332,027)
Benefits accumulated and experience gains	178,280
Interest	652,015
Benefits paid	(1,075,656)

Net decrease in accumulated plan benefits	(577,388)
---	-----------

Actuarial present value of accumulated plan benefits, end of year	\$ 12,379,768
--	---------------

See accompanying notes to financial statements.

National 4-H Council Employees' Retirement Plan

Notes to Financial Statements

1. Plan Description

The following brief description of National 4-H Council Employees' Retirement Plan (the Plan) is provided for general informational purposes only. Participants should refer to the Plan document for a complete description of the Plan's provisions.

General

The Plan was established on June 1, 1976 most recently restated on July 1, 2016 for the purpose of providing retirement benefits to regular salaried employees of National 4-H Council (Council), the Plan Sponsor.

The Plan is a noncontributory, defined benefit plan subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). Effective as of the Effective Date, but in no event earlier than January 1, 2024, the Plan's automatic cash-out limit shall be increased to \$7,000.

Administration

The Audit and Risk of Council's Board of Trustees (the Committee) is responsible for the operation and administration of the Plan. The Plan has contracted with Bank of America who serves as trustee and custodian with respect to the Plan's assets. Bank of America has investment responsibility for certain Plan assets, subject to the overall investment policy guidelines established by the Committee.

Eligibility

Employees become eligible to participate in the Plan upon attaining the age of 20 and one-half and completing at least 1,000 hours of service during their first year of employment or any subsequent Plan year.

Effective June 30, 2009, eligibility and benefit accruals under the Plan were frozen; only those employees that were plan participants as of June 1, 2009 are eligible to receive benefits under the Plan.

Benefits

Normal retirement age is 65. The Plan also has provisions for disability retirement and early retirement, which may be elected with reduced benefits after attaining age 55 and having earned at least 10 or 5 years, respectively, of vesting service. Normal retirement benefits are determined based upon the employee's final average monthly salary (FAMS), date of retirement, and years of benefit service earned at the earlier of the time of retirement or June 30, 2009.

FAMS is equal to an employee's salary for the 60 consecutive months out of the final 120 months of employment during which his salary was the highest, divided by 60.

Effective June 30, 2009, the benefit accrual was frozen and the formula was revised such that benefit service was redefined to the earlier of the participant's termination date or June 30, 2009.

An employee's accrued pension as of a specific date shall be equal to their projected pension which will be determined and frozen as of June 30, 2009 and shall not increase thereafter.

National 4-H Council Employees' Retirement Plan

Statement of Changes in Accumulated Plan Benefits

The covered compensation shall be calculated as of June 30, 2009 as if the employee had terminated employment at that date.

An individual is entitled to receive normal retirement benefits the later of (i) their 65th birthday, or (ii) the fifth anniversary of the date they began participation in the Plan. The normal retirement benefit is the calculation of the participant's projected pension and the ratio of the participant's benefit service to their projected benefit service described below:

Projected Pension:

- 1) The sum of 38% of the employee's FAMS plus 15% of the employee's FAMS in excess of monthly covered compensation; multiplied by the ratio of the employee's projected benefit service (limited to 20 years) to 20; and,
- 2) $\frac{1}{2}$ of 1% of the employee's FAMS multiplied by the projected benefit service, if any, which is in excess of 20 years, but not in excess of 30 years.

Projected Benefit Service Ratio:

- 3) The ratio of the employee's benefit service earned to the employee's projected benefit service.

Subject to certain minimum benefits depending on termination date.

Effective January 1, 2008, the normal retirement benefit formula was amended. However, in no event shall the benefit calculated in these revisions be less than the benefit earned as of December 31, 2007. For employees terminating on or after December 31, 2007, the normal retirement benefit is determined as follows.

- 4) For employees that had not attained the age of 55 or had not received credit for 5 or more years of vesting service as of December 31, 2007, such employee's monthly projected pension shall be equal to the sum of (i) multiplied by (ii) plus (iii) multiplied by (iv), plus (v) below, but not less than (vi):
 - (i) 1.9% of the employee's FAMS plus $\frac{3}{4}$ of 1% of the FAMS in excess of monthly covered compensation; multiplied by the employee's benefit service as of December 31, 2007;
 - (ii) ratio of the employee's projected benefit service, limited to 20 years to the employee's projected benefit service;
 - (iii) $\frac{1}{2}$ of 1% of the employee's FAMS multiplied by the employee's benefit service as of December 31, 2007;
 - (iv) ratio of the employee's projected benefit service in excess of 20 years and not to exceed 10 additional years to the employee's projected benefit service;
 - (v) $\frac{3}{4}$ of 1% of the employee's FAMS multiplied by the employee's benefit service credited after December 31, 2007, up to 30 years of total benefit service;
 - (vi) A benefit of \$15 multiplied by the employee's benefit service.

National 4-H Council Employees' Retirement Plan

Statement of Changes in Accumulated Plan Benefits

Or,

- 5) For employees that had attained the age of 55 and received credit for 5 or more years of vesting service as of December 31, 2007, such employee's monthly projected pension shall be equal to the sum of (i) multiplied by (ii) plus (iii) multiplied by (iv) plus (v) multiplied by (ii) plus (vi) multiplied by (iv) below, but not less than (vii):
- (i) 1.9% of the employee's FAMS plus $\frac{3}{4}$ of 1% of the employee's FAMS in excess of monthly covered compensation; multiplied by the employee's benefit service as of December 31, 2007;
 - (ii) ratio of the employee's projected benefit service limited to 20 years to the employee's projected benefit service;
 - (iii) $\frac{1}{2}$ of 1% of the employee's FAMS multiplied by the employee's benefit service as of December 31, 2007;
 - (iv) ratio of the employee's projected benefit service in excess of 20 years not to exceed 10 additional years to the employee's projected benefit service;
 - (v) 1.9% of the employee's FAMS plus $\frac{3}{4}$ of 1% of the employee's FAMS in excess of monthly covered compensation; multiplied by the employee's benefit service credited after December 31, 2007; multiplied by an age factor;
 - (vi) $\frac{1}{2}$ of 1% of the employee's FAMS multiplied by the employee's benefit service credited after December 31, 2007, multiplied by an age factor;
 - (vii) A benefit of \$15 multiplied by the employee's benefit service.

Death Benefits

The Plan provides for death benefits for surviving spouses. The death benefit is dependent upon such factors as age at time of death and employment status.

Vesting of Plan Benefits

Participants became fully vested for normal retirement benefits after completion of five years of service. Vesting service was credited from date of hire with one year of vesting service earned each year during which an employee completed at least 1,000 hours of service. All participants are fully vested since the Plan was frozen to new participants in 2009.

2. Summary of Accounting Policies

Basis of Accounting

The accompanying financial statements have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP).

National 4-H Council Employees' Retirement Plan

Statement of Changes in Accumulated Plan Benefits

Use of Estimates

The preparation of financial statements in conformity with U.S. GAAP requires the Plan's management to make estimates and assumptions that affect the reported amounts of assets, liabilities and changes therein, disclosure of contingent assets and liabilities and the actuarial present value of accumulated plan benefits at the date of the financial statements, and changes therein. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

The Plan's investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date (exit price). Refer to note 3 for additional information related to fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) in the fair value of investments includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Payment of Benefits

Benefits are recorded when paid.

Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits are benefits expected to be paid to (a) retired or terminated vested employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries.

The actuarial present value of accumulated plan benefits is determined by an independent actuary and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, withdrawal, or retirement) between the valuation date and the expected date of payment.

National 4-H Council Employees' Retirement Plan

Notes to Financial Statements

The significant actuarial assumptions used in the valuations are as follows as of:

July 1,	2024	2023
Actuarial cost method	Traditional unit cost method	Traditional unit cost method
Discount rate	5.45% compounded annually	5.25% compounded annually
Employee turnover	Assumed rates varying with attained age	Assumed rates varying with attained age
Retirement age	Assumed rates varying with Early Retirement at age 55 to Normal Retirement at age 65	Assumed rates varying with Early Retirement at age 55 to Normal Retirement at age 65
Expense	None	None
Mortality table	PRI-2012 / 2024 Adj MP -2021	PRI-2012 / MP-2021

The foregoing actuarial assumptions are based on the Plan's provisions to suspend benefit accruals as of June 30, 2009, precluding the addition of new Plan members as of June 30, 2009 and are based on the presumption that the Plan will continue. Should the Plan terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

Administrative Expenses

The Plan's expenses are paid either by the Plan or Council, as provided by the plan document. Expenses that are paid directly by Council are excluded from these financial statements. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying statements of changes in net assets available for benefits. In addition, certain investment related expenses are included in net appreciation (depreciation) of fair value of investments presented in the accompanying statements of changes in net assets available for benefits.

Financial Instruments

Financial instruments which subject the Plan to concentrations of credit risk consist principally of marketable equity and debt securities. The Plan also maintains cash balances which may, at times, exceed federally insured limits. It is the Plan's policy to place its cash and cash equivalents in creditworthy financial institutions.

National 4-H Council Employees' Retirement Plan

Notes to Financial Statements

Funding Policy

Council, the employer, makes cash contributions to the Plan based upon funding requirements determined annually by the Plan's actuary. Such contributions equal required amounts to satisfy minimum funding requirements of ERISA. Based on the actuarial funding calculation, contributions were required to satisfy the Plan's funding requirements for the Plan years ended June 30, 2025 and 2024. Council's contributions for the years ended June 30, 2025 and 2024 exceeded the minimum funding requirements of ERISA. Although it has not expressed any intent to do so, Council has the right under the plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA.

3. Fair Value Measurements

The fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value and maximizes the use of observable inputs and minimizes the use of unobservable inputs by requiring that the observable inputs be used where available. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to measurements involving significant unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are as follows:

Level 1: Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2: Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability; and
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

Level 3: Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

A financial instrument's level within the fair value hierarchy is based on the lowest level of input that is significant to the fair value measurement. Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

The following is a description of the valuation methodologies used for assets measured at fair value. These methods may produce a fair value calculation that may not be indicative of net realizable values or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date. There were no changes in valuation techniques for years ended June 30, 2025 and 2024.

National 4-H Council Employees' Retirement Plan

Notes to Financial Statements

Money Market Mutual Funds: Investments in money market mutual funds represent units of participation in the respective funds and the fair value is determined by reference to the respective fund's underlying assets, which are principally marketable equities and fixed income securities. Shares held in money market mutual funds are traded on national securities exchanges and valued at the daily closing price as reported by the fund. These funds are required to publish their daily net asset value and to transact at that price. The money market mutual funds held by the Plan are deemed to be actively traded.

Mutual Funds: Investments in mutual funds represent units of participation in the respective funds and the fair value is determined by reference to the respective fund's underlying assets, which are principally marketable equities and fixed income securities. Shares held in mutual funds are traded on national securities exchanges and valued at the daily closing price as reported by the fund. These funds are required to publish their daily net asset value and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Guaranteed interest accounts: The guaranteed interest accounts (GIAs) are fixed return products with annual interest rate guarantees and are credited on a net daily basis at annual effective rates. Fair value is determined based on a discounted cash flow model by discounting the related cash flows based on current yields of similar instruments with comparable durations considering the creditworthiness of the issuer or the theoretical exit price. Lincoln National Life Insurance Company (the Insurance company) values the GIAs based on the amount paid when funds are withdrawn prior to their maturity for an event other than death, disability, termination, or retirement. The fair value represents contract value adjusted to reflect current market interest rates only to the extent such market rates exceed crediting rates. The guaranteed interest account does not permit the insurance company to terminate the agreement prior to the scheduled maturity date.

The following table sets forth, by level within the fair value hierarchy, the Plan's investment assets that are measured at fair value on a recurring basis as of June 30, 2025.

<u>Assets at Fair Value as of June 30, 2025</u>				
	Level 1	Level 2	Level 3	Total
Money market mutual funds	\$ 161,076	\$ -	\$ -	\$ 161,076
Mutual funds	11,367,340	-	-	11,367,340
Guaranteed interest accounts	-	96,083	-	96,083
	\$ 11,528,416	\$ 96,083	\$ -	\$ 11,624,499

The following table sets forth, by level within the fair value hierarchy, the Plan's investment assets that are measured at fair value on a recurring basis as of June 30, 2024.

<u>Assets at Fair Value as of June 30, 2024</u>				
	Level 1	Level 2	Level 3	Total
Money market funds	\$ 206,715	\$ -	\$ -	\$ 206,715
Mutual funds	11,325,366	-	-	11,325,366
Guaranteed interest accounts	-	102,585	-	102,585
	\$ 11,532,081	\$ 102,585	\$ -	\$ 11,634,666

National 4-H Council Employees' Retirement Plan

Notes to Financial Statements

4. Plan Termination

In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated: (i) Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under Plan provisions in effect at any time during the five years preceding Plan termination; (ii) Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC) up to the applicable limitations; (iii) All other vested benefits (that is, vested benefits not insured by the PBGC); (iv) All non-vested benefits.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, there is a statutory ceiling, which is adjusted periodically, on the amount of an individual's monthly benefit that the PBGC guarantees. For plan terminations occurring during 2025 and 2024 that ceiling was \$7,432 and \$7,108 per month, respectively.

That ceiling applies to those participants who elect to receive their benefits in the form of a single-life annuity and are at least 65 years old at the time of retirement or plan termination (whichever comes later). For younger annuitants or those who elect to receive their benefits in some form more valuable than a single-life annuity, the corresponding ceilings are actuarially adjusted downward.

Benefits to be provided via contracts under which Lincoln Financial Life Insurance Company (Note 3) is obligated to pay the benefits would be excluded for allocation purposes.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of Council and the level of benefits guaranteed by the PBGC.

5. Tax Status

The Internal Revenue Service (IRS) has determined and informed Council by a letter dated May 4, 2018, that the Plan, as amended, and the related trust, are designed in accordance with applicable sections of the Internal Revenue Code (IRC). The Plan has been amended since receiving the aforementioned favorable determination letter. However, the Plan Administrator and the Plan's legal counsel believe that the Plan is designed and currently being operated in compliance with the applicable requirements of the IRC and that the related trust is tax-exempt under the provisions of Section 401(a) of the IRC.

U.S. GAAP requires the Plan Administrator to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

National 4-H Council Employees' Retirement Plan

Notes to Financial Statements

6. Related Party and Party in-Interest Transactions

Council is the sponsor of the Plan, and as such, executes the normal duties associated therewith. Costs were incurred for administrative, accounting and human resource services provided by Council on behalf of the Plan.

The Plan has certain amounts invested in short-term cash accounts with the Trustee of the Plan. The fees paid to Bank of America (Trustee) were \$10,950 and \$10,759 as of June 30, 2025 and 2024, respectively.

Included in net assets available for benefits at June 30, 2025 and 2024 are investments managed by Bank of America and amounting to 99% of total Plan net assets available for benefits. The fees paid to Bank of America were \$26,732 and \$26,321 for the years ended June 30, 2025 and 2024, respectively.

The fees paid to Lincoln Financial Group were \$1,271 and \$836 for the years ended June 30, 2025 and 2024, respectively.

7. Risk and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and those changes could materially affect the amounts reported in the financial statements.

As of June 30, 2025 and 2024, there were three investments held that individually accounted for more than 10% of total investments, respectively. See the supplemental Schedule of Assets (Held at End of Year) for a complete listing of investments held at June 30, 2025.

Plan contributions are made, and the actuarial present value of accumulated plan benefits are reported, based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term could be material to the financial statements.

8. Subsequent Events

The Plan Administrator has evaluated subsequent events through April 10, 2026, which is the date the financial statements were available to be issued. There were no events that required adjustments to or disclosure in the financial statements.

ERISA - Required Supplemental Schedules

National 4-H Council Employees' Retirement Plan
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

EIN: 36-2862206

Plan number: 001

Form: 5500

June 30, 2025

a.	b. Identity of issue, borrower, lessor, or similar party	c. Description of investment, including maturity dates, rate of interest, collateral, and par or maturity value	d. Cost	e. Current value
*	Lincoln National Life Insurance Company:			
	Group annuity contract	IPG contract	\$ 96,083	\$ 96,083
	Blackrock:			
	BLF FEDFUND CASH RESERVE	Money market funds	161,076	161,076
	iShares:			
	ISHARES CORE S&P 500 ETF	Mutual fund shares	1,852,762	3,770,726
	ISHARES 10+ YEAR INV	Mutual fund shares	3,008,199	3,202,595
	ISHARES TR CORE MSCI EAF ETF	Mutual fund shares	1,146,748	1,627,860
	ISHARES RUSSELL 2500 ETF	Mutual fund shares	960,912	960,443
	ISHARES TR ISHARES 5-10	Mutual fund shares	870,320	947,496
	ISHARES GLOBAL REIT ETF	Mutual fund shares	459,714	425,705
	ISHARES INC CORE MSCI EMERGING MKTS ETF	Mutual fund shares	355,777	432,515
Total			\$ 8,911,591	\$ 11,624,499

* Represents a party-in-interest as defined by ERISA.

National 4-H Council Employees' Retirement Plan

Schedule H, Line 4j - Schedule of Reportable Transactions

EIN: 36-2862206

Plan number: 001

Form: 5500

Year Ended June 30, 2025

(a)	(b)	(c)	(d)	(g)	(h)	(i)
Identity of Party Involved	Description of asset	Purchase Price	Selling Price	Cost of asset	Current value of asset on transaction date	Net gain or (loss)
Category (i) - Single Transaction						
iShares	ISHARES RUSSELL 2500 ETF	\$ 1,152,823	\$ -	\$ 1,152,823	\$ 1,152,823	\$ -
Vanguard	VANGUARD RUSSELL 2000	-	1,176,840	782,117	782,117	394,723
Total Category (i)		\$ 1,152,823	\$ 1,176,840	\$ 1,934,940	\$ 1,934,940	\$ 394,723
Category (iii) - a Series of Transactions						
iShares	ISHARES RUSSELL 2500 ETF	\$ 1,152,823	\$ -	\$ 1,152,823	\$ 1,152,823	\$ -
iShares	ISHARES RUSSELL 2500 ETF	-	186,223	191,911	191,911	(5,688)
Vanguard	VANGUARD RUSSELL 2000	-	1,203,317	799,887	799,887	403,430
Blackrock	BLF FEDFUND CASH RESERVE	2,327,761	-	2,327,761	2,327,761	-
Blackrock	BLF FEDFUND CASH RESERVE	-	675,564	675,564	675,564	-
Total Category (iii)		\$ 3,480,584	\$ 2,065,104	\$ 5,147,946	\$ 5,147,946	\$ 397,742

Columns (e) and (f) are not applicable.

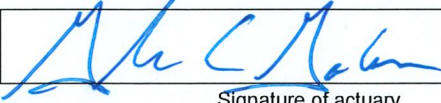
SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
--	--	---

For calendar plan year 2024 or fiscal plan year beginning	07/01/2024	and ending	06/30/2025
▶ Round off amounts to nearest dollar.			
▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.			

A Name of plan NATIONAL 4-H COUNCIL EMPLOYEES RETIREMENT PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF NATIONAL 4-H COUNCIL	D Employer Identification Number (EIN) 36-2862206	
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500	

Part I Basic Information			
1 Enter the valuation date: Month <u>7</u> Day <u>1</u> Year <u>2024</u>			
2 Assets:			
a Market value		2a	11,697,831
b Actuarial value		2b	11,081,512
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment.....	136	9,868,262	9,868,262
b For terminated vested participants.....	60	2,089,676	2,089,676
c For active participants	12	463,895	466,793
d Total.....	208	12,421,833	12,424,731
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐			
a Funding target disregarding prescribed at-risk assumptions		4a	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor		4b	
5 Effective interest rate	5	5.35 %	
6 Target normal cost			
a Present value of current plan year accruals		6a	0
b Expected plan-related expenses		6b	51,186
c Target normal cost		6c	51,186

Statement by Enrolled Actuary
To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE		<u>10/27/2025</u>
Signature of actuary		Date
GLEN C. GAHAN		23-04875
Type or print name of actuary		Most recent enrollment number
HUB INTERNATIONAL GREAT PLAINS		(402) 964-5400
Firm name		Telephone number (including area code)
11516 MIRACLE HILLS DRIVE		
SUITE 100		
OMAHA		
Address of the firm		
NE 68154-8006		

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of <u>11.71</u> %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		1,176
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.20</u> %		61
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		1,237
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages			
14	Funding target attainment percentage	14	89.18 %
15	Adjusted funding target attainment percentage	15	89.18 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	90.63 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
10/11/2024	42,999	0			
01/24/2025	42,999	0			
05/16/2025	42,999	0			
07/10/2025	42,999	0			
08/15/2025	28,000	0			
Totals ►			18(b)	199,996	18(c)
					0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	192,170
20 Quarterly contributions and liquidity shortfalls:		
a Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No		
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☒ No		
c If line 20a is "Yes," see instructions and complete the following table as applicable:		
Liquidity shortfall as of end of quarter of this plan year		
(1) 1st	(2) 2nd	(3) 3rd
0	0	0
(4) 4th		
0		

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:				
a Segment rates:	1st segment: 4.99 %	2nd segment: 5.29 %	3rd segment: 5.59 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 0
22 Weighted average retirement age				22 63
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
26 Demographic and benefit information	
a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...	☐ Yes ☒ No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.	27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c)	31a	51,186	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	1,343,219	139,921	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....	34	191,107	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0
36 Additional cash requirement (line 34 minus line 35)	36	191,107	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	192,170	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	1,063	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☐ 2019 ☐ 2020 ☐ 2021

National 4-H Council Employees' Retirement Plan
Plan: 001 EIN: 36-2862206
Schedule SB, line 19 - Discounted Employer Contributions

Date	Amount	Plan Year	Applicable Effective Interest Rate	Interest-Adjusted Contribution	
10/11/2024	\$42,999	2024	5.35%	\$42,377	¹
1/24/2025	42,999	2024	5.35%	41,699	²
5/16/2025	42,999	2024	5.35%	40,923	³
7/10/2025	42,999	2024	5.35%	40,763	⁴
8/15/2025	28,000	2024	5.35%	26,408	⁵
	<u>\$199,996</u>			<u>\$192,170</u>	

¹ The October 11, 2024 employer contribution was discounted using the applicable effective interest rate for the period from October 11, 2024 to July 1, 2024.

² The January 24, 2025 employer contribution was discounted using the applicable effective interest rate plus 5% for the period back to January 15, 2025 and using the applicable effective interest rate for the period from January 15, 2025 to July 1, 2024.

³ The May 16, 2025 employer contribution was discounted using the applicable effective interest rate plus 5% for the period back to April 15, 2025 and using the applicable effective interest rate for the period from April 15, 2025 to July 1, 2024.

⁴ The July 10, 2025 employer contribution was discounted using the applicable effective interest rate for the period from July 10, 2025 to July 1, 2024.

⁵ The August 15, 2025 employer contribution was discounted using the applicable effective interest rate for the period from August 15, 2025 to July 1, 2024.

National 4-H Council Employees' Retirement Plan

Plan: 001 EIN: 36-2862206

Schedule SB, line 22 - Description of Weighted Average Retirement Age

Age	Rate	# Left	# Leaving	Weight
55	3%	1	0.03	1.65
56	3%	0.97	0.03	1.63
57	3%	0.94	0.03	1.61
58	3%	0.91	0.03	1.59
59	3%	0.89	0.03	1.57
60	3%	0.86	0.03	1.55
61	3%	0.83	0.02	1.52
62	25%	0.81	0.20	12.52
63	3%	0.61	0.02	1.15
64	3%	0.59	0.02	1.13
65	100%	0.57	0.57	37.06
Weighted Average Retirement Age:				62.97

Plan Name: NATIONAL 4-H COUNCIL
EIN: 36-2862206
PLN: 001

[illegible]

National 4-H Council Employees' Retirement Plan
Plan 001 EIN 36-2862206
Schedule SB, line 32 - Schedule of Amortization Bases

Shortfall Amortization Charge

<u>Year</u>	<u>Base Amount</u>	<u>July 1, 2024 PV of Remaining Amortization Payments</u>	<u>Years Remaining</u>	<u>Shortfall Amortization Charge</u>
2021	\$866,238	\$743,559	12	\$80,769
2022	341,064	307,133	13	31,518
2023	97,193	91,291	14	8,901
2024	201,236	201,236	15	18,733
		<u>\$1,343,219</u>		<u>\$139,921</u>

National 4-H Council Employees' Retirement Plan
Plan: 001 EIN: 36-2862206
Schedule SB, Part V - Statement of Actuarial Assumptions/Methods

Actuarial Cost Method

Annual costs were calculated using the Traditional Unit Credit Actuarial Cost Method as required by the Pension Protection Act of 2006. The Traditional Unit Credit Method is one of the Accrued Benefit Actuarial Cost Methods.

Under the Traditional Unit Credit Cost Method, benefits are assigned to each year and are valued as they accrue.

The target normal cost for each year is defined as the actuarial present value of retirement and ancillary benefits that are earned for each active participant and the expected administrative expenses to be paid from plan assets in the current year.

The funding target is defined as the actuarial present value of retirement and ancillary benefits that have been earned in years of service prior to the current year.

Asset Valuation Method

For funding purposes, the value of plan assets is based on the two-year smoothing method. This method determines the value of plan assets by averaging the market value as of the valuation date and the adjusted market values as of the preceding two valuation dates. The adjusted market values are determined in accordance with IRS Notice 2009-22. This value of plan assets can be no greater than 110% of the market value nor less than 90% of market value as of the valuation date.

For PBGC purposes, the value of plan assets is based on the market value of assets.

Contributions for the prior plan year made after the end of the plan year are included in the current year's value of assets at their discounted value, based on the prior year's effective interest rate.

National 4-H Council Employees' Retirement Plan
Plan: 001 EIN: 36-2862206
Schedule SB, Part V - Statement of Actuarial Assumptions/Methods

Actuarial Assumptions

Interest Rates

- Plan Funding - Minimum Required Contribution
 - 4.99% for benefits expected to be paid within 5 years of the valuation date (first segment).
 - 5.29% for benefits expected to be paid within 6-20 years of the valuation date (second segment).
 - 5.59% for benefits expected to be paid more than 20 years from the valuation date (third segment).
 - The plan sponsor has elected to use the 3-segment interest rates based on the first month of the plan year.
 - 5.35% effective interest rate.
- ERISA 4010 Reporting
 - 4.99% for benefits expected to be paid within 5 years of the valuation date (first segment).
 - 5.29% for benefits expected to be paid within 6-20 years of the valuation date (second segment).
 - 5.29% for benefits expected to be paid more than 20 years from the valuation date (third segment).
 - 5.26% effective interest rate.
- PBGC Premium Reporting
 - 5.09% for benefits expected to be paid within 5 years of the valuation date (first segment).
 - 5.28% for benefits expected to be paid within 5 years of the valuation date (first segment).
 - 5.52% for benefits expected to be paid within 5 years of the valuation date (first segment).
 - 5.33% effective interest rate.
- ASC 960 Financial Information
 - 5.45% compounded annually.

National 4-H Council Employees' Retirement Plan
Plan: 001 EIN: 36-2862206
Schedule SB, Part V - Statement of Actuarial Assumptions/Methods

Actuarial Assumptions (continued)

Mortality Rates

IRS 2024 generational mortality table based on the PRI-2012 table for funding purposes.

Turnover Rates

Rates based on age. Sample rates below:

Age	Rate
25	13.60%
30	10.10
35	7.90
40	6.50
45	5.50
50	4.50
55	0.00

Retirement Rates

Rates based on age. Sample rates below:

Age	Rate
55-61	3%
62	25
63	3
64	3
65	100

Disability Rates

None Assumed.

Expense Load

Administrative expense load added to the target normal cost equal to the prior year's actual expense.

National 4-H Council Employees' Retirement Plan
Plan: 001 EIN: 36-2862206
Schedule SB, Part V

Summary of Plan Provisions

Effective Date	Amended and restated effective June 1, 1989. Further amended effective July 1, 1999 to include 1999 Voluntary Separation Program. Amended January 1, 2008 to reduce the benefit formula for future service. Amended June 30, 2009 to freeze all future benefit accruals.
Plan Year	July 1 to June 30
Plan Participation	One year of service with 1,000 hours and age 20.5.
Definitions	
<i>Vesting Service</i>	One year for each calendar year in which 1,000 hours are worked.
<i>Benefit Service</i>	One year for each calendar year in which 1,000 hours are worked, including partial years only in year of hire or termination.
<i>Compensation</i>	Regular base compensation excluding overtime pay, expenses, awards and gifts, but shall include elective deferrals to the 401(k) Plan.
<i>Final Average Monthly Salary</i>	Monthly compensation averaged over the highest 60-month consecutive months out of the last 120-month period preceding the date of determination.
<i>Covered Compensation</i>	The average of the Social Security taxable Wage Bases over the 35 years ending with the year of attaining Social Security Retirement Age.
<i>Normal Retirement</i>	First day of the month coinciding with or next following age 65 and 5 years of participation service.
<i>Early Retirement</i>	First day of the month coinciding with or next following age 55 and 5 years of vesting service.
<i>Grandfather Group</i>	Employees age 55 or older and having at least 5 years of service on December 31, 2007.

National 4-H Council Employees' Retirement Plan
Plan: 001 EIN: 36-2862206
Schedule SB, Part V

Summary of Plan Provisions (continued)

Benefits

Due to the Plan "freeze", all benefits are determined as if the participant had terminated as of June 30, 2009.

Normal Retirement

For service prior to December 31, 2007:

- (a) 38% of final average monthly salary plus 15% of final average monthly salary in excess of monthly covered compensation; provided, however, if that benefit service is less than 20 years, such benefit shall be reduced by the ratio of benefit service to 20, plus
- (b) 1/2 of 1% of final average monthly salary multiplied by benefit service, if any, which is in excess of 20 years but not in excess of 30 years.

For service after December 31, 2007:

- (a) Grandfathered Group - receives future service benefit of 75% to 100% of current rate based on age at December 31, 2007.

Age	Benefit %
55	75%
56	80
57	85
58	90
59	95
60+	100

- (b) Non Grandfathered Group - receives future service benefit of 0.75% of final average monthly salary times benefit service for up to 30 years of total service.

For participants who terminated on or after June 1, 1991, a minimum benefit of \$15 times years of benefit service applies.

National 4-H Council Employees' Retirement Plan
Plan: 001 EIN: 36-2862206
Schedule SB, Part V

Summary of Plan Provisions (continued)

Early Retirement

Monthly pension benefit determined as of early retirement date, but based on projected benefit service to NRD, reduced by a ratio equal to benefit service as of the date of early retirement divided by projected benefit service to NRD and by a factor to reflect early commencement. The early commencement factor is equal to .415% per monthly prior to NRD.

Late Retirement

Accrued benefit to the date of actual retirement, including benefits accrued after age 65.

Death

The monthly benefit equal to 50% of the vested accrued benefit reduced for early retirement.

Vested Termination

Monthly pension benefit determined as of termination date, but based on projected benefit service to NRD, reduced by a ratio equal to benefit service as of termination date divided by projected benefit service to NRD. If a participant has over 5 years of vesting service as of their termination, benefits can be paid as early as age 55, reduced by .415% per month prior to NRD.

Forms of Annuity

Normal

Life only if single, Joint and 50% Survivor if married.

Contributions

The employee contribution benefits are added to the accrued benefit.

National 4-H Council Employees' Retirement Plan
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

EIN: 36-2862206

Plan number: 001

Form: 5500

June 30, 2025

a.	b. Identity of issue, borrower, lessor, or similar party	c. Description of investment, including maturity dates, rate of interest, collateral, and par or maturity value	d. Cost	e. Current value
*	Lincoln National Life Insurance Company:			
	Group annuity contract	IPG contract	\$ 96,083	\$ 96,083
	Blackrock:			
	BLF FEDFUND CASH RESERVE	Money market funds	161,076	161,076
	iShares:			
	ISHARES CORE S&P 500 ETF	Mutual fund shares	1,852,762	3,770,726
	ISHARES 10+ YEAR INV	Mutual fund shares	3,008,199	3,202,595
	ISHARES TR CORE MSCI EAF ETF	Mutual fund shares	1,146,748	1,627,860
	ISHARES RUSSELL 2500 ETF	Mutual fund shares	960,912	960,443
	ISHARES TR ISHARES 5-10	Mutual fund shares	870,320	947,496
	ISHARES GLOBAL REIT ETF	Mutual fund shares	459,714	425,705
	ISHARES INC CORE MSCI EMERGING MKTS ETF	Mutual fund shares	355,777	432,515
Total			\$ 8,911,591	\$ 11,624,499

* Represents a party-in-interest as defined by ERISA.

National 4-H Council Employees' Retirement Plan

Schedule H, Line 4j - Schedule of Reportable Transactions

EIN: 36-2862206

Plan number: 001

Form: 5500

Year Ended June 30, 2025

(a)	(b)	(c)	(d)	(g)	(h)	(i)
Identity of Party Involved	Description of asset	Purchase Price	Selling Price	Cost of asset	Current value of asset on transaction date	Net gain or (loss)
Category (i) - Single Transaction						
iShares	ISHARES RUSSELL 2500 ETF	\$ 1,152,823	\$ -	\$ 1,152,823	\$ 1,152,823	\$ -
Vanguard	VANGUARD RUSSELL 2000	-	1,176,840	782,117	782,117	394,723
Total Category (i)		\$ 1,152,823	\$ 1,176,840	\$ 1,934,940	\$ 1,934,940	\$ 394,723
Category (iii) - a Series of Transactions						
iShares	ISHARES RUSSELL 2500 ETF	\$ 1,152,823	\$ -	\$ 1,152,823	\$ 1,152,823	\$ -
iShares	ISHARES RUSSELL 2500 ETF	-	186,223	191,911	191,911	(5,688)
Vanguard	VANGUARD RUSSELL 2000	-	1,203,317	799,887	799,887	403,430
Blackrock	BLF FEDFUND CASH RESERVE	2,327,761	-	2,327,761	2,327,761	-
Blackrock	BLF FEDFUND CASH RESERVE	-	675,564	675,564	675,564	-
Total Category (iii)		\$ 3,480,584	\$ 2,065,104	\$ 5,147,946	\$ 5,147,946	\$ 397,742

Columns (e) and (f) are not applicable.