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Local Council Guide to the 2020 IRS Form 990

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Special COVID 19 update: As of the publication date of this Guide, the IRS has NOT issued a notice automatically extending the original May 17, 2021 due date for local council Forms 990, 990-N, 990-PF and Form 990-T. If more time is needed to prepare accurate returns, use Form 8868, Application for Automatic Extension of Time to File an Exempt Organization Return, to request an additional extension of time to file to November 15, 2021. Note that taxes owed with Form 990-PF and Form 990-T are due at the time of the filing of the extension (which is May 17, 2021). All local councils are encouraged to file by the May 17 deadline.

-Chapter 1-

Introduction

April 2021

The Local Council Guide to the 2020 IRS Form 990 is meant to be shared with the council's tax professionals, audit committee, Scout executive, president, treasurer, accounting staff, and trustee(s). It is recommended that it be made available to the entire board of directors or trustees in the same manner as the organization makes available its IRS Form 990 for review.

This guide is <u>not</u> meant to be a replacement for the IRS instructions. Rather, it is meant to provide responses to Form 990 questions and provide required descriptions and disclosures that are common to all local councils and trust funds that are listed on the BSA group exemption filing. As always, we recommend that you consult with a tax professional licensed in your state before making any tax-related decisions.

Sample Local Council 2020 Form 990 and Council Trust Fund 2020 Form 990

Chapter 1 of this Guide includes discussions about council governance and tax compliance, new developments, compensation reporting, Form 990 special instructions, and a checklist specific to local councils and their trust funds, among other topics. Chapters 2 and 3 of this Guide include sample 2020 IRS Forms 990. Special note on IRS Form 990-T: Last year we included a sample amended 2018 Form 990-T to illustrate how to obtain a refund of any taxes paid as a result of nondeductible parking expenses under Internal Revenue Code Section 512(a)(7), which was repealed in 2019. We have not included such guidance this year and suggest that you consult with your state-licensed tax professional and last year's Guide if you require assistance with this issue.

The following information is intended to apply best practices to promote good governance and federal tax compliance in local councils. The IRS does not require the policies listed in Part VI of Form 990, but the policies must be approved by December 31 of the year for reporting. Trust funds must have a separate EIN from the local council. All councils are required to file a separate IRS Form 990 or 990-EZ for their endowment trust funds (or 990-N for trusts that are not supporting organizations) unless the council has a

letter from the IRS requiring the trust fund to be included in the council IRS Form 990. This is the case even if the local council includes its trust fund(s) in its consolidated financial statements.

The tax-exempt status of local councils and their trust funds is certified annually in the BSA's group exemption filing. Please provide a copy of the Forms 990 (and 990-T, if applicable) to the National Council no later than August 15, 2021 to allow sufficient time for review and preparation of our group exemption filing in September. You may now submit copies electronically by emailing them to audits.990@scouting.org.

Only trust funds that substantially conform to the IRS-approved model and framework established in 1970 can be listed under the BSA's group exemption. The IRS-approved model requires a corporate trustee. The requirement that funds be vested in a bank or trust company refers to a bank or trust company acting as trustee, not just as custodian.

Councils with trust funds that do not substantially conform to the IRS-approved model and framework from 1970 are encouraged to amend their trust documents to substantially conform. In the past, the IRS has not usually approved local council requests for a separate determination letter as an alternative to the trust substantially conforming to the IRS-approved model.

Local councils are, and continue to be, responsible for compliance with federal tax laws related to tax-exempt status. Councils may also be required to file IRS Form 990-T. Local councils must rely on qualified state-licensed professional advisers for assistance.

A Note Regarding Governance

The IRS has maintained for some time that a direct relationship exists between exempt organizations adopting and following good governance practices and their compliance with the tax code. An IRS study* indicated there were correlations between good governance practices by charities and their compliance with IRS rules. The study found that charities are more likely to follow IRS rules if they:

- Have a written mission statement articulating their current 501(c)(3) purposes
- Use comparability data when making compensation decisions
- Have procedures in place for the proper use of charitable assets consistent with their mission
- Have the entire board of directors review the IRS Form 990

The study also indicated that a not-for-profit organization (NFP) whose entire board is engaged in what is being reported on correlates to better compliance. Conversely, among NFPs examined by the IRS, those organizations that said control was concentrated in one individual, or in a small, select group of individuals, were less likely to be tax compliant.

A good place to start the IRS Form 990 review process would be with your council's audit committee. During the meeting where the audit committee determines whether it will recommend that the board accept the council's audited financial statements, it could also review a draft of Form 990. If no changes are suggested, it could then recommend that the return be presented to the entire board for a final review before it is filed.

Take a few extra minutes and carefully review Part VI, *Governance, Management, and Disclosure*, of the sample returns. The responses and Schedule O explanations for the policy-related questions in Part VI are meant to represent best practices that should be in place in all local councils.

The Basics

When to file

File Form 990, 990-EZ, 990-PF, and 990-T by May 17, 2021. If more time is needed, use Form 8868 to request an automatic six-month extension of time (to November 15, 2021) to file. Note: The 990-N due date cannot be extended, but there is no penalty for submitting it late unless it is the third (and only) year. It is strongly recommended that local councils and their trust funds make every effort to file their returns by May 17, 2021.

Filing thresholds

Both gross receipts and total assets thresholds remain at their 2019 levels. Local councils and trust funds with gross receipts greater than or equal to \$200,000 or total assets greater than or equal to \$500,000 at the end of the tax year must file Form 990. Councils with annual gross receipts of \$50,000 or less are required to file Form 990-N (e-Postcard) if they choose not to file Form 990 or 990-EZ. Councils that fall in between may file Form 990-EZ. Note: Section 512(b)(13) controlling organizations (your council may be one of these if it has a trust fund) must file the full Form 990 if there was a transfer of funds between it and the controlled entity (i.e., trust fund). Section 509(a)(3) supporting organizations (your council's trust fund may be one of these) must file Form 990 or 990-EZ, even if its gross receipts are normally \$50,000 or less. Councils with \$1,000 or more of gross income from an unrelated trade or business and/or must file Form 990-T.

Electronic filing now required for all Forms 990 for 2020 tax year

NEW!

The Taxpayer First Act, which was signed into law by President Donald Trump on July 1, 2019, changed the requirements for tax-exempt organizations to require electronic filing of all returns in the Form 990 series and certain other forms. This means that all local councils and their trust funds must file their 990 series returns electronically for the 2020 tax year. If an organization is required to file a return electronically but does not, the organization is considered not to have filed its return, even if a paper return is submitted.

^{*} To obtain data concerning the relationship between good governance and tax compliance, the IRS undertook a study, commencing in October 2009, in which IRS agents completed a governance checksheet at the conclusion of their examinations of 501(c)(3) organizations.

• Reporting forgiven PPP loans on Form 990

NEW!

The Coronavirus Aid, Relief, and Economic Security Act (CARES Act) established the Paycheck Protection Program (PPP) to provide loans to small businesses as a direct incentive to keep their workers on the payroll. The loans are forgiven if all employee retention criteria are met and the funds are used for eligible expenses. Amounts of PPP loans that are forgiven may be reported on line 1e, Part VIII.

Statement of Revenue, as contributions from a governmental unit in the tax year that the amounts are forgiven.

Reporting information from third parties

The general instructions clarify that an organization should make *reasonable efforts* to obtain information from third parties needed to complete Form 990. Some lines request information that the organization may need to obtain from third parties, such as compensation paid by related organizations; family and business relationships between officers, directors, trustees, key employees, and certain businesses they own or control; the organization's distributive share of the income and assets of a partnership or joint venture in which it has an ownership interest; and certain transactions between the organization and interested persons. The organization should make *reasonable efforts* to obtain this information. If it is unable to obtain certain information by the due date for filing the return, it should file Form 8868 to request a filing extension. See *General Instructions, Item F. Extension of Time to File*. If the organization is unable to obtain this information by the extended due date after making reasonable efforts and is not certain of the answer to a question, it may make a reasonable estimate, where applicable, and explain in Schedule O.

Requirement to file

The instructions for *Heading. Items A–M* clarify that an organization that is required to file a Form 990 or Form 990-EZ or submit a Form 990-N for a given tax year must do so even if it has not yet filed a Form 1023 or 1024 with the IRS (or been granted tax-exempt status under the BSA's group exemption). This may be the case with certain local council trust funds that had previously not filed separate Forms 990 or 990-EZ. If your council is in this situation or you are uncertain of the filing status of your council's trust fund, please contact Member Care at 972-580-2489.

State filing requirements

Many states require not only a renewal or update of corporate status but also a copy of the Council's IRS Form(s) 990. Local councils should consult with their state-licensed professionals to ensure compliance with the laws in their state.

What's New

Here are some of the pertinent updates to the IRS Forms 990 and/or instructions since the *Local Council Guide to the 2019 IRS Form 990*:

Form 1099-NEC and nonemployee compensation reporting. Beginning with tax year 2020, Form 1099-NEC is used to report nonemployee compensation. Accordingly, where the Form 990 references reporting amounts of compensation from Form 1099-MISC, Miscellaneous Income, be sure to include nonemployee compensation from box 1 of Form 1099-NEC, Nonemployee Compensation. See the instructions for additional information.

Reminder

Required electronic filing by exempt organizations. For tax years beginning on or after July 2, 2019 (this means calendar year 2020 for local councils), returns by exempt organizations must be filed electronically. If you are filing Form 990 for a tax year beginning on or after July 2, 2019, you must file the return electronically. See page 1-3 for more information.

Form 990—Understanding Compensation—Part VII and Schedule J

The topic of executive compensation, the focus of Part VII of the core form and Schedule J to IRS Form 990, has been both controversial and confusing. Because the information reported in Part VII and Schedule J is open to public inspection, it is crucial to get it right.

Who?

The first step in completing the **compensation** sections of the form is to identify those individuals required to be disclosed in Part VII of Form 990. These persons must have received during the tax year, compensation combined from the **council and related organizations**¹ (like a council trust fund or foundation) and must be identified in the following order:

- Current individual trustees and directors (with voting rights—regardless of amounts paid)
- **2.** Current **institutional trustees** (e.g., for BSA trust funds—regardless of amounts paid)
- **3.** Current **officers** (regardless of amounts paid)
- **4.** Current **key employees** (who received at least \$150,000 in *reportable* compensation—see below)
- **5.** Other five **highest compensated employees** (who received more than \$100,000 in reportable compensation)
- **6.** Persons formerly holding positions described in 1–5 above during the previous five years (who received more than \$10,000 for former directors and trustees and more than \$100,000 for former officers and key employees)

¹Not required to report compensation of less than \$10,000 from each related organization

What?

On Form 990, compensation is broken down into two categories: reportable compensation and other compensation. Reportable compensation [Part VII, columns (D) and (E) and Schedule J, Part II, columns (B)i–iii] is straightforward and generally means compensation reported in Box 5 of the employee's Form W-2 or in Box 1 of a non-employee's Form 1099-NEC. Other compensation [Part VII, column (F) and Schedule J, Part II, columns (C) and (D)] generally means compensation that is not reportable compensation. The instructions to Part VII explain these terms and also provide a table listing various types of compensation and where to report them in Part VII or in Schedule J. Any item of other compensation that is less than \$10,000² for a given person does not need to be reported in Part VII, column (F), except:

- The annual increase in the actuarial value of a defined benefit plan (BSA Retirement Plan, the local council must obtain this information from the national office)³
- Tax-deferred contributions by the employer to a defined contribution retirement plan (like Fidelity or Mutual of America 403(b) plans; the local council has this information)
- <u>Employer contributions</u> to the BSA §125 Plan for health benefits (the local council has this information)

²Note that the \$10,000 per item exception only applies to reporting in Part VII of Form 990; it does not apply to Schedule J.

³The BSA provides this information to local councils no later than April of each year.

Schedule J, Part II

Schedule J is a subset of persons listed on Part VII of Form 990. Report in Part II of Schedule J each of the council's current officers, directors, trustees, key employees, and five highest compensated employees for whom the sum of Form 990, Part VII, Section A, Columns (D), (E), and (F) (disregarding any *decreases* in the actuarial value of defined benefit plans) is greater than \$150,000. Also report each of the council's current and former officers, directors, trustees, key employees, and five highest compensated employees who received or accrued compensation from any unrelated organization or individual for services rendered to the filing organization, as reported on line 5 of Form 990, Part VII, Section A. All current key employees listed on Form 990, Part VII, Section A must also be reported on Schedule J, Part II, because their reportable compensation, by definition, exceeds \$150,000.

Part II of Schedule J also "breaks down" certain amounts reported in Part VII, Section A, into more detailed components. For example, where Part VII, Section A, column (D) asks for "Reportable compensation from the organization", Schedule J, Part II, column (B) breaks down reportable compensation into subcolumns (i), Base compensation: (ii), Bonus and incentive compensation: and (iii), Other reportable compensation.

Finally, Schedule J, Part I asks a number of questions about benefit offerings and **compensation** practices.

For more information on this and other topics pertaining to the 2020 IRS Form 990, please contact Member Care at 972-580-2489.

As always, do not make any tax-related decisions without first contacting your state-licensed tax professional.

Special Instructions for IRS Form 990, Core Form, Selected Schedules, and Attachments

Item C. Use the legal name of the council, council number, and street address. For a trust, use the legal name of the trust fund, council number, name of the trustee, and the address where the trust fund normally receives its mail.

Item D. Council trust funds are required to have a separate EIN and file a separate information return.

Item G. If the trust is a supporting organization, it must file Form 990 or 990-EZ. Other trusts with gross receipts of \$50,000 or less must at least file IRS Form 990-N (e-Postcard).

Item H(c). Use the BSA group exemption number: 1761.

Item I. Check the box marked 501(c)(3).

Item K. Councils should check the box for a corporation; trusts should check the box for a trust.

Part I, 1. Use the mission stated in the council articles of incorporation (see attached sample returns).

Part III, 1. Use the mission stated in the council articles of incorporation (see attached sample returns).

Part IV, 34. Yes, if the council and trust are listed on the BSA group exemption filing. See Schedule R.

Part IV, 35a and 35b. The instructions to Schedule R indicate "... a (parent) organization controls a (subsidiary) nonprofit organization if a majority of the subsidiary's directors or trustees are trustees, directors, officers, employees, or agents of the parent." So, if at least 50 percent of the trust fund's (voting) board members also serve on the board of the council, the trust fund is deemed to be *controlled* by the council and line 35a would be marked "Yes." If the council received any payment from its "controlled" trust fund, line 35b would also be marked "Yes."

Part VI, 1a. Schedule O explanation required for description of the authority of the local council executive committee. See sample Schedule O explanation taken from local council bylaws.

Part VI, 6. Yes. Schedule O explanation: Active members may elect the members of the governing body and approve significant decisions of the governing body.

Part VI, 7a. Yes. Schedule O explanation: Active members may elect members at large, regular members of the executive board, and officers of the corporation other than the Scout executive.

Part VI, 7b. Yes. Schedule O explanation: Active members may vote at the annual meeting to receive and approve financial statements showing the financial position of the corporation as of the close of its most recent complete fiscal year and the results of operations during such year and transact such other business as may come before the meeting. Active members may vote in other regular meetings and special meetings, including proposals to merge or consolidate.

Part VI, 10a. Yes. Councils have the legal authority to exercise supervision and control of units.

Part VI, 10b. Yes. Units are controlled by Articles IX and X of the Model Bylaws for councils.

Part VII, Section A. For each person listed in Column (A), estimate the average hours per week (if any) devoted to related organizations (e.g., trust funds).

Part VII, Section A, Column (C). For the Scout executive, check both the *Individual trustee* or director and Officer boxes. The instructions now clarify that filers are to check only one "Position" box for each person listed in the compensation table unless the filer is both an officer and a director/trustee of the organization.

Part VII, Section A, Column (F). For individuals required to be listed in Part VII (see detailed discussion starting on page 1-6), report (among other items) the annual increase in the actuarial value of his or her BSA Retirement Plan (defined benefit) account. This information is provided by the national office to local councils no later than April 2021. Please be sure to inform your tax preparer of this time frame to ensure timely filing of the return.

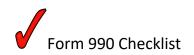
Schedule A, Part I. Councils have been determined by the IRS to be public charities and should check box 7. Trust funds have been determined to be supporting organizations and should instead check box 12 and follow the instructions for supporting organizations. Trusts should not be classified as private foundations.

Schedule D, Part V. List trust assets on the council's Form 990 and the trust's Form 990.

Schedule R, Part V, 2. The council and trust funds are related organizations (the National Council is not). Transactions between councils and trust funds greater than \$50,000 should be reported here.

IRS Form 990 Attachments. Only attachments listed in the instructions are permitted.

For more information on this and other topics pertaining to the 2020 IRS Form 990, please contact Member Care at 972-580-2489.



Please review this checklist very carefully before filing IRS Form 990 to ensure that your returns are complete and accurate. We will use this information to prepare our IRS group exemption filing.

Is the name of the council the legal name stated in the council articles of incorporation?
Is the council number listed after the name?
Is the name of the trust the legal name stated in the trust document, followed by the council number, name of the corporate trustee, and the address where the trust fund normally receives its mail? If the trust is a supporting organization, it must file Form 990 or 990-EZ. If the gross receipts for the trust are \$50,000 or less and it is not a supporting organization, file IRS Form 990-N (e-Postcard).
Is the group exemption number 1761 included on both the council and trust(s) 990?
Is the trust EIN separate from the council and authorized to be listed in the group exemption filing?
Is the mission (primary exempt purpose) requested in Part I, 1 and Part III, 1 the same as stated in the council articles of incorporation?
Are the yes boxes for a membership organization checked in Part VI, Section A?
Are the yes boxes for local chapters, branches, or affiliates checked in Part VI, Section B?
Is Schedule A attached, with box 7 checked for the council? Is the trust checked off on Schedule A, box 12 as a supporting organization?
Are the trust assets listed on the council 990 and Schedule D, Part V?
Is Schedule R attached if the council has a trust fund?
Are all other required schedules attached?
Are all attachments authorized in the instructions?
Were the council and trust(s) 990s reviewed by the board and not just distributed?

Are both copies of each return signed and dated? (Council returns should be signed
and dated by the Scout executive, treasurer, or other council officer; trust returns by the
duly authorized trustee; and all returns by the CPA if one prepared the returns.) Is the
CPA's information, including preparer's tax identification number (PTIN), listed?
Were the council and trust (trusts on a calendar year) 990s or 8868s filed on or before
May 17?
Has a copy of the council and trust(s) 990/990-T been sent electronically directly to
the National Council (to audits,990@scouting.org)?

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Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

G Do not enter social security numbers on this form as it may be made public. G Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 2020

Open to Public Inspection

Form **990** (2020)

Α	For the	2020 calend	dar year, or tax y	year beginr	ning		, 2020,	, and endir	ıg		,	20			
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		e change	123 Woodba								·				
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	Final	return/terminated	l Tourtown, 17	(1002)											
	Amer	nded return								G Gross r	eceipts	₿ 5,	351,390.		
	Appli	ication pending	F Name and addre	ess of principal o	officer: Io	hn B. Loya	al .		H(a) Is this	s a group returr	for subor		Yes X No		
			Same As C A	Ahove	30	iiii D. Loye	a i		H(b) Are a	II subordinates ," attach a list.	included?	,	Yes No		
$\overline{\Gamma}$	Tay-ey	empt status:	X 501(c)(3)	501(c) ()H	(insert no.)	4947(a)(1) oi	527	If "No	," attach a list.	See instru	uctions			
		<u>'</u>		_		(III3CIT IIO.)	4347 (a)(1) of	321	H(c) Grou	p exemption nu	ımber	4704			
<u>J</u>	Webs		p://www.ambe	1 1		T I au	1-					1761			
K		f organization:	X Corporation	Trust	Association	Other	L	Year of formati	on: 191	() M	State of le	gal domicile:	TX		
Pa	rt I	Summar													
		•	e the organizatio		,	•									
ģ			Il promote, within the er, Bylaws, and Ru												
Governance			for themselves and												
Ĕ			nmon use by the Re	ov Scoute of	Λmorico				•						
8	2 C	heck this bo	x G if the o	rganization	discontinue	ed its operati	ons or dispose	d of more t	han 25%	of its net as	ssets.				
Ğ			ting members of t								3		36		
~ბ	4 N	lumber of ind	lependent voting	members of	f the gover	ning body (P	art VI, line 1b)				4		36		
<u>ë</u> .	5 T	otal number	of individuals em	ployed in ca	alendar yea	ar 2020 (Part	V, line 2a)				5		172		
Activities &	6 T	otal number	of volunteers (es	timate if neo	cessary)						6		9,500		
Ac	7a T∘	otal unrelate	d business reven	nue from Pai	rt VIII, colu	mn (C), line 1	12				7a		0.		
	b N	let unrelated	business taxable	e income fro	m Form 99	0-T, Part I, li	ne 11				7b		0.		
										Prior Year		Curren	t Year		
	8 C	ontributions	and grants (Part		3,202	950.	2	,670,200.							
Ę	9 P	rogram servi	ice revenue (Part	t VIII, line 2g	g)								671,400.		
Revenue	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)										87,147.		70,340.		
8			e (Part VIII, colum							1,146		722,500.			
			' add lines 8 thro							6,230		4	134,440.		
			milar amounts pa							261		-	146,960.		
			to or for members								140,500.				
			r compensation,			-				2,490	711	2,265,9			
es	10 0														
Expenses	16a P	rotessional t	undraising fees (l	Part IX, coil	ımn (A), iin	e 11e)				40	,000.		25,000.		
ğ	b T	otal fundrais	ing expenses (Pa	art IX, colum	nn (D), line	25) G		278,583.							
ш	17 O	ther expense	es (Part IX, colun	nn (A), lines	11a-11d, 1	11f-24e)				3,094	,801.	2	,217,166.		
	18 T	otal expense	s. Add lines 13-1	17 (must equ	ual Part IX,	column (A),	line 25)			5,887	4	4,655,124.			
	19 R	evenue less	expenses. Subtr	act line 18 f	rom line 12	2					,151.		-520,684.		
- S									_	ing of Currer		End of			
als c	20 T	otal assets (I	Part X, line 16)							13,038			,619,155.		
Ball	21 T	,	(Part X, line 26)							301		12	254,520.		
Net Assets Fund Balanc	22 N		,		21 from lin	o 20						10	,		
			fund balances. S	bubliaci iirie	21 110111 1111	e 20				12,736	,659.	12	,364,635.		
_	art II	Signatur													
Comp	er penalties plete. Decla	s of perjury, I dec aration of prepare	lare that I have examiner (other than officer) is	ned this return, i s based on all in	including accor nformation of w	mpanying schedu hich preparer ha	ıles and statements s any knowledge.	s, and to the be	st of my kno	wledge and be	lief, it is tru	ue, correct, and			
		Λ													
o:		A Signatur	re of officer						[Date					
Sign									Caar	atam, CE					
пе	i e	A JOH	n B. Loyal						Secr	etary, SE					
		,,,	<u>'</u>		Dronoror's si	anoturo		Data		1	I I	DTIN			
		- iiiiv i ype pi	reparer's name		Preparer's si	ynature		Date		Check	=1" .	PTIN			
Pa										self-employe	ed				
	eparer														
Us	e Only	Firm's addre	ss G							Firm's EIN (G				
										Phone no.					
May	y the IRS	3 discuss this	s return with the p	preparer sho	own above	? See instruc	tions					X Yes	No		

TEEA0101L 01/19/21

 4 e Total program service expenses
 G
 3,727,509.

 BAA
 TEEA0102L 10/07/20
 Form 990 (2020)

) (Revenue \$

including grants of

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

(Expenses

Form 990 (2020) America's Best Council, Inc. Part IV Checklist of Required Schedules

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

Part IV	Checklist	of Required	Schedules	(continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III.	22	Χ	
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J.</i>	23	Х	
24 8	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a	24a		Х
ŀ	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
	a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L. Part I.	25a		Х
ŀ	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I.	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part II.	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If 'Yes,' complete Schedule L, Part III.	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
á	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> 'Yes,' complete Schedule L, Part IV.	28a		Х
ŀ	A family member of any individual described in line 28a? If 'Yes,' complete Schedule L, Part IV.	28b		Χ
ď	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If Yes,' complete Schedule L, Part IV.	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> 'Yes,' complete Schedule M	29	Χ	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M.	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I.	31		Χ
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II.	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1.	34	Х	
35 a	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Χ	
ŀ	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b	X	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			[]
4.	a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		Yes	No
	a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
(c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
RΔΔ	(gambling) winnings to prize winners?	1 c	990 (2020)

Form **990** (2020)

Form 990 (2020) America's Best Council, Inc.

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

			Yes	No								
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State-											
	ments, filed for the calendar year ending with or within the year covered by this return											
b	of at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	X									
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)											
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a 3 b		Х								
	b If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation on Schedule O.											
4 a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?											
r	b If 'Yes,' enter the name of the foreign countryG											
•	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).											
5 a	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?											
	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?											
	: If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 b 5 c		Х								
	-											
6 a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6 a		Х								
b	of 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b										
7	Organizations that may receive deductible contributions under section 170(c).	0.5										
	``											
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7 a	Х									
b	of Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b	Χ									
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file											
	Form 8282?	7 c		Х								
	If 'Yes,' indicate the number of Forms 8282 filed during the year											
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		X								
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		Х								
Q	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g										
h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a											
8	Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring											
•	organization have excess business holdings at any time during the year?	8										
9	Sponsoring organizations maintaining donor advised funds.											
	Did the sponsoring organization make any taxable distributions under section 4966?	9 a										
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b										
	Section 501(c)(7) organizations. Enter:											
	Initiation fees and capital contributions included on Part VIII, line 12											
	o Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities											
	Section 501(c)(12) organizations. Enter:											
	Gross income from members or shareholders											
b	Gross income from other sources (Do not net amounts due or paid to other sources											
	against amounts due or received from them.)											
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12 a										
	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year											
	Section 501(c)(29) qualified nonprofit health insurance issuers.											
а	Is the organization licensed to issue qualified health plans in more than one state?	13 a										
	Note: See the instructions for additional information the organization must report on Schedule O.											
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans											
	Enter the amount of reserves on hand											
	Did the organization receive any payments for indoor tanning services during the tax year?	14 a		Х								
b	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O	14 b										
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	,_		\ \								
	excess parachute payment(s) during the year?	15		Х								
	If 'Yes,' see instructions and file Form 4720, Schedule N.											
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X								
	If 'Yes,' complete Form 4720, Schedule O.											

Part VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

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

Sec	tion A. Governing Body and Management										
			Yes	No							
1 a	a Enter the number of voting members of the governing body at the end of the tax year										
Ŀ	b Enter the number of voting members included on line 1a, above, who are independent										
2											
	officer, director, trustee, or key employee?										
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3		Х							
4	4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?										
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X							
6	Did the organization have members or stockholders? See Schedule O	6	Х								
	a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? See Schedule O.	7 a	X								
k	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7 b	X								
•		7 5									
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		V								
	a The governing body?	8 a	X								
t .	Each committee with authority to act on behalf of the governing body?	8 b	Χ								
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses on Schedule O	9		Х							
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Rever	nue C)							
			Yes	No							
	a Did the organization have local chapters, branches, or affiliates?	10 a	Χ								
	o If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10 b	Х								
	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11 a	Χ								
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O										
	a Did the organization have a written conflict of interest policy? If 'No,' go to line 13	12 a	Χ								
	were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12 b	Х								
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If 'Yes,' describe in Schedule O how this was done</i> See Schedule O	12 c	Х								
13	Did the organization have a written whistleblower policy?	13	Χ								
14	Did the organization have a written document retention and destruction policy?	14	Χ								
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?										
a	The organization's CEO, Executive Director, or top management official See Schedule O	15 a	X								
t	Other officers or key employees of the organization See Schedule O	15 b	Χ								
	If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions).										
16 a	a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16 a		X							
k	If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the										
_	organization's exempt status with respect to such arrangements?	16 b									
	etion C. Disclosure										
17	List the states with which a copy of this Form 990 is required to be filed G None										
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3 available for public inspection. Indicate how you made these available. Check all that apply.)s only)								
40	X Own website Another's website X Upon request X Other (explain on Schedule O)		Sch. ()							
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. See Schedule O)									
20	State the name, address, and telephone number of the person who possesses the organization's books and records G										

Luca Pacioli 123 Woodbadge Dr Yourtown TX 75021 (972) 123-4567

12-3456789

Page 7

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

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

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

- 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- ? List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - ? List all of the organization's current key employees, if any. See instructions for definition of 'key employee.'
- ? List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- ? List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- ? List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

<u>Duane Allman</u> Director

<u> </u>	, ,	(C)						,	,	
(A) Name and title	(B) Average hour	tha	n one	box, h an c	unles	eck more ss person and a ee)		(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other
	per week (list any hours fo related organiza tions below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	compensation from the organization and related organizations
(1) John B. Loyal	50									
Secretary, SE	2	X		Х				300,000.	0.	40,000.
(2) Billy Gibbons	45									
Dir. of Field Svc	0					Х		133,000.	0.	38,000.
(3) Jimmy Herring	45									
Dir. of Supp't Svc	0					Х		130,000.	0.	30,000.
(4) Robin Trower	45									
Finance Director	0					Χ		120,000.	0.	25,000.
_(5)_Jeff Beck	2									
Director	1	X	<u> </u>					0.	0.	0.
(6) <u>James Hendrix</u>	2_							_		_
Director	1	X						0.	0.	0.
(7) <u>Eric Clapton</u>	2									
Director	1	X						0.	0.	0.
(8) Peter Townshend	2_									•
Director	1	X			<u> </u>			0.	0.	0.
(9) James Page									0	0
Director	1 2	X						0.	0.	0.
(10) Allan Holdsworth	- — — — — — —							0	0	0
Director	1 2	X						0.	0.	0.
(11) Riley B. (BB) King Director	· -	X						0.	0.	0
	2	^						U.	0.	0.
(12) Robert Johnson Director		X						0.	0.	0
(13) Stephen Ray Vaughan	2	+^	1		-			U.	U.	0.
Director		X						0.	0.	0.
חוובטטו		^			<u> </u>			U.	U.	<u> </u>

BAA TEEA0107L 10/07/20 Form **990** (2020)

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i ui	t vii occion A. Omocio, Directoro, me	101000,			.b.,	<u> </u>	,00,	uii	a mgmoot oon	ipensatea Emp	ioyee	S (COIII	iii iaca,
	(A)	(B)			heck	sition more	than c		(D)	(E)		(F)	
	Name and title	hours per week (list any	offi	ćer an	ıd a c	directo	or/trust	ee)	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	compe	ated amo of other nsation fi	rom
		`hours´ for related	individual trustee or director	nstitutional trustee	Officer	Key employee	Highest co	Former	(VV-2/1099-IVII3C)	(VV-2/1099-IVII3C)	an	rganization d related anizations	
		organiza - tions below	al trus	mal tro		oloyee	compe						
		dotted line)	tee	ustee			Highest compensated employee						
(15)	Eric Johnson	2											
(4.0)	Director	1	Х						0.	0.			0.
(16)	Joseph Satriani	2								0			0
(17)	Director Steven Vai	2	Х						0.	0.			0.
<u>('')</u>	Director	2	Х						0.	0.			0.
(18)	Edward Van Halen	2							0.	0.			<u> </u>
<u> </u>	Director	1	Х						0.	0.			0.
(19)	Yngwie Malmsteen	2											
	Director	1	Χ						0.	0.			0.
(20)	Lawrence Carlton	2											
	Director	1	Х						0.	0.			0.
<u>(21)</u>	Wes Montgomery	2											•
(22)	Director Department	1	Х						0.	0.			0.
(22)	Jaco Pastorius Director	2	Х						0.	0.			0.
(23)	Pat Metheny	2	^						0.	0.			<u>U.</u>
<u> </u>	Director	-	Х						0.	0.			0.
(24)	Charlie Christian	2	,						<u> </u>	<u> </u>			<u> </u>
	Director	1	Χ						0.	0.			0.
(25)	Django Reinhardt	2											
	Director	1	Χ						0.	0.			0.
	Subtotal							G	683,000.	0.		133,	000.
	Total from continuation sheets to Part VII, Section							G C	0.	0.		400	0.
2	Total (add lines 1b and 1c) Total number of individuals (including but not limited								683,000.	0.	nonost	133,	000.
2	from the organization 4	to those	isteu	abov	ve)	WHO	rece	ivec	a more man \$100,0	oo or reportable con	ірепѕац	OH	
												Yes	No
3	Did the organization list any former officer, director,	trustee k	ev er	nnlov	/ee	or l	hiahe	et c	omnensated emplo	N/AA			
·	on line 1a? If 'Yes,' complete Schedule J for such in										3		Χ
4	For any individual listed on line 1a, is the sum of rep	ortable co	mpe	nsatio	on a	and	other	cor	mpensation from				
	the organization and related organizations greater the such individual.										4	Х	
5	Did any person listed on line 1a receive or accrue co											^	
	for services rendered to the organization? If 'Yes,' co	omplete S	ched	ule J	for	SUC	h per	son	!	uai 	5		Х
	tion B. Independent Contractors												
1	Complete this table for your five highest compensate compensation from the organization. Report compe										ar.		
	(A)								(B)		((C)	
	Name and business addre	ess							Description o	f services	Compè	ńsatior	1
	Total number of independent contractors (including	hut not lin	nited t	to the	200	lieto	nd abo	nve)	who received mor	e than			
4	\$100,000 of compensation from the organization	0	cu	io uic	J36	แงเต	a abt	J V C)	, who received illui	o dian			
BAA	·	_	TEEAC	108L	10/0	7/20					Form	990 (2	2020)

Form 990

Continuation Sheet for Form 990

OMB No. 1545-0047

2020

Department of the Treasury Internal Revenue Service

Name of the Organization Employler Identification number

America's Best Council, Inc. 12-3456789

Part VII | Continuation: Officers, Directors, Trustees, Key Employees, and

Highest Compensated Employees (C) (D) (E) (F) Position (check all that apply) Reportable compensation from related organizations (W-2/1099-MISC) Reportable compensation from Estimated amount of other Name and title Average Individual Officer hours per week (list any hours for Highest compensated Former employee nstitutional trustee compensation from the organization the organization (W-2/1099-MISC) r director employee and related related organiza-tions organizations l trustee below dotted line) 2 Miles Dewey Davis Director Χ 0 0. 1 0. Charlie Parker 2 Director 1 Χ 0 0. 0. John McLaughlin 5 President 0. 0. 0. 1 Mike Stern 5 Past President 1 0 0 0. Steve Howe 5 Commissioner 0 0. 0. 1 5 Al DiMeola VP, District Op Χ Χ 0 0. 0. 1 5 Johnny Winter VP, Finance 1 Х 0 0. 0. Carlos Santana 5 VP, Membership 0. 1 0. 0. Frank Zappa 5 VP, Program 1 Χ 0 0. 0. Les Paul 5 VP, Properties 1 Χ 0. 0. 0. 2 Alex Lifeson 0. Χ 0 0. Director 1 Brian May 5 VP, Public Rel 1 0. 0. 0. John Scofield 5 Chmn, Mbr at Lg 1 Χ 0 0. 0. Joe Pass 5 Chmn, LFL 0 0. 0. 1 Mark Knopfler 5 **General Counsel** 0 0 1 0.

Form 990 Cont 2020

Form 990 (2020) America's Best Council, Inc. Part VIII Statement of Revenue

		Check if Schedule	O contains a	respoi	nse or note to any lin	e in this Part VIII			
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts ts	1 a	Federated campaign	าร	1 a	323,500.				
ran		Membership dues		1 b	020,000.				
, G mc	С	Fundraising events.		1 c	85,500.				
ifts Ir A		Related organization		1 d	250,000.				
, G nila		Government grants (c		1 e	551,750.				
Contributions, Gifts, Grants and Other Similar Amounts		All other contributions, g			331,730.				
utiv		similar amounts not in	ncluded above	1 f	1,459,450.				
Œ∃	g	Noncash contribution		1 g	201,500.				
on	h	lines 1a-1f Total. Add lines 1a-			== :,===:	2,670,200.			
		Total: Add lines 1a-			Business Code	2,070,200.			
enn	2 a	Camping Progra	ame		900099	408,000.	408,000.		
}ev	b				900099	210,000.	210,000.		
SeF	c	7.0			900099	53,400.	53,400.		
ÿVį	4	<u>Training</u>			900099	55,400.	33,400.		
J.S.	u 0								
Iran	f	All other program se	rvice revenue						
Program Service Revenue	g					671,400.			
ш.	<u> </u>	Investment income (07 1,400.			
	3	other similar amount	including dividents)	enas,	G	64,000.			64,000.
	4	Income from investm				01,000.			01,000.
	5 Royalties		· -						
		,	(i) Re		(ii) Personal				
	6 a	Gross rents	6a .	4,100)				
	b	Less: rental expenses	6b	1, 100	y				
			6c 4	4,100)				
		Net rental income or			G	4,100.			4,100.
	7.0	Gross amount from	(i) Secur	ities	(ii) Other	4,100.			4,100.
	/ a	sales of assets							
	h	other than inventory Less: cost or other basis		7,840	J.				
	D	and sales expenses		1,500)				
	С	Gain or (loss)		6,340					
	d	Net gain or (loss)				6,340.			6,340.
a.	Ωa	Gross income from fundra	aicina evente	Г		0,010.			0,010.
nue	υu	(not including \$	85,50	0.					
ve		of contributions reported							
æ		See Part IV, line 18.		8	a 1,010,100.				
Other Revenu	b	Less: direct expense	es	8					
₹	С	Net income or (loss)	from fundraisi	ng eve		456,250.			456,250.
_	9 a	Gross income from gamin	ng activities			,			
	o u	Gross income from gamin See Part IV, line 19.		9	a				
	b	Less: direct expense	es	9	b				
	С	Net income or (loss)	from gaming a	ctivitie	es G				
	10 a	Gross sales of inven	ntory less						
		returns and allowand	ces	10	a 710,150.				
	b	Less: cost of goods	sold	10	b 461,600.				
	С	Net income or (loss)	from sales of i	nvent	ory G	248,550.			248,550.
St					Business Code				
Miscellaneous Revenue	11 a b c d	Refunds/reimbu	ı <u>rsements</u>		900099	13,600.	13,600.		
a ai	b								
	С]					
Z Z									
Σ	е	Total. Add lines 11a	-11d			13,600.			
	12	Total revenue. See	instructions		G	4.134.440.	685.000.	0	779,240.

Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a response include amounts reported on lines	oonse or note to any line (A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
1	7b, 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic		expenses	general expenses	expenses
	organizations and domestic governments. See Part IV. line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22.	146,960.	146,960.		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	340,000.	85,000.	170,000.	85,000.
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	1,412,900.	1,206,617.	134,225.	72,058.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	146,148.	124,810.	13,884.	7,454.
9	Other employee benefits	225,650.	192,705.	21,437.	11,508.
10	Payroll taxes	141,300.	120,670.	13.424.	7,206.
11	Fees for services (nonemployees):	,	:==;=:=	,	.,
а	Management				
b	Legal	100,000.		100,000.	
	: Accounting	65,000.		65,000.	
C	Lobbying				
	Professional fundraising services. See Part IV, line 17	25,000.			25,000.
	Investment management fees	33,400.	28,524.	3,173.	1,703.
Ū	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) Advertising and promotion				
13	Office expenses	52,125.	44,515.	4,952.	2,658.
14	Information technology.	23,100.	19,727.	2,195.	1,178.
15	Royalties	20,100.	10,727.	2,100.	1,170.
16	Occupancy	240,300.	205,216.	22,829.	12,255.
17	Travel	62,300.	53,204.	5,919.	3,177.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.		,		
19 20	Conferences, conventions, and meetings	12,160.	10,385.	1,155.	620.
21	Payments to affiliates	60,500.	51,667.	5,747.	3,086.
22	Depreciation, depletion, and amortization	439,199.	375,076.	41,724.	22,399.
23	Insurance	152,960.	130,628.	14,531.	7,801.
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)	102,000.	100,020.	11,001	.,,00
а	Program supplies	492,300.	492,300.		
	Recognition awards	180,280.	180,280.		
C	Supplies	75,970.	64,878.	7,217.	3,875.
C	Printing and Publications	72,300.	61,744.	6,869.	3,687.
е	All other expenses	155,272.	132,603.	14,751.	7,918.
25	Total functional expenses. Add lines 1 through 24e	4,655,124.	3,727,509.	649,032.	278,583.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here G if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

		Check if Schedule O contains a response or note to ar	ny line in th	his Part X			
		·	•		(A) Beginning of year		(B) End of year
	1	Cash ' non-interest-bearing			3,065.	1	3,065.
	2	Savings and temporary cash investments			3,776,856.	2	2,950,931.
	3	Pledges and grants receivable, net			420,250.	3	637,390.
	4	Accounts receivable, net	57,780.	4	82,960.		
	5	Loans and other receivables from any current or former of trustee, key employee, creator or founder, substantial con controlled entity or family member of any of these person	officer, dire	ector, or 35%		5	
	6	Loans and other receivables from other disqualified person section 4958(f)(1)), and persons described in section 495	•			6	
	7	Notes and loans receivable, net	. , , , , ,	<u> </u>		7	
Ø	8	Inventories for sale or use.			175,612.	8	124,262.
Assets	9	Prepaid expenses and deferred charges.		 -	169,400.	9	89,430.
As		Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D		12,174,382.	100,400.		00,400.
	b	Less: accumulated depreciation		5,678,960.	6,384,321.	10 c	6,495,422.
	11	Investments ' publicly traded securities		2,010,625.	11	2,175,140.	
	12	Investments ' other securities. See Part IV, line 11	_	40,560.	12	60,555.	
	13	Investments ' program-related. See Part IV, line 11	10,000.	13	00,000.		
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must equal line 33		13,038,469.	16	12,619,155.	
	17	Accounts payable and accrued expenses	75,460.	17	122,900.		
	18	Grants payable			,	18	,
	19	Deferred revenue.			162,950.	19	89,120.
	20	Tax-exempt bond liabilities			20		
es	21	Escrow or custodial account liability. Complete Part IV of		-		21	
Liabilities	22	Loans and other payables to any current or former officer key employee, creator or founder, substantial contributor controlled entity or family member of any of these person	, or 35%	L.		22	
	23	Secured mortgages and notes payable to unrelated third	parties			23	
	24	Unsecured notes and loans payable to unrelated third pa	rties			24	
	25	Other liabilities (including federal income tax, payables to and other liabilities not included on lines 17-24). Complet	related the Part X o	nird parties, of Schedule D	63,400.	25	42,500.
	26	Total liabilities. Add lines 17 through 25			301,810.	26	254,520.
nces		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.	G >	<			
<u>a</u>	27	Net assets without donor restrictions.			10,736,167.	27	9,671,020.
m	28	Net assets with donor restrictions			2,000,492.	28	2,693,615.
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, checand complete lines 29 through 33.	ck here G				
ō	29	Capital stock or trust principal, or current funds		29			
ste	30	Paid-in or capital surplus, or land, building, or equipment		30			
Š	31	Retained earnings, endowment, accumulated income, or	other fund	ds		31	
t.A	32	Total net assets or fund balances			12,736,659.	32	12,364,635.
ž	33	Total liabilities and net assets/fund balances.			13,038,469.	33	12,619,155.

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Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI.				
1	Total revenue (must equal Part VIII, column (A), line 12).	1	4	,134.	,440.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4	,655.	,124.
3	Revenue less expenses. Subtract line 2 from line 1	3		-520.	684.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	12	,736.	659.
5	Net unrealized gains (losses) on investments	5		148.	660.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments.	8			
9	Other changes in net assets or fund balances (explain on Schedule O).	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	12	,364,	,635.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII.				П
				Yes	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.				
2 :	a Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a		Х
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Both consolidated and separate basis				
			0.1	Χ	
	b Were the organization's financial statements audited by an independent accountant?		2 b		
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
(c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit review, or compilation of its financial statements and selection of an independent accountant?	,	2 c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.				
3	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3 a		Х
ı	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required au	dit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3 b		
BAA	TEEA0112L 10/19/20		Form	990 (2020)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

G Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047 2020

Open to Public

Department of the Treasury Internal Revenue Service Inspection G Go to www.irs.gov/Form990 for instructions and the latest information. Name of the organization Employer identification number America's Best Council, Inc. Boy Scouts of America #999 12-3456789 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college 9 or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in 12 lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. С Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations. **g** Provide the following information about the supported organization(s). (i) Name of supported organization (iii) Type of organization (described on lines 1-10 (v) Amount of monetary (iv) Is the organization listed (vi) Amount of other support (see instructions) above (see instructions)) in your governing document? No (A) (B) (C) (D) (E)

Total

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support							
	ndar year (or fiscal year nning in) G	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020)	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	2,595,400.	3,036,000.	3,354,708.	3,202,950.	2,670,2	200.	14,859,258.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.							0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge							0.
4	Total. Add lines 1 through 3	2,595,400.	3,036,000.	3,354,708.	3,202,950.	2,670,	200.	14,859,258.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)	-,,				_,_,		0.
6	Public support. Subtract line 5 from line 4							14,859,258.
Sec	tion B. Total Support							
	dar year (or fiscal year ning in) G (a) 2016 (b) 2017 (c) 2018 (d) 2019 (e) 2020							(f) Total
7	Amounts from line 4	2,595,400.	3,036,000.	3,354,708.	3,202,950.	2,670,2	200.	14,859,258.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.	57,686.	62,605.	62,256.	85,482.	70.:	340.	338,369.
9	Net income from unrelated business activities, whether or not the business is regularly carried on	01,000.	52,333.	52,256	33, 132.	,	9.101	0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) See Part VI	12,512.	13,600.	13,600.	13,600.	13,0	600.	66,912.
11	Total support. Add lines 7 through 10							15,264,539.
12	Gross receipts from related activities	es, etc. (see instruc	ctions)				12	0.
13	First 5 years. If the Form 990 is fo organization, check this box and st	r the organization's	s first, second, third	, fourth, or fifth tax	x year as a section	501(c)(3)		G 🗌
Sec	tion C. Computation of Pul	blic Support P	ercentage					
	Public support percentage for 2020							97.34 %
15	Public support percentage from 20	19 Schedule A, Pa	rt II, line 14			· · · · · · L	15	97.31 %
16a	33-1/3% support test'2020. If the and stop here. The organization q	organization did no ualifies as a public	ot check the box or ly supported organ	n line 13, and line ization	14 is 33-1/3% or m	ore, check th	nis box	G 🔀
b	33-1/3% support test'2019. If the and stop here. The organization of	organization did no qualifies as a public	t check a box on li	ne 13 or 16a, and ization	line 15 is 33-1/3%	or more, che	eck this	s box
17a	10%-facts-and-circumstances te or more, and if the organization method organization meets the facts-and the organization meets and the organization meets are organization meets are organization meets and the organization meets are organization meets are organization meets are organization meets and organization meets are organization meets are	eets the facts-and-o	circumstances test,	check this box an	d stop here. Expla	ain in Part VI	how	G 🗌
	10%-facts-and-circumstances te or more, and if the organization me organization meets the 'facts-and-c	eets the facts-and-c circumstances' test	circumstances test, . The organization	check this box an qualifies as a publ	id stop here. Explain id stop here. Explain ideas idea idea idea idea idea idea idea idea	ain in Part VI anization	how t	he G 🔲
18	Private foundation. If the organiza	ation did not check	a box on line 13, 1	6a, 16b, 17a, or 1	/b, check this box	and see inst	ructior	ıs G 📋

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

Sec	tion A. Public Support	o notou bolow, plo	acc complete i ait	,			
	dar year (or fiscal year beginning in) G	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	(a) 2010	(b) 2017	(6) 2010	(u) 2019	(e) ∠∪∠∪	(i) Total
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Sec	tion B. Total Support		ı		Ţ		
	dar year (or fiscal year beginning in) G	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6. Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.						
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
	First 5 years. If the Form 990 is fo organization, check this box and st	top here		d, fourth, or fifth ta	x year as a section	501(c)(3)	G 🗌
	tion C. Computation of Pul					Т.	
	Public support percentage for 2020		5 %				
	Public support percentage from 20					1	6 %
	tion D. Computation of Inv		<u>~</u>		0)	Т.	
17	Investment income percentage for	•	• •	•	• • •		0/
18	Investment income percentage from						
	33-1/3% support tests'2020. If the is not more than 33-1/3%, check th	is box and stop h	ere. The organizat	ion qualifies as a p	publicly supported o	organization	G 📋
	33-1/3% support tests'2019. If the line 18 is not more than 33-1/3%, or Private foundation. If the organization	check this box and	stop here. The or	ganization qualifie	s as a publicly sup	ported organiza	tion

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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Pa	rt IV	Supporting Organizations (continued)						
				Yes	No			
11		he organization accepted a gift or contribution from any of the following persons?						
		son who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, overning body of a supported organization?	11a					
	b A fam	nily member of a person described in line 11a above?	11b					
	c A 35%	6 controlled entity of a person described in line 11a or 11b above? If 'Yes' to line 11a, 11b, or 11c, provide detail in Part VI.	11c					
Se	ction E	3. Type I Supporting Organizations						
				Yes	No			
1	or mo office organ than o were	ne governing body, members of the governing body, officers acting in their official capacity, or membership of one one supported organizations have the power to regularly appoint or elect at least a majority of the organization's res, directors, or trustees at all times during the tax year? If 'No,' describe in Part VI how the supported organization had more one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers get the tax year.	1					
2	that o benef	ne organization operate for the benefit of any supported organization other than the supported organization(s) perated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such fit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the porting organization.	2					
Se	ction C	C. Type II Supporting Organizations		<u>. </u>				
				Yes	No			
1	Were	a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees						
	of eac	ch of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the orting organization was vested in the same persons that controlled or managed the supported organization(s).	1					
<u> </u>			-					
5 e	ction L	D. All Type III Supporting Organizations		Yes	No			
1	organ	ne organization provide to each of its supported organizations, by the last day of the fifth month of the nization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax		100	140			
		year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?						
2	Were	ere any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported						
	the or	nization(s) or (ii) serving on the governing body of a supported organization? <i>If 'No,' explain in Part VI how</i> rganization maintained a close and continuous working relationship with the supported organization(s).	2					
3	voice all tim	ason of the relationship described in line 2, above, did the organization's supported organizations have a significant in the organization's investment policies and in directing the use of the organization's income or assets at nes during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played is regard.	3					
Se	ction I	E. Type III Functionally Integrated Supporting Organizations	<u> </u>	<u> </u>				
1	Checi	k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).						
		The organization satisfied the Activities Test. Complete line 2 below.						
	믐	The organization is the parent of each of its supported organizations. Complete line 3 below.						
	H_							
	с∐⊺	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instruc	tions)	-				
2	Activi	ties Test. Answer lines 2a and 2b below.		Yes	No			
	suppo orgar	substantially all of the organization's activities during the tax year directly further the exempt purposes of the organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported Inizations and explain how these activities directly furthered their exempt purposes, how the organization was considered to those supported organizations, and how the organization determined that these activities constituted						
		antially all of its activities.	2a					
	more	ne activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the						
reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.								
3	Parer	nt of Supported Organizations. <i>Answer lines 3a and 3b below.</i>						
		ne organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of of the supported organizations? <i>If 'Yes' or 'No,' provide details in Part VI.</i>	3a					
		ne organization exercise a substantial degree of direction over the policies, programs, and activities of each of its orted organizations? <i>If</i> 'Yes,' <i>describe in Part VI the role played by the organization in this regard.</i>	3b					

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Or	rganizat	ions	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust or instructions. All other Type III non-functionally integrated supporting organizations	n Nov. 20, must com	1970 (explain in Part V plete Sections A throug	I). See gh E.
Sec	ction A ' Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sec	ction B ' Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
	Average monthly value of securities	1a		
	b Average monthly cash balances	1b		
	c Fair market value of other non-exempt-use assets	1c		
	d Total (add lines 1a, 1b, and 1c)	1d		
•	e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	ction C ' Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5		5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally integra (see instructions).	ated Type	III supporting organizati	on
BA/	<u> </u>		Schedule A (F	orm 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020

Sche	Schedule A (Form 990 or 990-EZ) 2020 America's Best Council, Inc. 12-3456789					
Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (con	tinued)				
Sec	tion D ' Distributions		Current Year			
1	Amounts paid to supported organizations to accomplish exempt purposes	1				
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2				
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3				
4	Amounts paid to acquire exempt-use assets	4				
5	Qualified set-aside amounts (prior IRS approval required ' provide details in Part VI)	5				
6	Other distributions (describe in Part VI). See instructions.	6				
7	Total annual distributions. Add lines 1 through 6.	7				
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8				
9	Distributable amount for 2020 from Section C, line 6	9				
10	Line 8 amount divided by line 9 amount	10				

Section E ' Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required ' explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7:			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			
RAA		Sahadula A /Fa	rm 990 or 990-E7) 2020

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Schedule A (Form 990 or 990-EZ) 2020

Part VI

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

Part II, Line 10 - Other Income

Nature and Source		2020		2019		2018		2017		2016
	\$	13,600.	\$	13,600.	\$	13,600.	\$	13,600.	\$	12,512.
	Total \$	13,600.	\$	13,600.	\$	13,600.	\$	13,600.	\$	12,512.

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

G Attach to Form 990, Form 990-EZ, or Form 990-PF. G Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2020

Name of the organization America's	America's Best Council, Inc. Boy Scouts of America #999 Employer identification number 12-3456789					
Organization type (check one):		12-3430703				
Filers of:	Section:					
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated as a private foundation					
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					
Note: Only a section 501(c)(7), (rered by the General Rule or a Special Rule. (8), or (10) organization can check boxes for both the General Rule and a Special	Rule. See instructions.				
	ing Form 990, 990-EZ, or 990-PF that received, during the year, contributions tota one contributor. Complete Parts I and II. See instructions for determining a contrib					
Special Rules						
under sections 509(a) received from any one	escribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% supp (1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, lie contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) ne 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.	ne 13, 16a, or 16b, and that				
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering 'N/A' in column (b) instead of the contributor name and address), II, and III.						
during the year, contri \$1,000. If this box is c charitable, etc., purpo	escribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received filbutions exclusively for religious, charitable, etc., purposes, but no such contribution checked, enter here the total contributions that were received during the year for all se. Don't complete any of the parts unless the General Rule applies to this organively religious, charitable, etc., contributions totaling \$5,000 or more during the year	ons totaled more than n <i>exclusively</i> religious, ization because				
990-PF), but it must answer 'No	n't covered by the General Rule and/or the Special Rules doesn't file Schedule B (' on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ esn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).					

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Name of organization

Employer identification number

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

12-3456789

(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
1	United Way - Yourtown 456 Main St	\$_ _	323,500.	Person X Payroll
(a)	Yourtown, TX 75021 (b)	_	_(c)	noncash contributions.)
No.	Name, address, and ZIP + 4		Total contributions	(d) Type of contribution
2	John Bonham 124 Magnolia Ct	\$_	250,000.	Person X Payroll Noncash
	Yourtown, TX 75021	_		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
3	Bill Bruford 569 Brisbane Ct Yourtown, TX 75021	\$_	124,500.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
4	The Smith Foundation 123 Maple St Yourtown, TX 75021	\$_ -	250,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
5	Luigi Chinetti 456 Le Mans Dr Yourtown, TX 75021	\$_	77,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
6	Boy Scout Trust Fund #999 123 Woodbadge Drive Yourtown, TX 75021	\$_	250,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

America's Best Council, Inc.	12-3456789

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space	e is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>7</u>	Small Business Administration - PPP Loan Forgiveness 409 3rd St SW	- \$ <u>551,750.</u>	Person X Payroll Noncash (Complete Part II for
(a) No.	Washington , DC 20416	(c) Total contributions	noncash contributions.) (d) Type of contribution
		- \$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- \$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- -\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- \$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- \$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

America's Best Council, Inc.

12-3456789

a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	(d) Date received
25 shs AC	ME Corp		
		 \$124, <u>5</u>	6 <u>00. 3/01/20</u>
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	(d) Date received
500 shs F	errari NV		
		\$ 77, <u>0</u>	000. 6/29/20
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	(d) Date received
		 \$	
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	(d) Date received
		⁹	
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	p) (d) Date received
		\$ 	
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	(d) Date received
<u> </u>			

Page 4 Name of organization Employer identification number America's Best Council, Inc. 12-3456789 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc. contributions of \$1,000 or less for the year. (Enter this information once. See instructions.). Use duplicate copies of Part III if additional space is needed (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (c) Use of gift (b) Purpose of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

G Attach to Form 990.

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Open to Public Inspection

Employer identification number

	erica's Best Council, Inc.		
	Scouts of America #999		12-3456789
Par	Organizations Maintaining Donor Advised Funds or Other Similar Funds Complete if the organization answered 'Yes' on Form 990, Part IV, line 6.	or Ac	counts.
	(a) Donor advised funds	(b) l	Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advise are the organization's property, subject to the organization's exclusive legal control?	d funds	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose of impermissible private benefit?	sed only	y 9 — —
Par	Conservation Easements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 7.		
1	Purpose(s) of conservation easements held by the organization (check all that apply).		
			rically important land area ied historic structure
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form o last day of the tax year.	f a cons	ervation easement on the
			Held at the End of the Tax Year
	Total number of conservation easements	2 a	
b	Total acreage restricted by conservation easements	2 b	
c	: Number of conservation easements on a certified historic structure included in (a)	2 c	
c	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register.	2 d	
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the tax year G	organiza	ation during the
4	Number of states where property subject to conservation easement is located G		
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of vi and enforcement of the conservation easements it holds?		
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conse G	ervation	easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservating \$	on ease	ments during the year
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense include, if applicable, the text of the footnote to the organization's financial statements that describes th conservation easements.	stateme e organi	ent and balance sheet, and ization's accounting for
Par	Organizations Maintaining Collections of Art, Historical Treasures, or Ot Complete if the organization answered 'Yes' on Form 990, Part IV, line 8.	her Si	milar Assets.
1 a	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement are historical treasures, or other similar assets held for public exhibition, education, or research in furtherant Part XIII the text of the footnote to its financial statements that describes these items.		
k	If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and be historical treasures, or other similar assets held for public exhibition, education, or research in further and following amounts relating to these items:	ice of pu	ublic service, provide the
	(i) Revenue included on Form 990, Part VIII, line 1		
	(ii) Assets included in Form 990, Part X		G\$
2	If the organization received or held works of art, historical treasures, or other similar assets for financial amounts required to be reported under FASB ASC 958 relating to these items:	gain, pr	rovide the following
a	Revenue included on Form 990, Part VIII, line 1.		
	Assatz instruded in Farma 000, Part V		C¢

Part III Organizations Maintai	ining Collections	s of Art, Histo	orical	Treasures, or	^r Other	Similar Ass	ets (d	ontinu	ed)
3 Using the organization's acquisitior items (check all that apply):	items (check all that apply):								
a Public exhibition		d Loan	or excha	ange program					
b Scholarly research		e Other							
c Preservation for future generat	ions								
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.									
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?									
Part IV Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.									
1 a Is the organization an agent, truste							٦,,	Г	٦
on Form 990, Part X? b If 'Yes,' explain the arrangement in							Yes		No
b ii res, explain the arrangement in	Part Aili and complete	e the following ta	ible.				Amoun		
c Beginning balance					1 c	-	Alliouli		
d Additions during the year						+			
e Distributions during the year									
f Ending balance									
2 a Did the organization include an am						1	Yes		No
b If 'Yes,' explain the arrangement in					•	L		_	٦٠
2								∟	_
Part V Endowment Funds. C	omplete if the ora	anization ans	wered	l 'Yes' on Form	n 990. F	Part IV. line 1	0.		
	(a) Current year	(b) Prior yea		(c) Two years back		Three years back		our year	s back
1 a Beginning of year balance	3,059,644.	2,909,	294.	2,753,13	4.	2,519,573		2,366	6,406.
b Contributions	100,000.	225,	000.	200,00	0.	250,000		150	0,000.
c Net investment earnings, gains,									
and losses	301,250.	143,	200.	122,70	0.	99,550		97	7,889.
d Grants or scholarships	250,000.	200,	000.	150,00	0.	100,000		80	0,000.
Other expenditures for facilities and programs						0.			
f Administrative expenses	33,540.		850.	16,54	0.	15,989			4,722.
g End of year balance	3,177,354.	3,059,		2,909,29	4.	2,753,134		2,519	9,573.
2 Provide the estimated percentage of	•	, -	g, colum	n (a)) held as:					
a Board designated or quasi-endown		<u>0.00</u> %							
b Permanent endowment G	80.00 %								
	0.00 %	-0.4							
The percentages on lines 2a, 2b, a	nd 2c should equal 10	0%.							
3 a Are there endowment funds not in t	the possession of the	organization that	are hel	d and administere	d for the		Ī	V	
organization by: (i) Unrelated organizations							20(1)	Yes	No
(i) Unrelated organizations (ii) Related organizations							3a(i)		X
b If 'Yes' on line 3a(ii), are the related							3a(ii) 3b	X	<u> </u>
4 Describe in Part XIII the intended u	-	•		See Part 2			30		<u> </u>
Part VI Land, Buildings, and		ir 3 chaowinent n	unus.	See Fait A	AIII				
Complete if the organiz		es' on Form	990, F	Part IV, line 11	a. See	Form 990, Pa	art X,	line 10	١.
Description of property		t or other basis vestment)		Cost or other asis (other)	(c) Adep	ccumulated preciation	(d)	Book va	lue
1 a Land				2,397,561.				2,39	7,561.
b Buildings				5,752,988.		2,462,066.		3,29	0,922.
c Leasehold improvements				1,622,900.		1,009,503.			<u>3,397.</u>
d Equipment				2,400,933.		2,207,391.		19	<u>3,542.</u>
e Other						_			
Total. Add lines 1a through 1e. (Column	(d) must equal Form 9	990, Part X, colur	mn (B), I	line 10c.)					5,422.
DAA						Cahad	a D //	O C	201 2020

Part VII	Investments	'Other Securities.		N/A	
				Part IV, line 11b. See Form 990,	·
		tegory (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
` '					
	held equity interes	sts			
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
(I) 					
		m 990, Part X, column (B) line 12.).		N1/A	
Part VIII	Complete if the	' Program Related.	Yes' on Form 990	N/A Part IV, line 11c. See Form 990,	Part X line 13
	(a) Description of	<u> </u>	(b) Book value	(c) Method of valuation: Cost or end	
(1)	. ,		, ,		•
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
Total. (Colum		rm 990, Part X, column (B) line 13.) G			
Part IX	Other Assets	S	N/A		Don't W. Book 45
	Complete if tr			Part IV, line 11d. See Form 990,	· · · · · · · · · · · · · · · · · · ·
(1)		(a) De	scription		(b) Book value
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)	() () (- L Farma 000 Bart V and toward (D) E	(n. 45)		
			ne 15.)	G	7
Part X	Other Liabili	นes. e organization answered 'Ye	s' on Form 990 Part	IV, line 11e or 11f. See Form 990,	Part X line 25
1.	Complete ii an		iption of liability	. 17, 1110 1 10 01 111. 000 1 0111 000,	(b) Book value
	ral income taxes	•	<u>'</u>		. ,
(2) Cus	todian account	s - units			42,500.
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(10)					
(11)					
-	umn (b) must eaus	al Form 990 Part X column (R) lii	ne 25)	G	42,500.
				financial statements that reports the organization	
				ovided in Part XIII	

Part XI Reconciliation of Revenue per Audited Financial Stateme	nts With Revenue pe	er Return. N/A	
Complete if the organization answered 'Yes' on Form 990, Pa	rt IV, line 12a.		
1 Total revenue, gains, and other support per audited financial statements		1	
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a Net unrealized gains (losses) on investments	. 2 a		
b Donated services and use of facilities	2 b		
c Recoveries of prior year grants	2 c		
d Other (Describe in Part XIII.).	. 2 d		
e Add lines 2a through 2d		2 e	
3 Subtract line 2e from line 1		3	
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a Investment expenses not included on Form 990, Part VIII, line 7b	. 4a		
b Other (Describe in Part XIII.).	. 4 b		
c Add lines 4a and 4b		4 с	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	
Part XII Reconciliation of Expenses per Audited Financial Stateme	ents With Expenses	per Return. N/A	
Part XII Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered 'Yes' on Form 990, Pa		per Return. N/A	
	rt IV, line 12a.		
Complete if the organization answered 'Yes' on Form 990, Pa	rt IV, line 12a.		
Complete if the organization answered 'Yes' on Form 990, Pa 1 Total expenses and losses per audited financial statements	rt IV, line 12a.		
Complete if the organization answered 'Yes' on Form 990, Pa 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	rt IV, line 12a.		
Complete if the organization answered 'Yes' on Form 990, Pa 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities	2 a 2 b		
Complete if the organization answered 'Yes' on Form 990, Pa 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments.	2a 2b 2c		
Complete if the organization answered 'Yes' on Form 990, Pa 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments. c Other losses	2a 2b 2c 2d	1	
Complete if the organization answered 'Yes' on Form 990, Pa 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.).	2 a 2 b 2 c 2 d	1 2 e	
Complete if the organization answered 'Yes' on Form 990, Pa 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments. c Other losses d Other (Describe in Part XIII.). e Add lines 2a through 2d	2 a 2 b 2 c 2 d	1 2 e	
Complete if the organization answered 'Yes' on Form 990, Pa 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments. c Other losses d Other (Describe in Part XIII.). e Add lines 2a through 2d 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b	2 a 2 b 2 c 2 d	1 2 e	
Complete if the organization answered 'Yes' on Form 990, Pa 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments. c Other losses d Other (Describe in Part XIII.). e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.).	2 a 2 b 2 c 2 d 4 a 4 b	2 e 3	
Complete if the organization answered 'Yes' on Form 990, Pa 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments. c Other losses d Other (Describe in Part XIII.). e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.). c Add lines 4a and 4b	2 a 2 b 2 c 2 d 4 a 4 b	2 e 3 4 c	
Complete if the organization answered 'Yes' on Form 990, Pa 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments. c Other losses d Other (Describe in Part XIII.). e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.).	2 a 2 b 2 c 2 d 4 a 4 b	2 e 3 4 c	

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

Part V, Line 4 - Intended Uses Of Endowment Fund

The purpose of the endowment funds is to support the operations and programs of the

America's Best Council, Inc., Boy Scouts of America #999.

Part X - FASB ASC 740 Footnote

BAA

The council adopted the provisions of FASB ASC 740-10-25, which requires that a tax

position be recognized or derecognized based on a "more likely than not" standard.

This applies to tax positions taken or expected to be taken in a tax return. The

council does not believe its December 31, 2020 financial statements include any

ido diriy

Schedule D (Form 990) 2020

Part XIII Supplemental Information (continued)

Part X - FASB ASC 740 Footnote (continued)

uncertain tax positions.

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

G Attach to Form 990 or Form 990-EZ.

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

Open to

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number America's Best Council, Inc. Boy Scouts of America #999 12-3456789 Fundraising Activities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. X Mail solicitations X Solicitation of non-government grants а е Solicitation of government grants b Internet and email solicitations Phone solicitations Special fundraising events С X In-person solicitations d 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? X Yes b If 'Yes,' list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (vi) Amount paid to (iii) Did fundraiser (i) Name and address of individual (iv) Gross receipts (or retained by) (ii) Activity (or retained by) have custody or control of contributions? or entity (fundraiser) fundraiser listed in from activity organization column (i) Yes No Charity Consultants, Inc. Social 654 Main Street media Χ 25,000 Paris TX 75460 campaign 2 3 5 6 7 9 10 _____G Total.. 0. List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Sche	dule	G (Form 990 or 990-EZ) 2020 America's	Best Council, Inc.		12-3456	6789 Page 2
Par	: II	Fundraising Events. Complete if the more than \$15,000 of fundraising excited List events with gross receipts greaters.	vent contributions a	wered 'Yes' on Form nd gross income on	n 990, Part IV, line Form 990-EZ, lines	18, or reported s 1 and 6b.
ne Te		<u> </u>	(a) Event #1 Popcorn Sales (event type)	(b) Event #2 Virtual Golf T (event type)	(c) Other events None (total number)	(d) Total events (add column (a) through column (c))
Revenue	1	Gross receipts	1,006,200.	89,400.		1,095,600
~	2	Less: Contributions.		85,500.		85,500
	3	Gross income (line 1 minus line 2)	1,006,200.	3,900.		1,010,100
	4	Cash prizes				
	5	Noncash prizes	38,250.	12,500.		50,750
nses	6	Rent/facility costs				
Expe	7	Food and beverages				
Direct Expenses	8	Entertainment				
	9	Other direct expenses.	503,100.			503,100
	10 11	Direct expense summary. Add lines 4 throug Net income summary. Subtract line 10 from				
Par	: III	Gaming. Complete if the organizati \$15,000 on Form 990-EZ, line 6a.	on answered 'Yes'	on Form 990, Part I\	/, line 19, or reporte	•
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))
~	1	Gross revenue				
ses	2	Cash prizes				
Expenses	3	Noncash prizes				
Direct E	4	Rent/facility costs				
	5	Other direct expenses.				
	6	Volunteer labor	Yes% No	Yes%	Yes%	
	7	Direct expense summary. Add lines 2 through	gh 5 in column (d)		G	
	8	Net gaming income summary. Subtract line	7 from line 1, column (d)		G	
		er the state(s) in which the organization condu	ucts gaming activities:			
		ne organization licensed to conduct gaming aco,' explain:	ctivities in each of these s	states?		. Yes No
10 a	 Wer	e any of the organization's gaming licenses re	evoked, suspended, or te	erminated during the tax y	/ear?	

Schedule G (Form 990 or 990-EZ) 2020

b If 'Yes,' explain:

	edule G (Form 990 or 990-EZ) 2020 America's Best Council, Inc.	12-3456789	-	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed administer charitable gaming?		Yes	No
13	Indicate the percentage of gaming activity conducted in:	1 1		
á	The organization's facility	13 а		%
ı	An outside facility	13 b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and reconstruction. Name G			
	Address G			· — — — - — — —
ı	a Does the organization have a contract with a third party from whom the organization receives gaming revenue? b If 'Yes,' enter the amount of gaming revenue received by the organization G\$ and of gaming revenue retained by the third party G\$ c If 'Yes,' enter name and address of the third party:	the amount	Yes	No
	Name G			
	Address G			
16	Gaming manager information:			
	Name G			
	Gaming manager compensation G \$			
	Description of services provided G			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions:			
á	${f a}$ Is the organization required under state law to make charitable distributions from the gaming proceeds to retain to state gaming license?		Yes	No
I	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spen organization's own exempt activities during the tax year G\$	t in the		_
Pai	TIV Supplemental Information. Provide the explanations required by Part I, line 2b, column and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any a information. See instructions.		nd (v);	

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 21 or 22. $\,$ G Attach to Form 990.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of	f the organization America's Best Co	ouncil Inc					Employer identifica	tion number
	Boy Scouts of Am	erica #999					12-3456789	
Part	I General Information on G		ance				•	
	Does the organization maintain records the selection criteria used to award the	-				s or assistance, and		Yes X No
	Describe in Part IV the organization's p							
Part	Grants and Other Assista Form 990, Part IV, line 21, f							' on
	1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)								
(2)								
(3)								
<u>(4)</u>								
(5)								
(6)								
<u>(7) </u>								
(8)								
2	Enter total number of section 501(c)(3)	and government orga	nizations listed in the	e line 1 table			G	0
	Enter total number of other organization							0

Schedule I (Form 990) 2020 America's Best Council, Inc. 12-3456789 Page 2

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 Membership, camperships, uniforms	380	32,960.	114,000.	FMV	Camperships, uniforms
2					
3					
4					
5					
6					
7					

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

BAA Schedule I (Form 990) 2020

SCHEDULE J (Form 990)

Compensation Information

OMB No. 1545-0047
mployees 2020

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees G Complete if the organization answered 'Yes' on Form 990, Part IV, line 23.

G Attach to Form 990.

Department of the Treasury Internal Revenue Service

Name of the organization

America's Best Council, Inc.

G Go to $\textit{www.irs.gov/Form990}\ for instructions and the latest information.$

Open to Public Inspection

Boy Scouts of America #999

Part I Questions Regarding Compensation

Employer identification number

12-3456789

				Yes	No
1 a	a Check the appropriate box(es) if the organization provided any of the VII, Section A, line 1a. Complete Part III to provide any relevant inform	following to or for a person listed on Form 990, Part nation regarding these items.			
	First-class or charter travel	Housing allowance or residence for personal use			
	Travel for companions	Payments for business use of personal residence			
	Tax indemnification and gross-up payments	Health or social club dues or initiation fees			
	Discretionary spending account	Personal services (such as maid, chauffeur, chef)			
ł	o If any of the boxes on line 1a are checked, did the organization follow reimbursement or provision of all of the expenses described above? If		1 b		
2	Did the organization require substantiation prior to reimbursing or allow trustees, and officers, including the CEO/Executive Director, regarding		2		
3	Indicate which, if any, of the following the organization used to establis Executive Director. Check all that apply. Do not check any boxes for n establish compensation of the CEO/Executive Director, but explain in	methods used by a related organization to			
	X Compensation committee	Written employment contract			
	Independent compensation consultant	Compensation survey or study			
	Form 990 of other organizations	Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section or ganization or a related organization:	A, line 1a, with respect to the filing			
á	a Receive a severance payment or change-of-control payment?		4 a		Χ
ŀ	p Participate in or receive payment from a supplemental nonqualified re	tirement plan?	4 b		Χ
(Participate in or receive payment from an equity-based compensation	arrangement?	4 c		X
	If 'Yes' to any of lines 4a-c, list the persons and provide the applicable	e amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations mu	ust complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the or contingent on the revenues of:	rganization pay or accrue any compensation			
á	The organization?		5 a		Χ
ŀ	Any related organization?		5 b		Χ
	If 'Yes' on line 5a or 5b, describe in Part III.				
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the or contingent on the net earnings of:	rganization pay or accrue any compensation			
á	The organization?		6 a		Χ
ŀ	nany related organization?		6 b		Χ
	If 'Yes' on line 6a or 6b, describe in Part III.				
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the or payments not described on lines 5 and 6? If 'Yes,' describe in Part III.		7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pu				
	to the initial contract exception described in Regulations section 53.49 If 'Yes,' describe in Part III.	ენა-4 (a)(3)?	8		Χ
9	If 'Yes' on line 8, did the organization also follow the rebuttable presur section 53.4958-6(c)?	mption procedure described in Regulations	9		

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

Schedule J (Form 990) 2020

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

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

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

	(B	B) Breakdown of \	W-2 and/or 1099-M	ISC compensation	(C) Detirement	(D) Nantayahla	(E) Total of	(E) Companyation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(C) Retirement and other	(D) Nontaxable benefits	(E) Total of columns(B)(i)-(D)	(F) Compensation in column (B)
		compensation	compensation	compensation	deferred compensation			reported as
					compensation			deferred on prior Form 990
John B. Loyal	(i)	300,000.	0.	0.	40,000.	15,000.	355,000.	0.
	(ii)	<u></u>	0.	0.	0.	0.	0.	0.
	(i)	130,000.	0.	0.	23,000.	7,000.	160,000.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)	133,000.	0.	0.	28,000.	10,000.	171,000.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
	(i)							
	(i) (ii) -							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)						L	
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
BAA			TEEA4102L 09/25	/20			Schedule	J (Form 990) 2020

Schedule J (Form 990) 2020 America's Best Council, Inc. 12-3456789 Page 3

Part III Supplemental Information

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

Schedule J (Form 990) 2020

SCHEDULE M (Form 990)

Noncash Contributions

G Complete if the organizations answered 'Yes' on Form 990, Part IV, lines 29 or 30.

OMB No. 1545-0047

2020

Department of the Treasury Internal Revenue Service Name of the organization

G Attach to Form 990.

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

Open to Public Inspection

America's Best Council, Inc. Boy Scouts of America #999

Employer identification number 12-3456789

Par	τl	Тур	es of Property			•					
				(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	M nonca	letho	(cod of contrib	i) determin oution ar	ing nounts
1	Art '	Work	s of art								
2	Art '	Histor	ical treasures								
3	Art '	Fracti	onal interests								
4	Boo	ks and	l publications								
5	Clot	hing a	nd household goods								
6	Cars	and	other vehicles								
7	Boa	ts and	planes								
8	Intel	lectua	I property								
9	Sec	urities	' Publicly traded	Х	2	201,500.	FMV				
10	Sec	urities	' Closely held stock								
11	Sec	urities	' Partnership, LLC, or trust interests								
12	Sec	urities	' Miscellaneous								
13			conservation contribution '								
14	Qua	lified o	conservation contribution ' Other								
15	Rea	l estat	e ' Residential								
16	Rea	l estat	e ' Commercial								
17	Rea	l estat	e ' Other								
18	Colle	ectible	·s								
19	Foo	d inve	ntory								
20			medical supplies								
21			· · · · · · · · · · · · · · · · · · ·								
22		-	artifacts								
23	Scie	ntific	specimens								
24			ical artifacts								
25		_	()								
26	Othe	er G	`´ (
27		er G									
28	Othe		`´(
29			Forms 8283 received by the organization	during the ta	y year for contributions f	or which the					
23			on completed Form 8283, Part V, Donee A				29				
	Ū		,	ŭ			<u> </u>			Yes	No
								Π			
30a			year, did the organization receive by contr d for at least three years from the date of the				IT	- 1			
			t purposes for the entire holding period?					[30 a		Х
b	If 'Ye	es,' de	scribe the arrangement in Part II.					ı			
31			organization have a gift acceptance policy t	that requires	the review of any nonsta	andard contributions?			31		Х
32a			organization hire or use third parties or rela ontributions?						32 a		Х
b	If 'Ye	es,' de	scribe in Part II.					j			
	If the	e orga	nization didn't report an amount in column n Part II.	(c) for a type	of property for which co	lumn (a) is checked,					

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

Schedule M (Form 990) 2020

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047 2020

Open to Public Inspection

Employer identification number

12-3456789

Department of the Treasury Internal Revenue Service Name of the organization

America's Best Council, Inc.

Boy Scouts of America #999

Form 990, Part I, Line 1 - Organization Mission or Significant Activities

Thee corporation shall promote, within the territory covered by the charter from time to time granted it by the Boy Scouts of America and in accordance with the Congressional Charter, Bylaws, and Rules and Regulations of the Boy Scouts of America, the Scouting program of promoting the ability of boys and young men and women to do things for themselves and others, training them in Scoutcraft, and teaching them patriotism, courage, self-reliance, and kindred virtues, using the methods which are now in common use by the Boy Scouts of America.

Form 990, Part III, Line 1 - Organization Mission

Thee corporation shall promote, within the territory covered by the charter from time to time granted it by the Boy Scouts of America and in accordance with the Congressional Charter, Bylaws, and Rules and Regulations of the Boy Scouts of America, the Scouting program of promoting the ability of boys and young men and women to do things for themselves and others, training them in Scoutcraft, and teaching them patriotism, courage, self-reliance, and kindred virtues, using the methods which are now in common use by the Boy Scouts of America.

Form 990, Part III, Line 3 - Ceased Conducting or Significant Changes To Services

The COVID-19 Pandemic significantly impacted the Council's delivery of the Scouting program, including Camping, Learning for Life/Exploring, Training, and Activities as these program services are traditionally group-based. Through the ingenuity and tenacity of Council volunteers and staff, many of these program services were accomplished virtually, through web-based and stay-at-home events.

Form 990, Part VI, Line 1a - Explanation of Delegated Broad Authority to Committee

The executive board shall be the governing body of the corporation and shall manage its affairs. The executive board shall be the local reviewing authority with respect

America's Best Council, Inc.
Boy Scouts of America #999

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Form 990, Part VI, Line 1a - Explanation of Delegated Broad Authority to Committee (continued)

corporation. There shall be an executive committee consisting of the persons and having the powers specified below:

The executive committee shall be composed of those persons who are the officers of the corporation, including the Scout executive, who shall have no vote*, and may include others appointed by the president. *(Note: the Scout executive may be able to vote depending on your council's bylaws.)

The executive committee of the executive board shall have and may exercise all the necessary powers of the executive board in the management of the corporation during the intervals between the meetings of the executive board, but in no event shall the executive committee act contrary to action theretofore taken by the executive board. Minutes shall be kept of all executive committee action and reported at the ensuing meeting of the executive board for its approval.

Meetings of the executive committee may be called at any time by the president and shall be called by the president within 30 days upon the request of three or more members of the executive committee. It shall be the general practice of the executive committee to meet in those months in which the executive board does not meet. All meetings of the executive committee shall be held on at least 3 days written notice by fax or electronic mail. A majority of the voting members of the executive committee shall constitute a quorum.

Form 990, Part VI, Line 6 - Explanation of Classes of Members or Shareholder

Active members may elect the members of the governing body and approve significant decisions of the governing body.

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Form 990, Part VI, Line 7a - How Members or Shareholders Elect Governing Body

Active members may elect members at large, regular members of the executive board, and officers of the corporation other than the Scout executive.

Form 990, Part VI, Line 7b - Decisions of Governing Body Approval by Members or Shareholders

Active members may vote at the annual meeting to receive and approve financial statements as of the close of its most recent complete fiscal year and other such business as may come before the meeting. Active members may also vote in regular and special meetings on matters including but not limited to whether to merge with another council or councils.

Form 990, Part VI, Line 11b - Form 990 Review Process

Prior to filing each year, the council's audit committee performs a thorough review of a preliminary draft of its Form 990 where it will recommend changes and/or corrections, if any, to the return preparer. When the changes have been incorporated in the return, the audit committee will recommend that it be presented to the entire board of directors for review. At that time, a complete copy of the council's Form 990 and schedules is emailed to each director, where he or she is invited to review the return.

Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts

At least once a year, the council distributes a conflict of interest certification and disclosure form to its officers, directors and professional employees. The covered persons are required to complete and sign the certification and disclosure form, which is retained in the council files. The certification and disclosure forms are reviewed no less than annually by the Scout executive and treasurer.

Additionally, the council compiles and maintains a list of potentially conflicted entities and individuals. Proposed transactions are then matched against the list as a means of identifying possible conflicts. The Scout executive is ultimately responsible for maintaining the list and screening for possible conflicts of

Name of the organization America's Best Council, Inc.
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Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts (continued) interest.

The Council also requests in writing that its major vendors and service providers disclose any relationship - personal, financial, or otherwise - that the vendor or service provider has with any of the Council's directors, officers, employees or volunteers in order to assist the Council in monitoring compliance with its conflict of interest policy. In addition, the Council periodically reviews major transactions to ensure any compensation paid continues to be reasonable. If a possible conflict is identified with respect to a proposed transaction, the Council follows procedures set forth in its conflict of interest policy to determine whether an actual conflict exists and the procedures for addressing the conflict of interest.

If a covered person fails to disclose an actual or possible conflict of interest, appropriate disciplinary and corrective action is taken including possible termination for a covered employee and prohibition from participating in the deliberations of the governing body for a board member.

Form 990, Part VI, Line 15a - Compensation Review & Approval Process - CEO & Top Management

Each year the council president appoints an independent compensation and benefits committee whose responsibilities are to review the performance of the Scout executive and to establish a compensation package for him or her subject to approval by the executive board. The compensation of the Scout executive is reviewed and approved using data as to comparable compensation for similarly qualified persons in functionally comparable positions at similarly situated organizations. There is contemporaneous documentation and record keeping with respect to the deliberations and decisions regarding the compensation arrangement.

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Form 990, Part VI, Line 15b - Compensation Review & Approval Process - Officers & Key Employees

Each year the council president appoints an independent compensation and benefits committee whose responsibility is to establish a compensation package for key employees based on performance reviews conducted by the Scout executive using data as to comparable compensation for similarly qualified persons in functionally comparable positions at similarly situated organizations. There is contemporaneous documentation and record keeping with respect to the deliberations and decisions regarding the compensation arrangement.

Form 990, Part VI, Line 18 - Explanation of Other Means Forms Available For Public Inspection

The council is included in the group exemption filing of the National Council, Boy Scouts of America, and therefore does not file Form 1023.

Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

If the governing documents (articles of incorporation, bylaws, and constitution) and policies of the council are subject to the federal public disclosure rules (or state public disclosure rules), these documents will be made publicly available as applicable law may require. Otherwise, the governing documents and policies will be provided to the public at the discretion of management.

The following documents are available for public inspection at the council's service center located at 123 Woodbadge Rd, Yourtown, TX 75021 or on the council's website at http://www.ambestcouncilbsa.org: All documents as required by federal, state, and local law, including but not limited to the IRS Form 990 and if applicable, the IRS 990 T; annual report; audited financial statements; minutes of the executive board meetings.

Form 990, Part I, Line 1; Part III, Line 1- Mission

The corporation shall promote, within the territory covered by the charter from time to time granted it by the Boy Scouts of America and in accordance with the

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Congressional Charter, bylaws, and Rules and Regulations of the Boy Scouts of America, the Scouting program of promoting the ability of boys and young men and women to do things for themselves and others, training them in Scoutcraft, and teaching them patriotism, courage, self-reliance, and kindred virtues, using the methods which are now in common use by the Boy Scouts of America.

Form 990, Part III, Line 4a Prog- Svc Accomp (continued)

Scouts BSA—With the Scout Oath and Scout Law as guides, and the support of parents and religious and neighborhood organizations, Scouts develop an awareness and appreciation of their role in their community and become well-rounded young men and women through the advancement of the program. Scouts progress in rank through achievements, gain additional knowledge and responsibilities, and earn merit badges that introduce a lifelong hobby or a rewarding career. Venturing—Provides experiences to help young men and women, ages 14—or 13 with completion of the eighth grade—through 20, become mature, responsible, caring adults. Young people learn leadership skills and participate in challenging outdoor activities, including having access to BSA camping properties, a recognition program, and Youth Protection training. The Order of the Arrow is the BSA national honor society for experienced campers, based on Native American traditions and is dedicated to the ideal of cheerful service and brotherhood. Venturing is a program for young men and women 14 (and who have completed the eighth grade) through 20 years of age. Venturing's purpose is to provide positive experiences to help young people mature and to prepare them to become responsible and caring adults. Over 25,000 served through 222 Cub Scout packs, 208 Scouts BSA troops, and 64 Venturing crews.

Form 990, Part III, Line 4b Prog- Svc Accomp (continued)

Exploring's purpose is to provide experiences that help young people mature and to prepare them to become responsible and caring adults. Explorers are ready to investigate the meaning of interdependence in their personal relationships and

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communities. Exploring is based on a unique and dynamic relationship between youth and the organizations in their communities. Local community organizations initiate a specific Explorer post by matching their people and program resources to the interests of young people in the community. The result is a program of activities that helps youth pursue their special interests, grow, and develop. Exploring programs are based on five areas of emphasis: career opportunities, life skills, citizenship, character education, and leadership experience. Over 300 youth served through 35 Learning for Life groups and 33 Explorer posts.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

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

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

America's Best Council, Inc. Boy Scouts of America #999 Employer identification number 12-3456789

(a) Name, address, and EIN (if applicable) of disregarded ent	ity Primar	(b) y activity	Legal dom or foreigr	c) icile (state country)	To	(d) otal income	End-c	(e) of-year assets	Dire	(f) ct contro entity	lling
<u>(1)</u>											
<u>(2)</u>											
(3)											
Part II Identification of Related Tax-Exempt Organization of Related tax-exempt organization	l ganizations. Compl zations during the ta	ete if the org	l anization a	answered '	'Yes' o	n Form 990,	Part IV	, line 34, bed	ause i	t	
(a) Name, address, and EIN of related organization	(b) Primary activity	Legal don or foreign	c) nicile (state n country)	(d) Exempt C section	ode n	(e) Public charity ((if section 501)	status c)(3))	(f) Direct contro entity	olling	(g Sec 512 controlled	(b)(13) d entity?
										Yes	No
(1) Boy Scout Trust Fund #999, Yourtown Bank & Trust, trustee, 123 Woodbadge Ln Yourtown, TX 75021 12-4567890	Provide suppt for Am Best Cncl		ΤΧ	501(c)	(3)	12		America Best Coul Inc.		Х	
<u>(2)</u>											

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		tionate amount in box 20 of Schedule K-1 (Form		j) eral or aging ner?	(k) Percentage ownership
-		country)		512-514)			Yes	No	1065)	Yes	No	
<u>(1)</u>												
	-											
<u>(2)</u>	<u> </u>											
	 -											
	<u> </u>											
(3)	<u> </u>											
	 -											
	-											

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	Sec 512 controlle) 2(b)(13) d entity?
<u>(1)</u>		Country	Chaty	or addity				Yes	No
(2)									
(3)									
<u>(3)</u>	 								
	†								

BAA TEEA5002L 07/15/20 Schedule **R** (Form 990) 2020

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

Yes No

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

1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed	d in Parts II-IV?				
a	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity			. 1a		Χ
k	Gift, grant, or capital contribution to related organization(s).			. 1b		Х
C	Gift, grant, or capital contribution from related organization(s).			. 1 c	Χ	
c	Loans or loan guarantees to or for related organization(s)			. 1 d		Х
e	Loans or loan guarantees by related organization(s)			. 1 e		Χ
f	Dividends from related organization(s)			. 1f		Х
	Sale of assets to related organization(s).					X
	Purchase of assets from related organization(s)					X
	Exchange of assets with related organization(s)					X
	Lease of facilities, equipment, or other assets to related organization(s)					Χ
ŀ	Lease of facilities, equipment, or other assets from related organization(s)			. 1k		Х
	Performance of services or membership or fundraising solicitations for related organization(s)					X
	n Performance of services or membership or fundraising solicitations by related organization(s)					X
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)					X
	Sharing of paid employees with related organization(s)					X
r	Reimbursement paid to related organization(s) for expenses.			. 1p		Х
	Reimbursement paid by related organization(s) for expenses			. 1 q		X
r	Other transfer of cash or property to related organization(s)			. 1r		Х
5	Other transfer of cash or property from related organization(s)			. 1s		X
	If the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line, including covered re					
	(a) Name of related organization	(b) Transaction type (a-s)		(c ethod of d amount i	i) leterm nvolve	ining ed
1)	Boy Scout Trust Fund #999, Yourtown Bank	С	250,000.F	MV		
	, ,		,			
2)						
_,						
3)						
4)						
5)						
-,						
6)						
AA	TEEA5003L 07/15/20		Schedu	le R (Forr	m 990)	2020

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	income (related, unre- lated, excluded from tax under	sed 501 organiz	partners ction (c)(3) zations?	(f) Share of total income	(g) Share of end-of-year assets	Dispr tion alloca	h) ropor- nate tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene mana partr	ral or aging ner?	(k) Percentage ownership
			sections 512-514	Yes	No	•		Yes	No		Yes	No	
<u>(1)</u>													
	1												
(2)													
	1												
(3)													
(4)													
	1												
(5)													
]												
<u>(6)</u>	_												
(7)													
-													
(8)	-												
]												
	1	1	l .				l .			L	L		200) 0000

BAA TEEA5004L 07/15/20 Schedule **R** (Form 990) 2020

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

2020

Federal Statements

Page 1

America's Best Council, Inc. Boy Scouts of America #999

12-3456789

Statement 2 Schedule A, Part X Compensation of Officers, Directors, and Trustees

<u>Name</u>	<u>Title</u>	% of Time Devoted	Unrelated Business Compensation
John B. Loyal Jeff Beck James Hendrix Eric Clapton Peter Townshend James Page Allan Holdsworth Riley B. (BB) King Robert Johnson Stephen Ray Vaughan Duane Allman Eric Johnson Joseph Satriani Steven Vai Edward Van Halen Yngwie Malmsteen Lawrence Carlton Wes Montgomery Jaco Pastorius Pat Metheny Charlie Christian Django Reinhardt Miles Dewey Davis Charlie Parker John McLaughlin Mike Stern Steve Howe Al DiMeola Johnny Winter Carlos Santana Frank Zappa Les Paul Alex Lifeson Brian May John Scofield Joe Pass Mark Knopfler	Secretary, SE Director VP, Poistrict Op VP, Finance VP, Membership VP, Program VP, Properties Director VP, Public Rel Chmn, Mbr at Lg Chmn, LFL General Counsel	Total	\$ 0.

debit • donor restricted • expense • accrual • revenue • credit • depreciation • donor restricted • net asset •indirect support • asset • project sales • debit • credit • donor restricted • capital campaign • liability • special event • accounts payable • general ledger • direct support • accrual • credit • donor restricted • expense • accrual • revenue • depreciation • donor restricted • net asset • liability • asset • indirect support • project sales • donor restricted • capital campaign • special event • accounts payable • credit • general ledger • direct support • debit • donor restricted • expense • accrual • revenue • credit • depreciation • debit • donor restricted • net asset • indirect support • project sales • donor restricted • capital campaign • debit • accounts payable • general ledger • direct support • debit • accounts payable • debit • general ledger • direct support • expense • accrual • asset • donor restricted • revenue • debit • credit • depreciation • donor restricted • net asset • indirect support • project sales • debit • donor restricted • asset • capital campaign • liability • special event • net asset • accounts payable • credit • ledger • direct support • donor restricted • expense • accrual • revenue • credit • depreciation • donor restricted • asset • net asset • indirect support • asset • project sales • expense • asset • donor restricted • capital campaign • liability • debit • accounts payable • general ledger • direct support • donor restricted • expense • accrual • revenue • depreciation • donor restricted • net asset • indirect support • asset • project sales • liability • donor restricted • debit • capital campaign • special event • accounts payable • general ledger • direct support • debit • donor restricted • accrual e credit • accounts payable • general ledger • direct support • debit • expense • donor restricted • accrual apters • credit • depreciation • donor restricted • indirect support • asset • project sales • 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Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047 2020

Open to Public

Department of the Treasury Internal Revenue Service

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

G Do not enter social security numbers on this form as it may be made public. G Go to www.irs.gov/Form990 for instructions and the latest information. Inspection For the 2020 calendar year, or tax year beginning 2020, and ending . 20 В D Employer identification number Check if applicable: Address change Boy Scout Trust Fund #999, Yourtown 12-4567890 Bank and Trust, Trustee, Yourtown, TX Telephone number Name change 123 Woodbadge Drive Initial return (972) 123-4567 Yourtown, TX 75021 Final return/terminate Amended return G Gross receipts \$ 158,600 Name and address of principal officer: H(a) Is this a group return for subordinates? Application pending Are all subordinates included? If "No," attach a list. See instructions Same As C Above 527 Tax-exempt status: X 501(c)(3))H 4947(a)(1) or 501(c)((insert no.) H(c) Group exemption number Website: http://www.ambestcouncilbsa.org 1761 Corporation X Trust M State of legal domicile: Form of organization: L Year of formation: 1910 TX Summary Briefly describe the organization's mission or most significant activities: The executive board of America's Best Council, Inc., Boy Scouts of America #999, has approved the creation and establishment of the Boy Scout Trust Fund, for the benefit of Scouting in the territory covered by the local council charter, for the general purpose stated in the Act of Congress approved June 15, 1916, creating the Boy Scouts of America. if the organization discontinued its operations or disposed of more than 25% of its net assets. Check this box G Number of voting members of the governing body (Part VI, line 1a)..... 3 36 Number of independent voting members of the governing body (Part VI, line 1b) 4 36 Total number of individuals employed in calendar year 2020 (Part V, line 2a)..... 5 0 Total number of volunteers (estimate if necessary)..... 6 0 7a Total unrelated business revenue from Part VIII, column (C), line 12...... 0. b Net unrelated business taxable income from Form 990-T, Part I, line 11. 0. **Current Year** Contributions and grants (Part VIII, line 1h)..... 225,000 100.000. Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)..... 57,850. 58,600. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)..... 11 Total revenue ' add lines 8 through 11 (must equal Part VIII, column (A), line 12)..... 12 282,850. 158,600. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 200.000 250,000 Benefits paid to or for members (Part IX, column (A), line 4)..... 14 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)..... 17,850 33,540 16a Professional fundraising fees (Part IX. column (A), line 11e)..... b Total fundraising expenses (Part IX, column (D), line 25) G Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)..... 17 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 217,850 283.540. Revenue less expenses. Subtract line 18 from line 12..... 65,000 -124,940.19 **Beginning of Current Year End of Year** Total assets (Part X, line 16)..... 3,059,644. 3,177,354 20 21 Total liabilities (Part X, line 26)..... 0. 0. 22 Net assets or fund balances. Subtract line 21 from line 20..... 3.059.644 3,177,354 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and preparer (other than officer) is based on all information of which preparer has any knowledge Signature of officer Date Sign Here Yourtown Bank and Trust Trustee Type or print name and title Print/Type preparer's name Preparer's signature Paid self-employed Preparer Use Only Firm's address Firm's EIN G

May the IRS discuss this return with the preparer shown above? See instructions.....

No

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

Part IV	Checklis	t of Required Schedules	(continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III.	22		Х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J.</i>	23		Х
24 8	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a	24a		Х
ı	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
(c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	•		
	any tax-exempt bonds?d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24c 24d		
25 8	a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I.	25a		Х
ı	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I.	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If</i> 'Yes,' complete Schedule L, Part II.	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If 'Yes,' complete Schedule L, Part III.	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
•	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> 'Yes,' complete Schedule L, Part IV.	28a		Х
ı	b A family member of any individual described in line 28a? If 'Yes,' complete Schedule L, Part IV.	28b		Χ
(c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If</i> Yes,' complete Schedule L, Part IV.	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		Χ
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M.	30		Χ
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II.	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1.	34	Х	
35 8	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
I	b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2.	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance	-		
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
RΔΔ	(gambling) winnings to prize winners?	1 c	990 (2020)

Form 990 (2020) Boy Scout Trust Fund #999, Yourtown

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

			Yes	No
2.0	Enter the number of employees reported on Form W.3. Transmitted of Wage and Tay State		res	NO
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		X
b	If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation on Schedule O	3 b		
4 a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4 a		Х
b	If 'Yes,' enter the name of the foreign countryG			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		Х
С	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
6 a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6 a		Х
b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7 a		X
b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c		Х
d	If 'Yes,' indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h		
8	, , , , , , , , , , , , , , , , , , , ,			
	organization have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9 a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		
	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders			
	Gross income from members or shareholders			
	against amounts due or received from them.)	10		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12 a		
	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?	42.5		
а	· ' '	13 a		
L	Note: See the instructions for additional information the organization must report on Schedule O.			
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand. Did the organization receive any payments for indeer tapping services during the tay year?	14-		X
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		_^
	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O	14 b		-
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		Х
	If 'Yes,' see instructions and file Form 4720, Schedule N.			· ·
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X

Part VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI.			X
Sec	tion A. Governing Body and Management			
	<u> </u>		Yes	No
1 a	Enter the number of voting members of the governing body at the end of the tax year			
b	Enter the number of voting members included on line 1a, above, who are independent			
	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			V
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3		Χ
4	Did the organization make any significant changes to its governing documents			
	since the prior Form 990 was filed?	4		Χ
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Χ
6	Did the organization have members or stockholders? See Schedule O	6	Χ	
7 a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? See Schedule O	7 a	Χ	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7 b	Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8 a	Χ	
b	Each committee with authority to act on behalf of the governing body?	8 b	Χ	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	ode.))
			Yes	No
10 a	Did the organization have local chapters, branches, or affiliates?	10 a		Χ
b	of 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10 b		
11 9	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	11a	Χ	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O	IIa		
	Did the organization have a written conflict of interest policy? If 'No,' go to line 13	12 a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	12 a	^	
	to conflicts?	12 b	Χ	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was doneSee Schedule O	12 c	Χ	
13	Did the organization have a written whistleblower policy?	13	Χ	
14	Did the organization have a written document retention and destruction policy?	14	Χ	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official See Schedule O	15a	X	
b	Other officers or key employees of the organization. See Schedule O.	15 b	Χ	
	If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions).			
16 a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	1.0		V
h	taxable entity during the year?	16 a		Х
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16 b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed G None			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3) available for public inspection. Indicate how you made these available. Check all that apply.	s only)	
	Own website X Another's website X Upon request X Other (explain on Schedule O) S	ee S	ch. C)
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. See Schedule O			
20	State the name, address, and telephone number of the person who possesses the organization's books and records G			

Luca Pacioli 123 Woodbadge Dr Yourtown TX 75021 (972) 123-4567

12-456789	0
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Page 7

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

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

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

- 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- ? List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - ? List all of the organization's current key employees, if any. See instructions for definition of 'key employee.'
- ? List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- ? List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- ? List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.										
				(C))					
(A) Name and title	(B) Average hours		(B) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from	(E) Reportable compensation from related organizations	(F) Estimated amount of other
	per week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	(W-2/1099-MISC)	compensation from the organization and related organizations
(1) Yourtown Bank and Trust	40									
Trustee	0		Χ					33,540.	0.	0.
(2) John B. Loyal	<u>2</u>									
Secretary, SE	50	X						0.	0.	0.
(3) Jeff Beck	1									
Director	2	X						0.	0.	0.
(4) James Hendrix	1									
Director	2	Х						0.	0.	0.
(5) Eric Clapton	1									
Director	2	Х						0.	0.	0.
(6) Peter Townshend	1									
Director	2	Х						0.	0.	0.
(7) James Page	1									
Director	2	Х						0.	0.	0.
(8) Allan Holdsworth	1									
Director	2	Х						0.	0.	0.
(9) Riley B. (BB) King	1									
Director	2	Х						0.	0.	0.
(10) Robert Johnson	1									
Director	2	Х						0.	0.	0.
(11) Stephen Ray Vaughan	1									
Director	2	Х						0.	0.	0.
(12) Duane Allman	1									
Director	2	Х						0.	0.	0.
(13) Eric Johnson	1									
Director	2	Χ						0.	0.	0.
(14) Joseph Satriani	1									
Director	2	Χ						0.	0.	0.

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Part VII Section A. Officers, Directors, 11	usices,	rvey	L!!	יוקו	Uye	.	an	u mgnest con	iperisated Lilip	ioyee	5 (Continued)
(A) Name and title	Average hours per week (list any hours for related organiza	Average hours per week Position (do not check more than or box, unless person is both officer and a director/truste		an ee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	compe the or and	(F) ated amount f other nsation from rganization d related anizations			
	- tions below dotted line)	trustee	nstitutional trustee		oyee	Highest compensated employee					
(15) Steven Vai Director	1	Х						0.	0.		0.
(16) Edward Van Halen	1							0.	0.		
Director	2	X						0.	0.		0.
(17) Yngwie Malmsteen	11								0		0
Director Carlton	2	Х						0.	0.		0.
(18) Lawrence Carlton Director	11_	X						0.	0.		0
(19) Wes Montgomery	1	^						0.	0.		0.
Director	'	Х						0.	0.		0.
(20) Jaco Pastorius	1							<u> </u>	0.		<u> </u>
Director	2	Х						0.	0.		0.
(21) Pat Metheny	1										
Director	2	Χ						0.	0.		0.
(22) Charlie Christian	1_										
Director	2	X						0.	0.		0.
(23) Django Reinhardt	11								0		0
Director (24) Miles Dewey Davis	2	X						0.	0.		0.
Director	'	Х						0.	0.		0.
(25) Charlie Parker	1	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \						0.	0.		<u> </u>
Director	2	Х						0.	0.		0.
1 b Subtotal	.					(G	33,540.	0.		0.
c Total from continuation sheets to Part VII, Section							G	0.	0.		0.
d Total (add lines 1b and 1c)							G	33,540.	0.		0.
2 Total number of individuals (including but not limited	d to those	listed	abo	ve)	who	rece	ived	d more than \$100,0	00 of reportable con	npensati	on
from the organization G 0											Yes No
											Tes No
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such ir	, trustee, k n <i>dividual</i>	ey er	mplo 	yee	, or I	nighe	st c	ompensated emplo	oyee 	. 3	Х
4 For any individual listed on line 1a, is the sum of re	nortable co	nmne	neati	ion s	and i	other	cor	mnensation from			
the organization and related organizations greater t	han \$150,	000?	If 'Y	es,'	com	plete	Sc	hedule J for			
such individual										4	X
5 Did any person listed on line 1a receive or accrue of for services rendered to the organization? If 'Yes,' or	ompensati complete S	ion fro Sched	om a <i>ule</i> J	iny ι <i>I for</i>	unre suc	lated <i>h per</i>	org son	anization or individ	ual	. 5	Х
Section B. Independent Contractors											
Complete this table for your five highest compensation from the organization. Report compe	ed indepe	nden	t con	itrac	tors	that	rece	eived more than \$1	00,000 of	or.	
(A)	iisalioii io	ıııc	caici	iuai	yea	ii enc	ıııg	(B)		ai. (C	2)
Name and business addre	ess							Description o	f services	Compe	nsation
O Tatal mumb an after day and and	h	.:4 - 1	· 11		B - 4	ا د اد) sade a mora de la la	an Alexan		
2 Total number of independent contractors (including \$100,000 of compensation from the organization	G 0	iiied	io th	υse	ııste	a abo	ove)	wno received mor	e man		
BAA		TEEAC	าากยา	10/0	7/20					Form	990 (2020)
D AA		LLMU	, I UOL	10/0	1120					i Oilli	(-)

Form 990

Continuation Sheet for Form 990

OMB No. 1545-0047

2020

Department of the Treasury Internal Revenue Service

Name of the Organization Employler Identification number

Boy Scout Trust Fund #999, Yourtown 12-4567890

Part VII | Continuation: Officers, Directors, Trustees, Key Employees, and

Highest Compensated Employees (C) (D) (E) (F) Position (check all that apply) Reportable compensation from related organizations (W-2/1099-MISC) Reportable compensation from Estimated amount of other Name and title Average Individual to or director Officer hours per week (list any hours for Highest compensated Former Institutional trustee employee compensation from the organization the organization (W-2/1099-MISC) employee and related related organiza-tions organizations l trustee below dotted line) John McLaughlin 1 President 5 Χ 0. 0. 0. Mike Stern 1 Past President 5 Χ 0. 0. 0. Steve Howe 1 5 Commissioner 0. 0. 0. Al DiMeola 1 VP, District Op 5 0 0. 0. Johnny Winter 1 VP, Finance 5 0 0. 0. Carlos Santana 1 VP, Membership 5 Χ 0 0. 0. Frank Zappa 1 VP, Program 5 Х 0 0. 0. Les Paul 1 VP, Properties 0. 5 0. 0. Alex Lifeson 1 2 0. Director Χ 0. 0. Brian May 1 VP, Public Rel 5 Χ 0. 0. 0. John Scofield 1 Chmn, Mbr at Lg 5 Χ 0 0. 0. Joe Pass 1 Chmn, LFL 5 0. 0. 0. Mark Knopfler 1 **General Counsel** 5 Χ 0 0. 0.

Form **990** Cont 2020

Part VIII Statement of Re	enue
---------------------------	------

Form 990 (2020)

		Check if Schedule	O contains a r	espons	se or note to any line	e in this Part VIII			
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts Its	1 a	Federated campaigns	8	1 a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues		1 b					
S, G	С	Fundraising events		1 c					
ar /	d	Related organizations	S	1 d					
s, C mil	е	Government grants (co	ontributions).	1 e					
ion Si	f	All other contributions, gif							
but	_	similar amounts not inc Noncash contributions		1 f	100,000.				
HQ H	y	lines 1a-1f		1 g					
Col	h	Total. Add lines 1a-1f	f		G	100,000.			
					Business Code				
.eu	2 a								
æ	b								
vice	С								
Ser	d								
an	е								
Program Service Revenue	f	All other program serv							
ā	g								
	3	Investment income (in other similar amounts	ncluding divide	ends, in	iterest, and G	E0 600			E9 600
	4	Income from investme				58,600.			58,600.
	5	Royalties		•	·				
	•		(i) Re		(ii) Personal				
	6 a	Gross rents	6a		, ,				
			6b						
			6c						
		Net rental income or (G				
	7.2	Gross amount from	(i) Securi		(ii) Other				
	ı a	sales of assets	7.0						
	h	other than inventory Less: cost or other basis	7a						
			7 b						
	С	Gain or (loss)	7c						
	d	Net gain or (loss)		<u></u>	G				
<u>o</u>	8 a	Gross income from fundrais	sing events						
		(not including \$		_					
eve		of contributions reported of							
<u>ت</u>		See Part IV, line 18		8 a	 				
Other Revenu		Less: direct expenses		8 b					
0		Net income or (loss) fi		ig ever	ntsG				
	9 a	Gross income from gaming See Part IV, line 19	g activities.	9 a					
		Less: direct expenses		9 b					
		Net income or (loss) fi							
					1				
	тиа	Gross sales of inventor	ory, iess. es	10a					
	b	Less: cost of goods so		10b					
		Net income or (loss) fi		nvento	yG				
<u>v</u>					Business Code				
e g	11 a								
ᇎᇎ	b								
	11 a b c d			<u>_</u>					
Miscellaneous Revenue									
Σ	е	Total. Add lines 11a-1							
-	12	Total revenue. See in	nstructions		G	158.600.	0	0.	58,600.

Form 990 (2020) Boy Scout Trust Fund #999, Yourtown Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a res	·			
	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	250,000.	250,000.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	33,540.	0.	33,540.	0.
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	Ų.	Ų.	Ų.	<u> </u>
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).				
9	Other employee benefits				
10	Payroll taxes.				
11	Fees for services (nonemployees):				
а	Management				
	Legal				
	Accounting.				
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25, column				
Ū	(A) amount, list line 11g expenses on Schedule O.) Advertising and promotion				
13	Office expenses.				
14	Information technology.				
15	Royalties				
16	Occupancy.				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а					
b	,+				
c	:				
d	,+				
·	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	283,540.	250,000.	33,540.	0.
	·	203,540.	250,000.	33,340.	0.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here G if following SOP 98-2 (ASC 958-720)				
	30F 30-2 (A3C 330-720)	I .		l l	

		Check if Schedule O contains a response or note to an	y line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash ' non-interest-bearing			1	
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Loans and other receivables from any current or former of trustee, key employee, creator or founder, substantial cord controlled entity or family member of any of these person	fficer, director, htributor, or 35% s		5	
	6	Loans and other receivables from other disqualified person section 4958(f)(1)), and persons described in section 495			6	
	7	Notes and loans receivable, net			7	
Ø	8	Inventories for sale or use.			8	
Assets	9	Prepaid expenses and deferred charges	+		9	
As		Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D				
	b	Less: accumulated depreciation	10 b		10 c	
	11	Investments ' publicly traded securities			11	
	12	Investments ' other securities. See Part IV, line 11		3,059,644.	12	3,177,354.
	13	Investments ' program-related. See Part IV, line 11		- , , -	13	-, ,
	14	Intangible assets	-		14	
	15	Other assets. See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equal line 33))	3,059,644.	16	3,177,354.
	17	Accounts payable and accrued expenses			17	
	18	Grants payable			18	
	19	Deferred revenue.			19	
	20	Tax-exempt bond liabilities			20	
es	21	Escrow or custodial account liability. Complete Part IV of	Schedule D		21	
Liabilities	22	Loans and other payables to any current or former officer key employee, creator or founder, substantial contributor, controlled entity or family member of any of these person	or 35%		22	
	23	Secured mortgages and notes payable to unrelated third	+		23	
	24	Unsecured notes and loans payable to unrelated third pa	rties		24	
	25	Other liabilities (including federal income tax, payables to and other liabilities not included on lines 17-24). Complet	related third parties, e Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25		0.	26	0.
ıces		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.	G X			
ā	27	Net assets without donor restrictions.		182,037.	27	315,728.
m	28	Net assets with donor restrictions		2,877,607.	28	2,861,626.
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check and complete lines 29 through 33.	ck here G			
ō	29	Capital stock or trust principal, or current funds			29	
इ	30	Paid-in or capital surplus, or land, building, or equipment	fund		30	
Š	31	Retained earnings, endowment, accumulated income, or	other funds		31	
t.A	32	Total net assets or fund balances		3,059,644.	32	3,177,354.
ž	33	Total liabilities and net assets/fund balances	<u></u>	3,059,644.	33	3,177,354.

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Pai	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI.				🔲
1	Total revenue (must equal Part VIII, column (A), line 12).	1		158.	,600.
2	Total expenses (must equal Part IX, column (A), line 25)	2		283	,540.
3	Revenue less expenses. Subtract line 2 from line 1.	3		-124	,940.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3	,059.	644.
5	Net unrealized gains (losses) on investments	5		242	,650.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments.	8			
9	Other changes in net assets or fund balances (explain on Schedule O).	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	3	,177.	,354.
Pai	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII.				
	Chook is conticued a contained a reception of note to drift into in the rate with the contained a reception of note to drift into in the rate with the contained a reception of note to drift into in the contained a reception of note to drift into in the contained a reception of note to drift into in the contained and reception of note to drift into into the drift into into the contained and into into the contained and into the contained and into the drift into into the drift into into the contained and into the contained an			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.				
2 8	a Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a		Х
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Both consolidated and separate basis				
	b Were the organization's financial statements audited by an independent accountant?		2 b	Χ	
•	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate		20		
	basis, consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
(If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit review, or compilation of its financial statements and selection of an independent accountant?	,	2 c	Χ	
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.				
3 8	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3 a		Х
ı	a If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required au				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	· · · · · · · · · · · · · · · · · · ·	3 b		
BAA	TEEA0112L 10/19/20		Form	990 (2020)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service **Public Charity Status and Public Support**

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

G Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number Boy Scout Trust Fund #999, Yourtown Bank and Trust, Trustee, Yourtown, TX 12-4567890 Part I **Reason for Public Charity Status.** (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college 9 or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in 12 lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. b X Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. С Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. 1 Enter the number of supported organizations. **g** Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (described on lines 1-10 (v) Amount of monetary (iv) Is the organization listed (vi) Amount of other support (see instructions) above (see instructions)) in your governing document? Yes No America's Best Council, Ind BSA#999 (A) 250.000. 12-3456789 Х (B) (C) (D) (E) 250,000. Total 0.

Sche	dule A (Form 990 or 990-EZ) 2020	Boy Scout	Trust Fund #9	99, Yourtown		12-4567890	Page 2
Par	t II Support Schedule for	Organizations	s Described in	Sections 170	(b)(1)(A)(iv) an	nd 170(b)(1)(A)(vi)
	(Complete only if you checked organization fails to qualify un	the box on line 5 der the tests listed	, 7, or 8 of Part I or I below, please cor	if the organization	ı failed to qualify un	nder Part III. If the	
Sec	tion A. Public Support						
Cale begi	ndar year (or fiscal year nning in) G	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support						
Cale begi	ndar year (or fiscal year nning in) G	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities	es, etc. (see instru	ıctions)			12	
13	First 5 years. If the Form 990 is fo organization, check this box and s						G 🗍
Sec	tion C. Computation of Pu	blic Support I	Percentage				
14	Public support percentage for 2020			1, column (f))		14	%
15	Public support percentage from 20	119 Schedule A, P	art II, line 14			15	%
16a	33-1/3% support test'2020. If the and stop here. The organization q	organization did r ualifies as a publi	not check the box o	on line 13, and line nization	14 is 33-1/3% or m	nore, check this box	G 🗌

b 33-1/3% support test 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box	_
and stop here. The organization qualifies as a publicly supported organization	
	ш

10%-facts-and-circumstances test'2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	;	l

b	10%-facts-and-circumstances test'2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10%
	or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the
	organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization

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

Sec	tion A. Public Support		•	,			
	dar year (or fiscal year beginning in) G	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')		, ,		,	,	
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Sec	tion B. Total Support						
Calen	dar year (or fiscal year beginning in) G	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.						
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
	First 5 years. If the Form 990 is for organization, check this box and s	top here		d, fourth, or fifth ta	x year as a sectior	1 501(c)(3)	G 🗌
	tion C. Computation of Pu						
	Public support percentage for 2020						15 %
	Public support percentage from 20						16 %
	tion D. Computation of Inv						
17	Investment income percentage for						17 %
18	Investment income percentage fro					<u> </u>	18 %
	33-1/3% support tests'2020. If the is not more than 33-1/3%, check the second of the	nis box and stop h	ere. The organizat	ion qualifies as a ¡	oublicly supported	organization	G 📋
	33-1/3% support tests'2019. If the line 18 is not more than 33-1/3%,	check this box and	stop here. The or	ganization qualifie	s as a publicly sup	ported organiza	ation
20	Private foundation. If the organiz	ation did not checl	ca box on line 14,	19a, or 19b, check	this box and see i	nstructions	G

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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Schedule A (Form 990 or 990-EZ) 2020

Pa	art IV Supporting Organizations (continuea)			
11	Has the organization accepted a gift or contribution from any of the following persons?		Yes	No
	a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below,			
		11a		Х
		11b		Χ
	, , , , , , , , , , , , , , , , , , ,	11c		Χ
Sec	ction B. Type I Supporting Organizations	1		
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one		Yes	No
•	or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If 'No,' describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees			
	were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Sed	ction C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the	4	V	
_	supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1	Х	
Sec	ction D. All Type III Supporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the		162	NO
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played			
	in this regard.	3		
Sec	ction E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
	a The organization satisfied the Activities Test. Complete line 2 below.			
	b The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
	c The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instruction	ons).		
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted			
	substantially all of its activities.	2a		
	b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i>			
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If 'Yes' or 'No,' provide details in Part VI .	3a		
	b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If 'Yes,' describe in Part VI the role played by the organization in this regard.</i>	3b		

1	Check here if the organization satisfied the Integral Part Test as a qualifying trust o instructions. All other Type III non-functionally integrated supporting organizations	n Nov. 20,	1970 (explain in Part V	I). See h E.
Sec	tion A ' Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sec	tion B ' Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
á	A Average monthly value of securities	1a		
ŀ	Average monthly cash balances	1b		
(Fair market value of other non-exempt-use assets	1c		
(Total (add lines 1a, 1b, and 1c)	1d		
-	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C ' Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally integra (see instructions).	ated Type I	II supporting organizati	on
BAA			Schedule A (F	orm 990 or 990-EZ) 202

Schedule A (Form 990 or 990-EZ) 2020

Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continu	ued)	
Sec	tion D ' Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4	Amounts paid to acquire exempt-use assets	4	
5	Qualified set-aside amounts (prior IRS approval required ' provide details in Part VI)	5	
6	Other distributions (describe in Part VI). See instructions.	6	
7	Total annual distributions. Add lines 1 through 6.	7	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8	
9	Distributable amount for 2020 from Section C, line 6	9	
10	Line 8 amount divided by line 9 amount	10	

Section E ' Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required ' explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			

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Schedule A (Form 990 or 990-EZ) 2020

12-4567890

Part VI

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

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

G Attach to Form 990, Form 990-EZ, or Form 990-PF. G Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2020

Name of the organization Boy Scot	ut Trust Fund #999, Yourtown	Employer identification number					
Bank and	Trust, Trustee, Yourtown, TX	12-4567890					
Organization type (check one):							
Filers of:	Section:						
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization						
	4947(a)(1) nonexempt charitable trust not treated as a private foundation						
	527 political organization						
Form 990-PF	501(c)(3) exempt private foundation						
	4947(a)(1) nonexempt charitable trust treated as a private foundation						
	501(c)(3) taxable private foundation						
•	rered by the General Rule or a Special Rule . (8), or (10) organization can check boxes for both the General Rule and a Special	Rule. See instructions.					
General Rule							
	ing Form 990, 990-EZ, or 990-PF that received, during the year, contributions tota one contributor. Complete Parts I and II. See instructions for determining a contrib						
Special Rules							
under sections 509(a) received from any one	escribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% supp (1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, lies contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) ne 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.	ine 13, 16a, or 16b, and that					
during the year, total of	escribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received ficontributions of more than \$1,000 exclusively for religious, charitable, scientific, lite revention of cruelty to children or animals. Complete Parts I (entering 'N/A' in column address), II, and III.	erary, or educational					
during the year, contri \$1,000. If this box is c charitable, etc., purpo	escribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received fibutions exclusively for religious, charitable, etc., purposes, but no such contribution thecked, enter here the total contributions that were received during the year for an se. Don't complete any of the parts unless the General Rule applies to this organively religious, charitable, etc., contributions totaling \$5,000 or more during the year	ons totaled more than n <i>exclusively</i> religious, ization because					
990-PF), but it must answer 'No	n't covered by the General Rule and/or the Special Rules doesn't file Schedule B (' on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ sn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).						

Name of organization

Employer identification number

Boy Scout Trust Fund #999, Yourtown 12-4567

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space	e is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Bill Bruford 569 Brisbane Ct Yourtown, TX 75021	\$ <u>100,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- \$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- \$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- \$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- \$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	 	- \$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

Boy Scout Trust Fund #999, Yourtown

12-4567890

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
<u>N/A</u>			
		 \$ 	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 _{\$}	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 _{\$}	

Schedule B (Form 990, 990-EZ, or 990-PF) (2020) Name of organization Employer identification number Boy Scout Trust Fund #999, Yourtown 12-4567890 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc. contributions of \$1,000 or less for the year. (Enter this information once. See instructions.). Use duplicate copies of Part III if additional space is needed (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (c) Use of gift (b) Purpose of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

G Attach to Form 990.

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Open to Public Inspection Employer identification number

	Scout Trust Fund #999, Yourtown k and Trust, Trustee, Yourtown, TX			12-4567890
Par		Advised Funds or Other and 'Yes' on Form 990. Part	Similar Funds or Acc	
	Jennprete ii ure erganization anewere	(a) Donor advised funds		unds and other accounts
1	Total number at end of year	(4) 201101 4411004 14114	(2):	
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advare the organization's property, subject to the organization's			Yes No
6	Did the organization inform all grantees, donors, and for charitable purposes and not for the benefit of the impermissible private benefit?	donor or donor advisor, or for ar	y other purpose conferring	
Par	·			
ı aı	Complete if the organization answere	ed 'Yes' on Form 990, Part	IV, line 7.	
1	Purpose(s) of conservation easements held by the o			
	Preservation of land for public use (for example,	recreation or education)	Preservation of a histori	cally important land area
	Protection of natural habitat		Preservation of a certifie	ed historic structure
	Preservation of open space		<u> </u>	
2	Complete lines 2a through 2d if the organization held	d a qualified conservation contrib	ution in the form of a conse	rvation easement on the
	last day of the tax year.			
	Tabel manufacture from a marking a constant			leld at the End of the Tax Year
	Total number of conservation easements			
	Total acreage restricted by conservation easements			
	Number of conservation easements on a certified his	()		
C	Number of conservation easements included in (c) a structure listed in the National Register		2 d	
3	Number of conservation easements modified, transfet tax year G	erred, released, extinguished, or	terminated by the organiza	tion during the
4	Number of states where property subject to conserva	ation easement is located G		
5	Does the organization have a written policy regarding and enforcement of the conservation easements it he	0 ,		Yes No
6	Staff and volunteer hours devoted to monitoring, insp G	oecting, handling of violations, ar	nd enforcing conservation e	asements during the year
7	Amount of expenses incurred in monitoring, inspecting G\$	ng, handling of violations, and er	nforcing conservation easen	nents during the year
8	Does each conservation easement reported on line 2 and section 170(h)(4)(B)(ii)?) Yes No
9	In Part XIII, describe how the organization reports coinclude, if applicable, the text of the footnote to the o	nservation easements in its reve rganization's financial statement	enue and expense statemer s that describes the organiz	nt and balance sheet, and cation's accounting for
Dar	conservation easements. t III Organizations Maintaining Collecti	one of Art Historical Tre	asures or Other Sir	nilar Assots
Pai	Complete if the organization answere	d 'Yes' on Form 990, Part	IV, line 8.	illiai A336t3.
1 a	If the organization elected, as permitted under FASB historical treasures, or other similar assets held for p Part XIII the text of the footnote to its financial staten	ublic exhibition, education, or re-	search in furtherance of put	e sheet works of art, olic service, provide in
b	If the organization elected, as permitted under FASB historical treasures, or other similar assets held for p following amounts relating to these items:	bublic exhibition, education, or res	search in furtherance of pub	blic service, provide the
	(i) Revenue included on Form 990, Part VIII, line 1			
	(ii) Assets included in Form 990, Part X			-
	If the organization received or held works of art, histoamounts required to be reported under FASB ASC 9	58 relating to these items:	-	-
	Revenue included on Form 990, Part VIII, line 1			
r	Assets included in Form 990 Part X			G\$

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Page 2

Part III Organizations Maintain	ning Collections	of Art, Histo	oricai	reasures, or	Juner	Similar ASS	eis (C	Onlinu	ea)
3 Using the organization's acquisition, items (check all that apply):	accession, and other	records, check a	any of th	e following that ma	ıke sigr	nificant use of its	collect	ion	
a Public exhibition		d Loan o	or excha	nge program					
b Scholarly research		e Other							
c Preservation for future generation	ons	_	-						
4 Provide a description of the organiza Part XIII.	ation's collections and	explain how the	y further	the organization's	exemp	t purpose in			
5 During the year, did the organization to be sold to raise funds rather than	to be maintained as p	art of the organiz	zation's	collection?			Yes		No
Part IV Escrow and Custodial line 9, or reported an an	Arrangements. nount on Form 99	Complete if th 0, Part X, line	ne orga e 21.	anization answ	ered '	Yes' on Form	990,	Part I\	/,
1 a Is the organization an agent, trustee on Form 990, Part X?							Yes	Γ	No
b If 'Yes,' explain the arrangement in I						Į		L	_
	·						Amoun	t	
c Beginning balance					. 1 c				
d Additions during the year					. 1 d				
e Distributions during the year					. 1 e				
f Ending balance					. 1f				
2 a Did the organization include an amo					liability	?	Yes		No
b If 'Yes,' explain the arrangement in I						L			┤。
bili 100, explain the arrangement in i	art Am. Oncok nord	r the explanation	nao be	on provided on r di				· · · · · · L	J
Part V Endowment Funds. Co	mnlete if the ora	anization anev	wered	'Ves' on Form	aan E	Part IV line 1	Λ		
Lindowinent i dilds. Oc	(a) Current year	(b) Prior year		(c) Two years back		Three years back		our year	e hack
1 a Beginning of year balance	3,059,644.	2,909,2		2,753,134	. ,	2,519,573			6,406.
b Contributions	100,000.	225,0		200,000		250,000		-	0,000.
b Contributions.	100,000.	223,0	500.	200,000	•	250,000	-	150	<i>J</i> ,000.
c Net investment earnings, gains,	301,250.	143,2	200	122,700		99,550		0-	7,889.
and losses									
d Grants or scholarships	250,000.	200,0	000.	150,000		100,000		80	0,000.
e Other expenditures for facilities and programs.	00.540	47.6	250	10.510		0			4.700
f Administrative expenses	33,540.	17,8		16,540		15,989			4,722.
g End of year balance	3,177,354.	3,059,6		2,909,294		2,753,134		2,519	9,573.
2 Provide the estimated percentage o	•	, -	, columr	ı (a)) held as:					
a Board designated or quasi-endowm		<u>0.00</u> %							
b Permanent endowment G	80.00 %								
c Term endowment G 10).00 [%]								
The percentages on lines 2a, 2b, an	d 2c should equal 100	0%.							
3 a Are there endowment funds not in the	ne possession of the c	rganization that	are held	and administered	for the		_		
organization by:	россосон сс с	gaao a.a.						Yes	No
(i) Unrelated organizations							3a(i)		Х
(ii) Related organizations							3a(ii)		Х
b If 'Yes' on line 3a(ii), are the related	organizations listed a	s required on Scl	hedule F	₹?			3b		
4 Describe in Part XIII the intended us	es of the organization	n's endowment fu	ınds.						
Part VI Land, Buildings, and E	auipment.								
Complete if the organiza		es' on Form 9	990, Pa	art IV, line 11a.	See I	Form 990, Pa	art X.	line 10)_
Description of property	(a) Cost	or other basis	(b) (Cost or other	(c) Ad	ccumulated		Book va	
4 a Land	,	vestment)	Ba	isis (other)	aep	reciation			
1 a Land									
b Buildings									
c Leasehold improvements									
d Equipment									
e Other									
Total. Add lines 1a through 1e. (Column (d) must equal Form 9	90, Part X, colum	nn (B), li	ne 10c.)		G			0.

BAA

Part VII Investments 'Other Securities.	Vaalan Farma 000 I	Part IV line 11h Cae Farm 000 l	Don't V. line 10
Complete if the organization answered "	(b) Book value		
(a) Description of security or category (including name of security) (1) Financial derivatives	(b) Book value	(c) Method of valuation: Cost or end-	oi-year market value
(2) Closely held equity interests			
(3) Other BSA Commingled Endowment Fund	3 177 354	End of Year Market Value	
(Δ)	0,177,004.	End of real Warket value	
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
(I)	0.477.054		
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.).		N1/A	
Part VIII Investments ' Program Related. Complete if the organization answered "	Yes' on Form 990. I	N/A Part IV. line 11c. See Form 990. I	Part X. line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
(1)			-
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) G Part IX Other Assets.	N/A		
Part IX Other Assets. Complete if the organization answered "	N/A Yes' on Form 990, I	Part IV, line 11d. See Form 990, l	
Part IX Other Assets. Complete if the organization answered " (a) De	N/A	Part IV, line 11d. See Form 990, l	Part X, line 15. (b) Book value
Other Assets. Complete if the organization answered " (a) De (1)	N/A Yes' on Form 990, I	Part IV, line 11d. See Form 990, I	
Complete if the organization answered (a) De (1) (2)	N/A Yes' on Form 990, I	Part IV, line 11d. See Form 990, I	
Complete if the organization answered (a) De (1) (2) (3)	N/A Yes' on Form 990, I	Part IV, line 11d. See Form 990, I	
Complete if the organization answered (a) De (1) (2) (3) (4) (5)	N/A Yes' on Form 990, I	Part IV, line 11d. See Form 990, I	
Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6)	N/A Yes' on Form 990, I	Part IV, line 11d. See Form 990, I	
Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7)	N/A Yes' on Form 990, I	Part IV, line 11d. See Form 990, l	
Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8)	N/A Yes' on Form 990, I	Part IV, line 11d. See Form 990, I	
Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9)	N/A Yes' on Form 990, I	Part IV, line 11d. See Form 990, I	
Complete if the organization answered Comp	N/A Yes' on Form 990, I scription		
Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line (Column (b) must equal Form 990, Part X, column (B) line (Column (b) must equal Form 990, Part X, column (B) line (Column (b) must equal Form 990, Part X, column (B) line (Column (b) must equal Form 990, Part X, column (B) line (Column (b) must equal Form 990, Part X, column (B) line (Column (b) must equal Form 990, Part X, column (B) line (Column (b) must equal Form 990, Part X, column (B) line (Column (b) must equal Form 990, Part X, column (B) line (Column (b) must equal Form 990, Part X, column (B) line (Column (b) must equal Form 990, Part X, column (B) line (Column (b) must equal Form 990, Part X, column (B) line (Column (b) must equal Form 990, Part X, column (B) line (Column (b) must equal Form 990, Part X, column (B) line (Column (b) must equal Form 990, Part X, column (B) line (Column (b) must equal Form 990, Part X, column (B) line (Column (b) must equal Form 990, Part X, column (B) line (Column (b) must equal Form 990, Part X, column (B) (Column (b) must equal Form 990, Part X, column (B) (Column (b) must equal Form 990, Part X, column (B) (Column (b) must equal Form 990, Part X, column (B) (Column (b) must equal Form 990, Part X, column (B) (Column (b) must equal Form 990, Part X, column (B) (Column (b) must equal Form 990, Part X, column (B) (Column (b) must equal Form 990, Part X, column (B) (Column (b) Must equal Form 990, Part X, column (B) (Column (b) Must equal Form 990, Part X, column (B) (Column (b) Must equal Form 990, Part X, column (B) (Column (b) Must equal Form 990, Part X, column (B) (Column (b) Must equal Form 990, Part X, column (B) (Column (b) Must equal Form 990, Part X, column (B) (Column (b) Must equal Form 990, Part X, column (B) (Column (B) Must equal Form 990, Part X, column (B) (Column (B) Must equal Form 990, Part X, column (B) (Column (B) Must equal Form 990, Part X, column (B) (Column (B) Must equal Form 990, Part Equal Form	N/A Yes' on Form 990, I scription		
Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line (Part X) Other Liabilities. Complete if the organization answered 'Yes	Yes' on Form 990, I scription ne 15.)s' on Form 990, Part	G	(b) Book value
Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line (Part X) Other Liabilities. Complete if the organization answered 'Yes 1. (a) Description (a) Description (b) Total (b) Complete if the organization answered 'Yes (b) Description (c) Description (c) Description (c) Description (d) D	Yes' on Form 990, I scription	G	(b) Book value
Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) lii. Part X Other Liabilities. Complete if the organization answered 'Ye: 1. (a) Description (a) Description (b) Part X (column (b) Part X (column (colum	Yes' on Form 990, I scription ne 15.)s' on Form 990, Part	G	(b) Book value Part X, line 25.
Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line (Part X) Other Liabilities. Complete if the organization answered 'Ye: 1. (a) Description (1) Federal income taxes (2)	Yes' on Form 990, I scription ne 15.)s' on Form 990, Part	G	(b) Book value Part X, line 25.
Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line (Part X) Other Liabilities. Complete if the organization answered 'Ye: 1. (a) Description (1) Federal income taxes (2) (3)	Yes' on Form 990, I scription ne 15.)s' on Form 990, Part	G	(b) Book value Part X, line 25.
Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line (Part X) Other Liabilities. Complete if the organization answered 'Yesta. (a) Description (1) Federal income taxes (2) (3) (4)	Yes' on Form 990, I scription ne 15.)s' on Form 990, Part	G	(b) Book value Part X, line 25.
Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line (Part X) Other Liabilities. Complete if the organization answered 'Ye: 1. (a) Description (1) Federal income taxes (2) (3)	Yes' on Form 990, I scription ne 15.)s' on Form 990, Part	G	(b) Book value Part X, line 25.
Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line (1) Federal income taxes (2) (3) (4) (5) (6) (7) (6) (7) (1) Federal income taxes (2) (3) (4) (5) (6) (7)	Yes' on Form 990, I scription ne 15.)s' on Form 990, Part	G	(b) Book value Part X, line 25.
Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)	Yes' on Form 990, I scription ne 15.)s' on Form 990, Part	G	(b) Book value Part X, line 25.
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Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line (1) Part X Other Liabilities. Complete if the organization answered 'Ye: 1. (a) Description (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10)	Yes' on Form 990, I scription ne 15.)s' on Form 990, Part	G	(b) Book value Part X, line 25.
Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line Part X Other Liabilities. Complete if the organization answered 'Ye: 1. (a) Description (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)	N/A Yes' on Form 990, I scription ne 15.)s' on Form 990, Part iption of liability	IV, line 11e or 11f. See Form 990,	(b) Book value Part X, line 25.

Part XI Reconciliation of Revenue per Audited Financial Statem	ients with Reven	ue per Return. N/A	
Complete if the organization answered 'Yes' on Form 990, F	Part IV, line 12a.		
1 Total revenue, gains, and other support per audited financial statements		1	
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a Net unrealized gains (losses) on investments	2 a		
b Donated services and use of facilities	2 b		
c Recoveries of prior year grants	2 с		
d Other (Describe in Part XIII.).	2 d		
e Add lines 2a through 2d		2 e	
3 Subtract line 2e from line 1			
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a Investment expenses not included on Form 990, Part VIII, line 7b	4 a		
b Other (Describe in Part XIII.).	4 b		
c Add lines 4a and 4b		4 c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	
Part XII Reconciliation of Expenses per Audited Financial State	monte With Expo	nege por Poturn N/A	
reconciliation of Expenses per Addited i mancial state	ilielits with Expe	ises per itelurii. IV/	
Complete if the organization answered 'Yes' on Form 990, F		ises per Keturii. N/A	
	Part IV, line 12a.	-	
Complete if the organization answered 'Yes' on Form 990, F	Part IV, line 12a.	-	
Complete if the organization answered 'Yes' on Form 990, F 1 Total expenses and losses per audited financial statements	Part IV, line 12a.	-	
Complete if the organization answered 'Yes' on Form 990, F 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	Part IV, line 12a.	-	
Complete if the organization answered 'Yes' on Form 990, F 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities	Part IV, line 12a 2a 2b	-	
Complete if the organization answered 'Yes' on Form 990, F 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments.	2a 2b 2c	-	
Complete if the organization answered 'Yes' on Form 990, F 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses	2a 2b 2c 2d	1	
Complete if the organization answered 'Yes' on Form 990, F 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.)	2a 2b 2c 2d	1	
Complete if the organization answered 'Yes' on Form 990, F 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d	2a 2b 2c 2d	1	
Complete if the organization answered 'Yes' on Form 990, F 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments. c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d	1	
Complete if the organization answered 'Yes' on Form 990, F 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d	1	
Complete if the organization answered 'Yes' on Form 990, F 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments. c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b	2a	2e 3	
Complete if the organization answered 'Yes' on Form 990, F 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments. c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.)	2a	2e 3	

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

Part X - FASB ASC 740 Footnote

The fund adopted the provisions of FASB ASC 740-10-25, which requires that a tax position be recognized or derecognized based on a "more likely than not" standard.

This applies to tax positions taken or expected to be taken in a tax return. The council does not believe its December 31, 2020 financial statements include any uncertain tax positions.

BAA Schedule D (Form 990) 2020

SCHEDULE I (Form 990)

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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 21 or 22. G Attach to Form 990.

OMB No. 1545-0047 2020

Open to Public

Department of the Treasury Inspection G Go to www.irs.gov/Form990 for the latest information. Internal Revenue Service Name of the organization Employer identification number Boy Scout Trust Fund #999, Yourtown Bank and Trust, Trustee, Yourtown, TX 12-4567890 General Information on Grants and Assistance Part I Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?.... 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered 'Yes' on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. 1 (a) Name and address of organization (c) IRC section (if applicable) (d) Amount of cash grant (f) Method of valuation (g) Description of (b) EIN (e) Amount of non-cash (h) Purpose of grant or government (book, FMV, appraisal, noncash assistance assistance or assistance (1) America's Best Council, Inc. Support operations and 12-3456789 250.000 0 FMV programs

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

TEEA3901L 07/15/20

Schedule I (Form 990) 2020

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

Schedule I ((Form 990) 2020	Boy Scout T	rust Fund #999, You	urtown				12-	4567890)	
				viduals.	Complete if the organization	answered '	Yes' or	Form 990,	Part IV,	line 22.	Part III
	can be duplica	ited if additional	space is needed.								

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

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

BAA Schedule I (Form 990) 2020

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

G Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

12-4567890

Department of the Treasury Internal Revenue Service

Name of the organization

Boy Scout Trust Fund #999, Yourtown Bank and Trust, Trustee, Yourtown, TX

Bank and Trust, Trustee, Yourtown, 12

Form 990, Part I, Line 1 - Organization Mission or Significant Activities

The executive board of America's Best Council, Inc., Boy Scouts of America #999, has approved the creation and establishment of the Boy Scout Trust Fund, for the benefit of Scouting in the territory covered by the local council charter, for the general purpose stated in the Act of Congress approved June 15, 1916, creating the Boy Scouts of America.

Form 990, Part III, Line 1 - Organization Mission

The executive board of America's Best Council, Inc., Boy Scouts of America #999, has approved the creation and establishment of the Boy Scout Trust Fund, for the benefit of Scouting in the territory covered by the local council charter, for the general purpose stated in the Act of Congress approved June 15, 1916, creating the Boy Scouts of America.

Form 990, Part VI, Line 1a - Explanation of Delegated Broad Authority to Committee

The executive board shall be the governing body of the corporation and shall manage its affairs. The executive board shall be the local reviewing authority with respect to matters within the Scouting movement which arise in the territory of the corporation. There shall be an executive committee consisting of the persons and having the powers specified below:

The executive committee shall be composed of those persons who are the officers of the corporation, including the Scout executive, who shall have no vote, and may include others appointed by the president.

The executive committee of the executive board shall have and may exercise all the necessary powers of the executive board in the management of the corporation during

the intervals between the meetings of the executive board, but in no event shall the

Name of the organization
Boy Scout Trust Fund #999, Yourtown
Bank and Trust, Trustee, Yourtown, TX

Employer identification number
12-4567890

Form 990, Part VI, Line 1a - Explanation of Delegated Broad Authority to Committee (continued)

executive committee act contrary to action theretofore taken by the executive board.

Minutes shall be kept of all executive committee action and reported at the ensuing meeting of the executive board for its approval.

Meetings of the executive committee may be called at any time by the president and shall be called by the president within 30 days upon the request of three or more members of the executive committee. It shall be the general practice of the executive committee to meet in those months in which the executive board does not meet. All meetings of the executive committee shall be held on at least 3 days written notice by fax or electronic mail. A majority of the voting members of the executive committee shall constitute a quorum.

Form 990, Part VI, Line 6 - Explanation of Classes of Members or Shareholder

Active members may elect the members of the governing body and approve significant decisions of the governing body.

Form 990, Part VI, Line 7a - How Members or Shareholders Elect Governing Body

Active members may elect members at large, regular members of the executive board,

and officers of the corporation other than the Scout executive.

Form 990, Part VI, Line 7b - Decisions of Governing Body Approval by Members or Shareholders

Active members may vote at the annual meeting to receive and approve financial statements as of the close of its most recent complete fiscal year and other such business as may come before the meeting. Active members may also vote in regular and special meetings on matters including but not limited to whether to merge with another council or councils.

Form 990, Part VI, Line 11b - Form 990 Review Process

Prior to filing each year, the council's audit committee performs a thorough review of a preliminary draft of its Form 990 where it will recommend changes and/or

Name of the organization Boy Scout Trust Fund #999, Yourtown Bank and Trust, Trustee, Yourtown, TX

Employer identification number

12-4567890

Form 990, Part VI, Line 11b - Form 990 Review Process (continued)

corrections, if any, to the return preparer. When the changes have been incorporated in the return, the audit committee will recommend that it be presented to the entire board of directors for review. At that time, a complete copy of the council's Form 990 and schedules is emailed to each director, where he or she is invited to review the return.

Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts

The fund follows the policy of the council, which is to, at least once a year, distribute a conflict of interest certification and disclosure form to its officers, directors and professional employees. The covered persons are required to complete and sign the certification and disclosure form, which is retained in the council files. The certification and disclosure forms are reviewed no less than annually by the Scout executive and treasurer. Additionally, the council compiles and maintains a list of potentially conflicted entities and individuals. Proposed transactions are then matched against the list as a means of identifying possible conflicts. The Scout executive is ultimately responsible for maintaining the list and screening for possible conflicts of interest.

Form 990, Part VI, Line 15a - Compensation Review & Approval Process - CEO & Top Management

Each year the council president appoints an independent compensation and benefits committee whose responsibilities are to review the performance of the Scout executive and to establish a compensation package for him or her subject to approval by the executive board. The compensation of the Scout executive is reviewed and approved using data as to comparable compensation for similarly qualified persons in functionally comparable positions at similarly situated organizations. There is contemporaneous documentation and record keeping with respect to the deliberations and decisions regarding the compensation arrangement.

Name of the organization Boy Scout Trust Fund #999, Yourtown Bank and Trust, Trustee, Yourtown, TX

Employer identification number 12-4567890

Form 990, Part VI, Line 15b - Compensation Review & Approval Process - Officers & Key Employees

Each year the council president appoints an independent compensation and benefits committee whose responsibility is to establish a compensation package for key employees based on performance reviews conducted by the Scout executive using data as to comparable compensation for similarly qualified persons in functionally comparable positions at similarly situated organizations. There is contemporaneous documentation and record keeping with respect to the deliberations and decisions regarding the compensation arrangement.

Form 990, Part VI, Line 18 - Explanation of Other Means Forms Available For Public Inspection

The trust fund is included in the group exemption filing of the National Council, Boy Scouts of America, and therefore does not file Form 1023.

Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

The fund's policy regarding disclosure of governing documents, policies, and financial statements follows that of America's Best Council, which is that if the governing documents and policies of the council are subject to the federal public disclosure rules (or state public disclosure rules), these documents will be made publicly available as applicable law may require. Otherwise, the governing documents and policies will be provided to the public at the discretion of management.

The following documents are available for public inspection at America's Best Council's Service Center located at 123 Woodbadge Rd, Yourtown, TX 75021 or on the council's website at http://www.ambestcouncilbsa.org: All documents as required by federal, state, and local law, including but not limited to the IRS Form 990 and if applicable, the IRS 990 T; annual report; audited financial statements; minutes of the Executive Board meetings.

Part III, Line 1- Mission

Boy Scout Trust Fund #999, Yourtown
Bank and Trust, Trustee, Yourtown, TX

Employer identification number
12-4567890

The corporation shall promote, within the territory covered by the charter from time to time granted it by the Boy Scouts of America and in accordance with the Congressional Charter, bylaws, and Rules and Regulations of the Boy Scouts of America, the Scouting program of promoting the ability of boys and young men and women to do things for themselves and others, training them in Scoutcraft, and teaching them patriotism, courage, self-reliance, and kindred virtues, using the methods which are now in common use by the Boy Scouts of America.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

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

2020

2020

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Boy Scout Trust Fund #999, Yourtown Bank and Trust, Trustee, Yourtown, TX

Employer identification number 12-4567890

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
<u>(1)</u>					
(2)					
(3)					
Part II Identification of Related Tax-Exempt Organization had one or more related tax-exempt organizations described by the control of the co	ns. Complete if the orguing the tax year.	anization answered	'Yes' on Form 990,	Part IV, line 34, bed	cause it

(b) Primary activity (c) Legal domicile (state (d) Exempt Code (f) Direct controlling (g) Sec 512(b)(13) controlled entity? (a)
Name, address, and EIN of related organization Public charity status or foreign country) section (if section 501(c)(3)) entity Yes No (1) America's Best Council, Inc., BSA 123 Woodbadge Drive To prepare young Yourtown, TX 75021 people to make 12-3456789 ethical TX 501(c)(3)N/A Χ

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

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

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

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

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

				1 3 4					
Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Yes	No				
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations			4		V				
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.				V	Х				
b Gift, grant, or capital contribution to related organization(s).				Х	· ·				
c Gift, grant, or capital contribution from related organization(s).					X				
d Loans or loan guarantees to or for related organization(s).					X				
e Loans or loan guarantees by related organization(s).			1 e		Х				
f Dividends from related organization(s).			1f		Х				
g Sale of assets to related organization(s).					X				
h Purchase of assets from related organization(s).									
i Exchange of assets with related organization(s).					X				
					X				
j Lease of facilities, equipment, or other assets to related organization(s)			1j		Х				
k Lease of facilities, equipment, or other assets from related organization(s).			1k		Х				
Performance of services or membership or fundraising solicitations for related organization(s)			11		X				
m Performance of services or membership or fundraising solicitations by related organization(s)					X				
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)					X				
o Sharing of paid employees with related organization(s).									
					Х				
p Reimbursement paid to related organization(s) for expenses.			1р		Х				
q Reimbursement paid by related organization(s) for expenses					Х				
					,				
r Other transfer of cash or property to related organization(s).			1r		Х				
s Other transfer of cash or property from related organization(s)			1s		X				
2 If the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line, including cove									
(a) Name of related organization	_ (b)	(c) Amount involved	Method of d	d)					
Name of related organization	Transaction type (a-s)	Amount involved	Method of c	letermi involve	ning				
	., , , , , , , , , , , , , , , , , , ,		4						
(1) America's Best Council, Inc., BSA #999	b	250,000.							
(1) America's Dest Council, Inc., DOA #999	D D	230,000.							
(2)									
(3)									
(4)									
(5)									
(6)									

BAA

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unre- lated, excluded from tax under			(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
			sections 512-514	Yes	No			Yes	No		Yes	No	Ī
<u>(1)</u>													
	1												
(2)													
(3)													
(4)													
(5)													
<u>(6)</u>													
<u>(7)</u>													
(8)													
(8)													
5	1	1									•		2007 0000

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Part VII Supplemental Information

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

About the Author

Ken Moran is a CPA and CGMA, licensed in North Carolina and Virginia, with over twenty-years' experience in not-for-profit accounting, auditing, and taxation. Ken has worked for the National Council for over eleven years and currently serves as a senior financial analyst at the BSA Supply Division in Charlotte, NC. Before joining the National Council, Ken audited local councils while working for a large, international CPA firm, and served as CFO of the Heart of Virginia Council while running his own practice in Richmond, Virginia. Ken is author of the *Local Council Guide to the Audit* and numerous other documents focused on helping local councils, their auditors, and boards of directors navigate complex accounting, auditing, and tax issues.