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Local Council Guide to the 2022 IRS Form 990

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-Chapter 1-

Introduction

April 2023

The Local Council Guide to the 2022 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 2022 Form 990 and Council Trust Fund 2022 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 2022 IRS Forms 990.

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, 2023 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
- o 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.

^{*} 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.

The Basics

When to file

File Form 990, 990-EZ, 990-PF, and 990-T by May 15, 2023. If more time is needed, use Form 8868 to request an automatic six-month extension of time (to November 15, 2023) 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 15, 2023.

Filing thresholds

Both gross receipts and total assets thresholds remain at their 2021 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 required for all Forms 990 for 2022 tax year

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 starting with the 2020 tax year. This means that all local councils and their trust funds must file their 990 series returns electronically for the 2022 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.

Reporting forgiven PPP loans and ERC refunds on Form 990

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 Government grants in the tax year that the amounts are forgiven.

The CARES Act also established the Employee Retention Credit (ERC), which is a refundable credit against certain payroll taxes reported on IRS Form 941, allowed

to an eligible employer for qualifying wages paid between March 13, 2020, through and including September 30, 2021. Eligible councils that have not yet claimed (or incorrectly claimed) any ERC for qualified wages paid during this period, may still obtain the ERC by amending their quarterly employment tax returns, i.e., Forms 941-X, Adjusted Employer's Quarterly Federal Tax Return or Claim for Refund. Regardless of whether the credit was applied to (and reduced) a payroll tax liability reported on Form 941 or received (in cash) as a result of amending Form 941, the credit should be reported on line 1e, Part VIII. Statement of Revenue, as Government grants in the tax year that the amounts are received/used. Do not report these amounts as reductions of payroll tax expense.

Contributions to BSA Settlement Trust [As applicable to your council]

NEW!

Note: The following information should only be considered as a resource and should not be acted upon before consulting your council's audit committee, tax professionals, and legal counsel.



In the sample Form 990 included in this year's Guide, our model council has placed its BSA Settlement Trust contribution amount in escrow per the terms of the restructuring agreement. As of December 31, 2022, the Settlement Trust had not yet been funded. The escrow agreement with Bank of New York Mellon (the escrow agent) clearly states that "...The Escrow Account and the Escrow Property shall be the property of the Local Councils at all times until the release of the Disbursement Amount...." Accordingly, the model council has included the escrowed funds in its financial statements as of December 31, 2022 and in Form 990, Part X, Balance Sheet, line 2, Savings and temporary cash investments. The box at the top of the page (Check if Schedule O contains a response or note to any line in this Part X) has been checked and the escrowed funds are disclosed on Schedule O.

Our council has also recorded a corresponding liability for the contribution amount (because the actual contribution to the Settlement Trust had not yet been made as of December 31, 2022), which is reported in Part X, Balance Sheet, line 25, Other liabilities. This triggers a "Yes" answer on line 11e, Part IV, to the question "Did the organization report an amount for other liabilities in Part X, line 25?" It also triggers a reporting requirement on Part X, Schedule D and Schedule O disclosure.

Final note: [As applicable to your council] The preceding is just one possible scenario in your council's participation in the BSA Settlement Trust. Be sure to have a discussion with your state-licensed tax professionals, attorneys, auditors, and audit committee before making any disclosures in you council's 2022 IRS Form 990.

Council-registered Units (CRUs) and Form 990

NEW!

As CRUs become more prevalent among local councils, we urge you to review with your tax professionals these units' relationship with your council for 990 purposes. The BSA has prepared documents that may help in this discussion, including Council Registered Units: Guidelines for Administration, The Annual Council Unit Registration Agreement, and Fiscal Policies and Procedures for BSA Units. These documents are all available here:

https://onedrive.live.com/?authkey=%21AB7B8QyBoJZNeIM&id=2DD2E3814744C075%21 6377&cid=2DD2E3814744C075



As units transition from Charter Organizations to CRUs, it is crucial that the unit uses the correct Taxpayer Identification Number (TIN). This is especially important because of new 1099 reporting requirements. Read on...

Head's Up for Next Year! [From Fiscal Policies and Procedures for BSA Units, revised May 2023]

"The IRS introduced new reporting requirements for payments received for goods and services, lowering the threshold to \$600. Third party settlement organizations, such as PayPal and Venmo, will be required to provide customers with a 1099-K form if they receive \$600 or more in goods and services transactions during the 2023 tax year. Charter Organization Units and Council Registered Units utilizing PayPal or Venmo should ensure they are using appropriate EINs and following all policies and procedures. Parents of/Groups of Citizens Units should consult their own tax advisors."

If a unit is using an incorrect TIN, there is a risk that transactions may be improperly reported to the IRS, possibly creating a tax liability where none should exist. Please be sure to review with your tax advisor the documents referenced above and take an inventory of your council's CRUs' TINs to ensure proper tax reporting.

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, <u>it may make a reasonable estimate</u>, 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.

Reminder

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.

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 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 definition below²)
- **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

² The IRS defines a **key employee** as follows:

An employee of an organization (other than an officer, director, or trustee) who meets all three of the following tests applied in the following order.

- 1. \$150,000 Test. Receives reportable compensation from the organization and all related organizations in excess of \$150,000 for the calendar year ending with or within the organization's tax year.
- 2. Responsibility Test. The employee:
- a. Has responsibilities, powers, or influence over the organization as a whole similar to those of officers, directors, or trustees;
- b. Manages a discrete segment or activity of the organization that represents 10% or more of the activities, assets, income, or expenses of the organization, as compared to the organization as a whole; or

- c. Has or shares authority to control or determine 10% or more of the organization's capital expenditures, operating budget, or compensation for employees.
- 3. *Top 20 Test*. Is one of the 20 employees (that satisfy the \$150,000 Test and Responsibility Test) with the highest reportable compensation from the organization and related organizations for the calendar year ending with or within the organization's tax year.

Be sure to talk with your licensed tax preparer about applying the three tests to your council employees to make the right classification on your IRS Form 990.

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 \$10,000³ for a given person does not need to be reported in Part VII, column (F), except:

- 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)

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) is greater than \$150,000.

³Note that the \$10,000 per item exception only applies to reporting in Part VII of Form 990; it does not apply to Schedule J.

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 2022 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.

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 2022 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 or 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 ret	urns by the CPA if one prepared the returns.) Is the
CPA's information, including prepa	rer's tax identification number (PTIN), listed?
Were the council and trust (tru May 15?	sts on a calendar year) 990s or 8868s filed on or before
Has a copy of the council and to	rust(s) 990/990-T been sent electronically directly to

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 twelve 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.

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accrual • credit

Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047

Open to Public Inspection

Α	For t	he 2022 calend	dar year, or tax	year beginni	ng		, 20	22, and endir	ng			, 20	
В	Check	if applicable:	С							D Emple	yer ident	tification num	ber
	А	ddress change	America's Be	est Council	. Inc.					99-	99999	99	
		ame change	Boy Scouts							E Telep			
		itial return	123 Woodba							(07	2) 122	1567	
	-		Yourtown, T							(97	2) 123	3-4567	
	-	nal return/terminated	,									Φ.	
	_ A	mended return								G Gross			<u>5,351,390.</u>
	Α	pplication pending	F Name and addre	ess of principal off	icer: Joh	n B. Loya	al		` '	a group retu		<u> </u>	Yes X No
			Same As C	Above		- , -			H(b) Are al	l subordinate " attach a lis	s included	l?	Yes No
	Tax	exempt status:	X 501(c)(3)	501(c) () (ir	nsert no.)	4947(a)(1) or 527	ii No,	allacii a iis	. See ilisti	ructions.	
J			p://www.amb	estcouncill	sa org	,	, .	·	H(c) Group	exemption r	umber	1761	
<u> </u>		n of organization:	X Corporation		Association	Other		L Year of formati	. , .			egal domicile:	TX
	art I	Summar		Trust /	ASSOCIATION	Other		L Teal Of Ioillan	on. 191	0 141	State Of It	egai domicile.	17
Pà			,	nla mission s	r moot oian	ificant activ	ition						
	1		e the organization										
ė		The purpose	of the Corporation tated in the Act of	n is as set for	th in the or	iginal certif	cate of inco	orporation und	er the law	s of the D	istrict of	Columbia,	<u>, dated February</u>
Governance													
E			pose of this Corp								`	Continued	on Schedule ()
š	2	Check this bo						osed of more t				i	
G	3		ing members of										36
Activities &	4		lependent voting										36
₽.	5		of individuals em								5		172
≊	6	Total number	of volunteers (es	stimate if nece	essary)						6		9,500
g	7a	Total unrelate	d business rever	nue from Part	VIII, colum	n (C), line 1	2				7a		0.
	b	Net unrelated	business taxable	e income from	Form 990	-T, Part I, lii	ne 11				7b		0.
										Prior Yea	r	Curre	ent Year
	8	Contributions	and grants (Part	VIII. line 1h).						3,202	950		2,670,200.
ne	9		ce revenue (Par	. ,						1,793			671,400.
ē	10		come (Part VIII, o								,,330. ,,147.		70,340.
Revenue	-		e (Part VIII, colun										
_	11		•				,			1,146	,		722,500.
	12		' add lines 8 thro							6,230	,	,	4,134,440.
	13		milar amounts pa	•						261	,520.		146,960.
	14	Benefits paid	to or for member	s (Part IX, co	umn (A), lii	ne 4)							
	15	Salaries, othe	r compensation,	employee be	nefits (Part	IX, column	(A), lines 5	-10)		2,490),711.		2,265,998.
Expenses	16a	Professional f	undraising fees (Part IX. colun	nn (A). line	11e)				40	,000.		25,000.
ë											,,000.		20,000.
<u>×</u>	b		ing expenses (Pa			_		278,583.					
_	17	Other expense	es (Part IX, colur	nn (A), lines 1	1a-11d, 11	f-24e)				3,094	l,801.		<u> 2,217,166.</u>
	18	Total expense	s. Add lines 13-	17 (must equa	al Part IX, c	olumn (A),	line 25)			5,887	7,032.	,	4,655,124.
	19	Revenue less	expenses. Subti	ract line 18 fro	m line 12.						3,151.		-520,684.
o se			<u> </u>							ng of Curre		Fnd	of Year
ds c	20	Total assets (I	Part X, line 16)							13,038			4,619,155.
SSe Bala	21	,	(Part X, line 26)								,810.		2,254,520.
Net Assets Fund Balanc	-1		,										
			fund balances. S	Subtract line 2	1 from line	20				12,736	6,659.	1.	2,364,635.
Pa	art II	Signatur	e Block										
Jnd	er penal	ties of perjury, I dec	lare that I have exami	ned this return, inc	cluding accomp	panying schedu	les and statem	ents, and to the be	st of my know	vledge and b	elief, it is t	rue, correct, ar	nd
om	plete. D	eclaration of prepare	er (other than officer) i	s based on all info	rmation of whi	ch preparer ha	s any knowledg	e.	,	Ü	,	, ,	
21/	nn.	Signature of	officer						Date				
۷۲ کار	gn re	laha D	امراما										
16	re	John B.						;	Secretar	y, SE			
			name and title										
		Print/Type p	reparer's name	[[Preparer's sign	ature		Date		Check	if	PTIN	
פכ	id									self-emplo	yed		
	epar	er Firm's name								1	l		
	e Or	NIN C								∐ ∣ Firm's EIN			
	J J1	Firm's addre	33										
_										Phone no.		To all	
Лa	y the I	RS discuss this	s return with the	preparer shov	vn above?	See instruc	tions					. X Yes	i No

4c (Code:) (Expenses \$	BAA	<u> </u>	TE	FA0102L 09/01/	22			Form 990 (2022)
Training programs - provided training, administrative and other support to more than 8,000 adult volunteers who delivered Scouting programs to youth. 4d Other program services (Describe on Schedule O.)	46	Total program service expenses	3,727,5	09.				
Training programs - provided training, administrative and other support to more than 8,000 adult volunteers who delivered Scouting programs to youth.		(Expenses \$	including grants of	\$) (Revenue	\$)
Training programs - provided training, administrative and other support to more than	40	1 Other program services (Describe o	n Schedule O.)					
Training programs - provided training, administrative and other support to more than								
Training programs - provided training, administrative and other support to more than								
Training programs - provided training, administrative and other support to more than								
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Training programs - provided training, administrative and other support to more than								
Training programs - provided training, administrative and other support to more than								
Training programs - provided training, administrative and other support to more than								
4c (Code:) (Expenses \$ 272,859, including grants of \$) (Revenue \$ 53,40					-	more than	`	 ,
	40	(Code:) (Expenses	272.859, incl	uding grants	of \$)	(Revenue	\$ 53,400.)

Form 990 (2022) 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	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.	3		Х
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? <i>If</i> "Yes," <i>complete Schedule D</i> , <i>Part I</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? <i>If "Yes," complete Schedule D, Part II.</i>	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</i> "Yes," <i>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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Χ	
b	Did the organization report an amount for investments ' other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b		Χ
С	Did the organization report an amount for investments 'program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	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	11f	Χ	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete</i>	12a		Χ
h	Schedule D, Parts XI and XII	124		
	if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Χ	
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u>X</u>
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b		Χ
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	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	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		Х
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Χ
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		Х

Part IV C	Checklist	of Req	uired	Schedules	(continued
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			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	X				
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If a "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		X			
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b					
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c					
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d					
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I.	25a		Х			
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.						
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		X			
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):						
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV.	28a		Х			
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV.	28b		Х			
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV.	28c		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? <i>If</i> "Yes," <i>complete Schedule M</i>	30		Х			
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х			
	Schedule N, Part II.						
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	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		Χ			
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				
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х				
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	Χ				
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		Χ			
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? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		Χ			
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	X				
Par	t 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-	Enter the number reported in box 2 of Form 1006. Enter 0, if not applicable		Yes	No			
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable						
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming						
	(gambling) winnings to prize winners?	1c	Χ				
BAA	TEEA0104L 09/01/22	Form	990 (2	2022)			

America's Best Council, Inc. Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

			Yes	No					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х						
3a	a Did the organization have unrelated business gross income of \$1,000 or more during the year?								
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3a 3b							
	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)?								
b	If "Yes," enter the name of the foreign country	4a							
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).								
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х					
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5с							
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х					
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b							
7	Organizations that may receive deductible contributions under section 170(c).								
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?	7a	X						
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Χ						
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		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?	7e		Х					
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х					
Ī	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g							
	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?								
8	8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring								
0	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?	9a							
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b							
	Section 501(c)(7) organizations. Enter:	35							
	Initiation fees and capital contributions included on Part VIII, line 12								
	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?	12a							
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year								
	Section 501(c)(29) qualified nonprofit health insurance issuers.	42-							
а	Is the organization licensed to issue qualified health plans in more than one state?	13a							
h	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								
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х					
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O.</i>	14b		<u> </u>					
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	ידי							
	excess parachute payment(s) during the year?	15		Х					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х					
	If "Yes," complete Form 4720, Schedule O.								
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would								
	result in the imposition of an excise tax under section 4951, 4952, or 4953?	17							

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

	Check if Schedule O contains a response or note to any line in this Part VI.			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
b	Enter the number of voting members included on line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?			
4	Did the organization make any significant changes to its governing documents	3		Х
-	since the prior Form 990 was filed?	4		Х
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	
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more	0		
<i>1</i> a	members of the governing body? See Schedule Q	7a	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?	7b	Χ	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Χ	
b	Each committee with authority to act on behalf of the governing body?	8b	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? <i>If</i> "Yes," provide the names and addresses on Schedule O	9		Χ
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	ode.)
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	Χ	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Х	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Χ	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Yes," <i>describe on Schedule O how this was done.</i> See Schedule O.	12c	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	X	
	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	Χ	
	Other officers or key employees of the organizationSee Schedule Q	15b	Χ	
-	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	10.0	, ,	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	100		7.
	organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure	-	-	
17	List the states with which a copy of this Form 990 is required to be filed 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. X Own website X Upon request X Other (explain on Schedule O))
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. See Schedule O			
20	State the name, address, and telephone number of the person who possesses the organization's books and records.			

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

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- ? List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - ? List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- ? List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- ? List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- ? List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization nor any relat	ed organi	zatio	n co	mpe	nsat	ed a	ny c	urrent officer, direc	ctor, or trustee.	
_				(C))					
(A) Name and title	(B) Average hours per	tha	n one s both	box, n an c	unles officer /truste	ot check more unless person fficer and a trustee)		(D) Reportable compensation from the organization	(E) Reportable compensation from	(F) Estimated amount of other
	week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099- MISC/1099-NEC)	related organizations (W-2/1099- MISC/1099-NEC)	compensation from the organization and related organizations
(1) John B. Loyal	_ <u>50</u> _	.,								40.000
Secretary, SE	2	Х		Χ				300,000.	0.	40,000.
(2)_ Billy Gibbons Dir. of Field Svc	_ <u>45</u> _	-				Х		133,000.	0.	38,000.
(3) Jimmy Herring	45					<u> </u>		100,000.	0.	00,000.
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	Χ						0.	0.	0.
_(6)_James Hendrix	2	١.,						_		
<u>Director</u>	1	Х						0.	0.	0.
(7) Eric Clapton	2								0	0
Director Council and	2	Х						0.	0.	0.
		X						0.	0.	0
(9) James Page	2	^						0.	0.	0.
Director	1	Х						0.	0.	0.
(10) Allan Holdsworth	2							0.	0.	<u> </u>
Director	1	Χ						0.	0.	0.
(11) Riley B. (BB) King	2	, ·						<u> </u>		<u> </u>
Director	1	Χ						0.	0.	0.
(12) Robert Johnson	2									
Director	1	Х						0.	0.	0.
(13) Stephen Ray Vaughan	2									
Director	1	Χ						0.	0.	0.
(14) Duane Allman	2									
Director	1	Χ						0.	0.	0.

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Form 990 (2022) America's Best Council,	Inc.						99-9999999			ige 8
Part VII Section A. Officers, Directo	rs, Trustees,	Key	Emp	oloy	ees, ar	d Highest Cor	npensated Emp	loyee	S (cor	ntinued)
(A) Name and title	Average hours per week (list any	offi	not che , unless cer and	persor a direc	re than one n is both an ctor/trustee)	(D) Reportable compensation from the organization (W-2/1099-	(E) Reportable compensation from related organizations (W-2/1099-		(F) nated among of other ensation	
	hours for related organiza - tions below dotted line)	Individual trustee or director	Institutional trustee	Key employee	Former Highest compensated employee	MISC/1099-NEC)	MISC/1099-NEC)	a	organizat nd related ganization	d
(15) Eric Johnson Director		X				0.	0.			0.
(16) Joseph Satriani Director	21	Х				0.	0.			0.
(17) Steven Vai Director	21	X				0.	0.			0.
(18) Edward Van Halen	2									
Director (19) Yngwie Malmsteen		X				0.	0.			0.
Director (20) Lawrence Carlton	1 2 _	X				0.	0.			0.
Director (21) Wes Montgomery	1 2	X				0.	0.			0.
Director (22) Jaco Pastorius	1	X				0.	0.			0.
Director (23) Pat Metheny	1	X				0.	0.			0.
Director (24) Charlie Christian	1	X				0.	0.			0.
Director	1	X				0.	0.			0.
(25) Django Reinhardt Director	21	Χ				0.	0.			0.
1b Subtotal						683,000.	0.		133	,000.
c Total from continuation sheets to Part Vid Total (add lines 1b and 1c)						0. 683,000.	0. 0.			,000.
2 Total number of individuals (including but no from the organization	ot limited to those	listed	above	e) wh	o receive	d more than \$100,0	000 of reportable con	npensa	tion	
3 Did the organization list any former officer, on line 1a? <i>If</i> "Yes,"complete Schedule J fo								3	Yes	No X
4 For any individual listed on line 1a, is the su the organization and related organizations (such individual.	greater than \$150,	000?	If "Ye	s," co	mplete S	Schedule J for		4	X	
5 Did any person listed on line 1a receive or a for services rendered to the organization? I	accrue compensat	ion fro	om an	y unre	elated or	ganization or individ	lual	. 5		X
Section B. Independent Contractors									<u>I</u>	
Complete this table for your five highest cor compensation from the organization. Repor								ar.		
(A) Name and busine	·			<i>y</i> -		(B) Description of)	((C) ensatio	n
			_							
2 Total number of independent contractors (ir \$100,000 of compensation from the organiz	ŭ	nited 1	to thos	e list	ed above	e) who received mo	re than			
BAA	-	TEEAC	108L 0	9/01/22	2			Form	990 (2022)

Form 990

Continuation Sheet for Form 990

OMB No. 1545-0047

2022

99-999999

Department of the Treasury Internal Revenue Service

Name of the Organization Employler Identification number

America's Best Council, Inc.

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

Highest Compensated Employees Position (do not check more than one box, unless person is both an officer and a director/trustee) (D) (E) (F) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) Reportable Estimated amount of other Name and title compensation from the organization (W-2/1099-MISC/1099-NEC) Average Former hours per week (list any Individual to Officer employee Highest compensated nstitutional trustee key employee compensation from the organization hours for and related related organiza-tions organizations l trustee below dotted line) 2 Miles Dewey Davis Director Χ 1 0. 0. 0. Charlie Parker 2 Director 1 Χ 0. 0. 0. John McLaughlin 5 President Χ 0. 0. 0. Mike Stern 5 Past President 1 Χ 0. 0. 0. 5 Steve Howe Commissioner 0. 0. 0. 5 Al DiMeola VP, District Op Χ 0. 0. 0. Johnny Winter 5 VP, Finance 1 0. 0. 0. Carlos Santana 5 VP, Membership 1 0. 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 Χ 0. 0. Director 1 0. Brian May 5 VP, Public Rel 0. 0. 0. John Scofield 5 Chmn, Mbr at Lg Χ 0. 0. 0. Joe Pass 5 Chmn, LFL 0. 0. 0. 1 Mark Knopfler 5 **General Counsel** Χ 0. 1 0. 0.

Form **990** Cont 2022

Form 990 (2022) 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
ह, ह	1a	Federated campaigns	1a	323,500.				
ĒŽ	b	Membership dues	1b	,				
وَ کَ	С	Fundraising events	1c	85,500.				
ifts ar A	d	Related organizations	1d	250,000.				
D HE	е	Government grants (contributions).	1e	551,750.				
S. S.	f	All other contributions, gifts, grants, and		001,700.				
至		similar amounts not included above	1f	1,459,450.				
草豆	g	Noncash contributions included in lines 1a-1f	1g	201,500.				
Contributions, Gifts, Grants, and Other Similar Amounts	h	Total. Add lines 1a-1f			2,670,200.			
		Totali / Ga III/Ga III/Ga III		Business Code	2,070,200.			
au eu	2a	Camping Programs		900099	408,000.	408,000.		
ě	b	Activities		900099	210,000.	210,000.		
ë	c	Training		900099	53,400.	53,400.		
Š	d			300033	33,400.	33,400.		
ဖွဲ့	e							
Ľа	f	All other program service revenue.						
Program Service Revenue	g				671,400.			
ш.	3	Investment income (including divid			071,400.			
	3	other similar amounts)			64,000.			64,000.
	4	Income from investment of tax-exe	ond proceeds	,			, , , , , , , , , , , , , , , , , , , ,	
	5	Royalties						
		(i) Ro	eal	(ii) Personal				
	6a	Gross rents 6a	4,100).				
	b	Less: rental expenses 6b						
	С	Rental income or (loss) 6c	4,100).				
				4,100.			4,100.	
	7a	Gross amount from (i) Secu	rities	(ii) Other	·			
		sales of assets	7,840					
	b	other than inventory Less: cost or other basis	7,040	,				
		and sales expenses 7b 20	1,500).				
	С	Gain or (loss) 7c	6,340).				
	d	Net gain or (loss)	<u></u>		6,340.			6,340.
<u>o</u>	8a	Gross income from fundraising events						
Ĭ		(not including \$ 85,50	0.					
Š		of contributions reported on line 1c).						
Œ		See Part IV, line 18	8	1,010,1001				
Other Reven		Less: direct expenses	8	000,000.				
δ	С	Net income or (loss) from fundraisi	ng eve	ents	456,250.			456,250.
	9a	Gross income from gaming activities. See Part IV, line 19						
			9					
		Less: direct expenses	9					
	С	Net income or (loss) from gaming	activitie	es				
	10a	Gross sales of inventory, less. returns and allowances						
			10					
		Less: cost of goods sold	10	101,000.	0.10 ===			0.10 ===
	С	Net income or (loss) from sales of	irivent	Business Code	248,550.			248,550.
Miscellaneous Revenue	11-	Dofundo/raimh			40.000	40.000		
scellaneo Revenue	11a	Refunds/reimbursements		900099	13,600.	13,600.		
ᅙᅙ	מ							
ရှိ ရွှ	C	All other revenue						
<u> </u>	٠.	Total. Add lines 11a-11d			40.000			
					13,600.	005.000		770.040
	12	Total revenue. See instructions			4,134,440.	685,000.	0.	779,240.

Form 990 (2022) America's Best Council, Inc. 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 resp	oonse or note to any line			
	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		·		
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.	134,223.	7,454.
9	Other employee benefits	225,650.	192,705.	21,437.	11,508.
10	Payroll taxes			,	
11	Fees for services (nonemployees):	141,300.	120,670.	13,424.	7,206.
	Management				
	Legal.	400,000		400,000	
	<u>-</u>	100,000.		100,000.	
	Accounting.	65,000.		65,000.	
	Lobbying	05.000			05.000
	Professional fundraising services. See Part IV, line 17	25,000.	00.504	0.470	25,000.
	Investment management fees	33,400.	28,524.	3,173.	1,703.
	(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.	02,000.	00,204.	0,010.	0,177.
19 20	Conferences, conventions, and meetings	12,160.	10,385.	1,155.	620.
21	Payments to affiliates	60,500.	E4 667	5,747.	2.006
22	Depreciation, depletion, and amortization	439,199.	51,667.		3,086. 22,399.
23	Insurance		375,076.	41,724.	
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.).	152,960.	130,628.	14,531.	7,801.
а	Program supplies	492,300.	492,300.		
b	Recognition awards	180,280.	180,280.		
c		75,970.	64,878.	7,217.	3,875.
d		72,300.	61,744.	6,869.	3,687.
6	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 if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

		Check if Schedule O contains a response or note to an	ny line in tl	his Part X			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	4,950,931.
	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 co controlled entity or family member of any of these person		5			
	6	Loans and other receivables from other disqualified personal	ons (as de	fined under			
		section 4958(f)(1)), and persons described in section 495	58(c)(3)(B)	١		6	
	7	Notes and loans receivable, net				7	
<u>s</u>	8	Inventories for sale or use			175,612.	8	124,262.
Ū	9	Prepaid expenses and deferred charges		_	169,400.	9	89,430.
8 V 1	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	1 1	12,174,382.	100,1001		30,100.
		Less: accumulated depreciation.		5,678,960.	6,384,321.	10c	6,495,422.
1		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		<u> </u>	40,300.	13	00,333.
	14	Intangible assets	-		14		
	15	Other assets. See Part IV, line 11			15		
	15 16			13,038,469.	16	14,619,155.	
'	10	Total assets. Add lines 1 through 15 (must equal line 33)		13,036,469.	10	14,619,133.
1	17	Accounts payable and accrued expenses			75,460.	17	122,900.
1	18	Grants payable		_		18	
1	19	Deferred revenue			162,950.	19	89,120.
2	20	Tax-exempt bond liabilities				20	
<u>စ</u> 2	21	Escrow or custodial account liability. Complete Part IV o	f Schedule	D		21	
Liabilities	22	Loans and other payables to any current or former office key employee, creator or founder, substantial contributor controlled entity or family member of any of these person	. or 35%			22	
	2	Secured mortgages and notes payable to unrelated third				22	
	-	3 3 1 7	•	<u> </u>		23	
		Unsecured notes and loans payable to unrelated third pa Other liabilities (including federal income tax, payables to		<u></u>		24	
	23	and other liabilities not included on lines 17-24). Complete	te Part X o	of Schedule D	63,400.	25	2,042,500.
2	26	Total liabilities. Add lines 17 through 25			301,810.	26	2,254,520.
Net Assets or Fund Balances		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.					
<u>e</u> 2	27	Net assets without donor restrictions			10,736,167.	27	9,671,020.
<u>m</u> 2	28	Net assets with donor restrictions		<u></u>	2,000,492.	28	2,693,615.
Fund		Organizations that do not follow FASB ASC 958, che and complete lines 29 through 33.	ck here				
Ö 2	29	Capital stock or trust principal, or current funds				29	
\$ 3	30	Paid-in or capital surplus, or land, building, or equipment		<u></u>		30	
SS 3	31	Retained earnings, endowment, accumulated income, or		<u></u>		31	
¥ 3		Total net assets or fund balances			12,736,659.	32	12,364,635.
2 3		Total liabilities and net assets/fund balances			13,038,469.	33	14,619,155.
BAA			TEEA0111L		12,000, 1001	I	Form 990 (2022)

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Par	art XI Reconciliation of Net Assets					_
	Check if Schedule O contains a response or note to any line in this Part XI					
1	1 Total revenue (must equal Part VIII, column (A), line 12)		1	4	,134,	440.
2	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	4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))		4	12	,736,	659.
5	5 Net unrealized gains (losses) on investments		5			660.
6	6 Donated services and use of facilities		6			
7	7 Investment expenses		7			
8	8 Prior period adjustments.		8			
9	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.
Par	art XII Financial Statements and Reporting		<u> </u>		,,	-
	Check if Schedule O contains a response or note to any line in this Part XII					П
	Chock in Contocute C Contains a responde of hole to any line in the r art All.				Yes	No
1	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 on Schedule O.	n				
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant	?		2a		Χ
	If "Yes," check a box below to indicate whether the financial statements for the year were compile separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis					
					V	
b	b Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited basis, consolidated basis, or both:	on a separate				
	Separate basis X Consolidated basis Both consolidated and separate basis					
С	c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for c review, or compilation of its financial statements and selection of an independent accountant?	versight of the aud	it,	2c	Χ	
	If the organization changed either its oversight process or selection process during the tax year, on Schedule O.	•				
3а	3a As a result of a federal award, was the organization required to undergo an audit or audits as set Guidance, 2 C.F.R Part 200, Subpart F?	forth in the Uniform		3a		Х
b	b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?	ergo the required a	udit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>		3b		
BAA	TEEA0112L 09/01/22			Form	990 (2022)

SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

			st Council, Inc.			Employer identification number				
			America #999			99-999999				
Part		Reason for Public Cha					part.) See instruction	ons.		
	rgai	nization is not a private foundat	•	o ,	,	,				
1	Ш	A church, convention of church	•			0(b)(1)(A)(i).			
2	Ш	A school described in section								
3	Ш	A hospital or a cooperative hos			` ' '	,, ,, ,				
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 gover	nment or governmenta	I unit described in section	n 170(b)(1)(A)(\	/).			
7	Χ	An organization that normally in section 170(b)(1)(A)(vi).	receives a substantial p Complete Part II.)	part of its support from a	governn	nental ur	nit or from the general p	ublic described		
8		A community trust described in	n section 170(b)(1)(A)	(vi). (Complete Part II.)						
9		An agricultural research organ or university or a non-land-gra university:	nt college of agriculture	e (see instructions). Ente						
10		An organization that normally from activities related to its exinvestment income and unrela June 30, 1975. See section 5	empt functions, subject ted business taxable in	33-1/3% of its support fraction to certain exceptions; and accome (less section 511)	nd (2) nd	more th	nan 33-1/3% of its suppo	ort from gross		
11		An organization organized and	d operated exclusively t	to test for public safety. S	See sect	ion 509	(a)(4).			
12		An organization organized and or more publicly supported org lines 12a through 12d that des	janizations described ir	n section 509(a)(1) or s e	ection 5	09(a)(2).	See section 509(a)(3)	urposes of one . Check the box on		
а		Type I. A supporting organizate organization(s) the power to recomplete Part IV, Sections A	tion operated, supervise	ed, or controlled by its su	upported	organiz	ation(s), typically by givi	ing the supported ation. You must		
b		Type II. A supporting organiza management of the supporting must complete Part IV, Section 11.	g organization vested in							
С		Type III functionally integrate organization(s) (see instruction	ed. A supporting organns). You must comple	ization operated in connete Part IV, Sections A,	ection w D, and E	th, and f	functionally integrated w	rith, its supported		
d		Type III non-functionally inte functionally integrated. The org instructions). You must comp	ganization generally mu	ust satisfy a distribution r	connecti equirem	on with i ent and	ts supported organization attentiveness require	on(s) that is not ement (see		
е		Check this box if the organizat integrated, or Type III non-fund	ion received a written o	determination from the IF	RS that it	is a Typ	e I, Type II, Type III fun	ctionally		
f		iter the number of supported or	•							
g	Pro	ovide the following information	about the supported or	ganization(s).						
	(i) Na	ame of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	organiza in your g	s the tion listed overning nent?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)		
					Yes	No				
(A)										
(B)										
<u>(D)</u>										
(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)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,595,400.	3,036,000.	3,354,708.	3,202,950.	2,670,200	0. 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	D. 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						
	ndar year (or fiscal year nning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	2,595,400.	3,036,000.	3,354,708.	3,202,950.	2,670,200	0. 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.	70,34	D. 338,369.
9	Net income from unrelated business activities, whether or not the business is regularly carried on	01,000.	02,300.	02,200.	33,1021	7 0,0 1.	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.	13,600	
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	year as a section	501(c)(3)	
	tion C. Computation of Pul						
	Public support percentage for 2022	, ,,	•				07101
	Public support percentage from 20						0.101
16a	33-1/3% support test'2022. If the and stop here. The organization q						
b	33-1/3% support test'2021. 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 iization	line 15 is 33-1/3%	or more, check	this box
17a	10%-facts-and-circumstances te or more, and if the organization me the organization meets the facts-and the organization meets the organ	eets the facts-and-c	circumstances test,	check this box an	d stop here. Expla	ain in Part VI ho	w
	10%-facts-and-circumstances te or more, and if the organization meorganization meets the facts-and-circumstances te	eets the facts-and-c ircumstances test.	circumstances test, The organization of	check this box an Jualifies as a publi	d stop here. Explactly supported orga	ain in Part VI ho nization	w the
18	Private foundation. If the organiza	ation did not check	a box on line 13, 1	6a, 16b, 17a, or 1	7b, check this box	and see instruct	tions

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Schedule A (Form 990) 2022

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 test	s listed below, plea	ase complete Part	II.)			
	tion A. Public Support						
	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
	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)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.						
	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 on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).						
	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	ax year as a section	n 501(c)(3)	
	tion C. Computation of Pul					, .	
15	Public support percentage for 2022	2 (line 8, column (f), divided by line 13	3, column (f))		15	%
16	Public support percentage from 20	21 Schedule A, Pa	art III, line 15	<u></u>	<u></u>	16	%
Sec	tion D. Computation of Inv	estment Inco	me Percentage	e			
17	Investment income percentage for	2022 (line 10c, co	lumn (f), divided by	/ line 13, column ((f))	17	%
18	Investment income percentage from						%
19a	33-1/3% support tests 2022. If the is not more than 33-1/3%, check th						
b	33-1/3% support tests ' 2021. If the line 18 is not more than 33-1/3%, c	e organization did r check this box and	not check a box on stop here. The or	line 14 or line 19a ganization qualifie	a, and line 16 is mo es as a publicly sup	ore than 33-1/3%, an ported organization.	id

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3а	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		
	i i i	7.0		
С	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		
h	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the			
D	organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5с		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
-	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one			
	or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with			
	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).	8		
9а	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
С	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9с		
0a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.	10a		
		ıva		
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		
		<i></i>	000;	

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Par	t IV	Supporting Organizations (continued)			
44	l laa ti			Yes	No
		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 on lines 11b and 11c below,			
u	the go	overning body of a supported organization?	11a		
b	A fam	nily member of a person described on line 11a above?	11b		
		6 controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.	11c		
Sect	ion E	B. Type I Supporting Organizations		1	1
	D: 4 4 h			Yes	No
1	or mo officer organ than o	ne governing body, members of the governing body, officers acting in their official capacity, or membership of one ore supported organizations have the power to regularly appoint or elect at least a majority of the organization's rs, 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			
		g the tax year.	1		
2	that o	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 orting organization.	2		
Sect	ion C	C. Type II Supporting Organizations			
		7. 1. 5 5		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 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		
Sect	ion D	D. All Type III Supporting Organizations		V	NI-
1	Did th	ne organization provide to each of its supported organizations, by the last day of the fifth month of the		Yes	No
	organ year,	ation's tax year, (i) a written notice describing the type and amount of support provided during the prior tax a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
		nization'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			
	organ the or	nization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how rganization maintained a close and continuous working relationship with the supported organization(s).	2		
3		ason of the relationship described on 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			
	all tim	nes during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played is regard.	3		
Sec		E. Type III Functionally Integrated Supporting Organizations			
_					
1		k 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	H	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	ШТ	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instruc	tions)		
2	Activit	ties Test. Answer lines 2a and 2b below.		Yes	No
а	suppo organ	substantially all of the organization's activities during the tax year directly further the exempt purposes of the orted 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 onsive to those supported organizations, and how the organization determined that these activities constituted			
	subst	tantially all of its activities.	2a		
b	more	ne activities described on 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			
		ons for the organization's position that its supported organization(s) would have engaged in these activities or the organization's involvement.	2b		
3	Paren	nt of Supported Organizations. <i>Answer lines 3a and 3b below.</i>			
а		ne organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a		
b	Did th	ne organization exercise a substantial degree of direction over the policies, programs, and activities of each of its			
	suppo	orted organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Sch	edule A (Form 990) 2022 America's Best Council, Inc.		99-99	99999	Page
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting O	rganizat	ions		
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	on Nov. 20, s must com	1970 (explain in Part \ plete Sections A throu	/I). See gh E.	
Sec	ction A ' Adjusted Net Income		(A) Prior Year		rent Year ional)
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		rent Year ional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):				
- 1	Average monthly value of securities	1a			
	Average monthly cash balances	1b			
	Fair market value of other non-exempt-use assets	1c			
	d 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	ction C ' Distributable Amount			Curre	nt 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 organizat	ion	

BAA Schedule A (Form 990) 2022

Sche	dule A (Form 990) 2022 America's Best Council, Inc.	99-99999	99 Page 7
Part	Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (confi	inued)	
Sect	ion D ' Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1	
	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	
	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8	
9	Distributable amount for 2022 from Section C, line 6	9	
10	Line 8 amount divided by line 9 amount	10	

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

BAA Schedule A (Form 990) 2022

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Part VI

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

Part II, Line 10 - Other Income

Nature and Source		2022	_	2021		2020	_	2019		2018
	Total	\$ 13,600. \$ 13,600.	<u>\$</u> \$	13,600. 13,600.	<u>\$</u>	13,600. 13,600.	<u>\$</u> \$	13,600. 13,600.	<u>\$</u> \$	12,512. 12,512.

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Boy Scouts of America #999

Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. Name of the organization America's Best Council, Inc.

OMB No. 1545-0047

Employer identification number

99-9999999

2022

Organization type (check one):					
Filers of:	Section:				
Form 990 or 990-EZ	\overline{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				
•	on is covered by the General Rule or a Special Rule . 1(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.				
General Rule					
or more (in mo	zation filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 oney or property) from any one contributor. Complete Parts I and II. See instructions for determining stotal contributions.				
Special Rules					
regulations un 16b, and that	zation described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% support test of the ider sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.				
contributor, du literary, or edu	zation described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one uring the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, ucational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering nn (b) instead of the contributor name and address), II, and III.				
contributor, du contributions t during the yea General Rule	zation described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one uring the year, contributions exclusively for religious, charitable, etc., purposes, but no such totaled more than \$1,000. If this box is checked, enter here the total contributions that were received are for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the applies to this organization because it received nonexclusively religious, charitable, etc., contributions 0 or more during the year.				
must answer "No" on Pa	n that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it art IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line it meet the filing requirements of Schedule B (Form 990).				

Schedule B (Form 990) (2022) Name of organization Employer identification number America's Best Council, Inc. 99-999999

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

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1	United Way - Yourtown 456 Main St Yourtown, TX 75021	\$ <u>323,500.</u>	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2	John Bonham 124 Magnolia Ct Yourtown, TX 75021	\$250 <u>,00</u> 0.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3	Bill Bruford 569 Brisbane Ct Yourtown, TX 75021	\$ <u>124,500.</u>	Person
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
<u>4</u>	The Smith Foundation 123 Maple St Yourtown, TX 75021	\$250,000.	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
<u>5</u>	Luigi Chinetti 456 Le Mans Dr Yourtown, TX 75021	\$ <u>77,000.</u>	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
<u>6</u>	Boy Scout Trust Fund #999 123 Woodbadge Drive Yourtown, TX 75021 TEEA0702L 07/22/22	\$250,000.	Person X Payroll

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

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Schedule B (Form 990) (2022) Name of organization Employer identification number

America's Best Council, Inc.

99-9999999

Schedule B (Form 990) (2022)

America	's Best Council, Inc.	99-99999	99
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space	is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
3	25 shs ACME Corp		
		\$ <u>124,500.</u>	3/01/20
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
E	500 shs Ferrari NV		
5		\$77, <u>000</u> .	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
		\$	
(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
		\$	
		ĮΨ	

TEEA0703L 07/22/22

Name of organization Employer identification number 99-999999 America's Best Council, Inc. 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 (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 (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 Relationship of transferor to transferee Transferee's name, address, and ZIP + 4

2-26

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SCHEDULE D (Form 990)

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

Inspection Employer identification number

	erica's Best Council, Inc.	00 000000
	Scouts of America #999	99-999999
Par		s or Accounts.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised are the organization's property, subject to the organization's exclusive legal control?	funds Yes No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be use for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose con impermissible private benefit?	ferring
Par		
	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).	
		historically important land area
	Protection of natural habitat Preservation of a	certified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a	a conservation easement on the
	last day of the tax year.	
		Held at the End of the Tax Year
a	Total number of conservation easements.	2 a
k	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 July 25, 2006 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 or tax year	rganization during the
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of viol	ations
3	and enforcement of the conservation easements it holds?	1 1 2 2 1 1 2 2
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conserv	
_	<u> </u>	3 · · , · ·
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation	n easements during the year
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h) and section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense st include, if applicable, the text of the footnote to the organization's financial statements that describes the conservation easements.	atement and balance sheet, and organization's accounting for
Par	organizations Maintaining Collections of Art. Historical Treasures, or O	ther Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
1 a	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and historical treasures, or other similar assets held for public exhibition, education, or research in furtherance 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 bal historical treasures, or other similar assets held for public exhibition, education, or research in furtherance following amounts relating to these items:	e of public service, provide the
	(i) Revenue included on Form 990, Part VIII, line 1	\$
	(ii) Assets included in Form 990, Part X	\$
2	If the organization received or held works of art, historical treasures, or other similar assets for financial g	-
	amounts required to be reported under FASB ASC 958 relating to these items:	Φ.
a	Revenue included on Form 990, Part VIII, line 1	\$
	Assets included in Form 000 Port V	Q*

Part III Organizations Mainta	aining Collection	ns of Art, Histori	ical Treasures, o	r Other Similar As	ssets	(conti	nued)	
3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):								
a Public exhibition		d Loan or exc	change program					
b Scholarly research		e Other						
c Preservation for future generation	ons							
4 Provide a description of the organiza 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?								
Escrow and Custodial Arr reported an amount of	angements. Comple n Form 990, Part	te if the organization X, line 21.	answered "Yes" on Fo	rm 990, Part IV, line 9,	or			
1 a Is the organization an agent, trustee on Form 990, Part X?					Yes	Γ	No	
b If "Yes," explain the arrangement in	b If "Yes," explain the arrangement in Part XIII and complete the following table:							
				,	Amount			
c Beginning balance				1 c				
d Additions during the year				1 d				
e Distributions during the year				1 e				
f Ending balance				1 f				
2 a Did the organization include an amo	unt on Form 990, Pai	t X, line 21, for escro	w or custodial account	liability?	Yes		No	
b If "Yes," explain the arrangement in	Part XIII. Check here	if the explanation has	been provided on Par	t XIII	- 		1	
						<u>. </u>	_	
Part V Endowment Funds.	Complete if the o	rganization answ	ered "Yes" on For	m 990, Part IV, line	e 10.			
	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) F	our year	s back	
1 a Beginning of year balance	3,059,644.	2,909,294	2,753,134	2,519,573.		2,366	6,406.	
b Contributions	100,000.	225,000	200,000	250,000.		150	0,000.	
c Net investment earnings, gains,								
and losses	301,250.	143,200	122,700	99,550.		97	7,889.	
d Grants or scholarships	250,000.	200,000	150,000	100,000.		80	0,000.	
e Other expenditures for facilities and programs				0.				
f Administrative expenses	33,540.	17,850	16,540	15,989.		14	4,722.	
g End of year balance	3,177,354.	3,059,644	2,909,294	2,753,134.		2,519	9,573.	
2 Provide the estimated percentage of	the current year end	balance (line 1g, colu	ımn (a)) held as:					
a Board designated or quasi-endowment		<u>0.00</u> %						
b Permanent endowment	80.00 %							
c Term endowment 10).00 <mark>%</mark>							
The percentages on lines 2a, 2b, an	d 2c should equal 10	0%.						
3 a Are there endowment funds not in the	ne possession of the o	organization that are h	neld and administered	for the	_			
organization by:						Yes	No	
(i) Unrelated organizations					3a(i)		X	
(ii) Related organizations					3a(ii)	Χ		
b If "Yes" on line 3a(ii), are the related	organizations listed	as required on Sched	ule R?		3b	Χ		
4 Describe in Part XIII the intended us	es of the organization	n's endowment funds.	See Part XI					
Part VI Land, Buildings, and	Equipment.							
Complete if the organi	zation answered	"Yes" on Form 9	90, Part IV, line 11	Ia. See Form 990,	Part 2	X, line	10.	
Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation (d) Book value								
1 a Land			2,397,561.			2,39	7,561.	
b Buildings			5,752,988.	2,462,066.			0,922.	
c Leasehold improvements								
d Equipment			2,400,933.	2,207,391.			3,542.	
e Other			_, ,	_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		<u></u>		
Total. Add lines 1a through 1e. (Column (90, Part X, column (E	3), line 10c.)			6.49	5,422.	
ВАА			. ,		ule D (F		0) 2022	

Part VII	Investments 'Other Securities.	\/	N/A	Doub V. Bros. 40
(a) December	Complete if the organization answered			
	n of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
` '	derivativeseld equity interests			
(3) Other	leid equity litterests			
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
<u>(I)</u>				
	(b) must equal Form 990, Part X, column (B) line 12.)			
Part VIII	Investments ' Program Related.		N/A	
	Complete if the organization answered	"Yes" on Form 990	, Part IV, line 11c. See Form 990), Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)	(h) (D) !: (D) !: (D) !: (D)			
Part IX	n (b) must equal Form 990, Part X, column (B) line 13.) Other Assets.	N/A		
I dit ix	Complete if the organization answered		. Part IV. line 11d. See Form 990). Part X. line 15.
		scription		(b) Book value
(1)				
(2)				
(3)				
(4) (5)				
(6)				
(7)				
(8)				
(9)				
(10)				
Total. (Colu	mn (b) must equal Form 990, Part X, column (B) lir	ne 15.)		
Part X	Other Liabilities.			
	Complete if the organization answered "Y		irt IV, line 11e or 11f. See Form 990	-
1. (1) Federa	l income taxes	ption of liability		(b) Book value
	odian accounts - units			42,500
	red liability - Contr to Settlement Trust			2,000,000
(4)	ica liability Contrib Cettlement Trast			2,000,000
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
(11)				
	nn (b) must equal Form 990, Part X, column (B) lin			2,042,500
	incertain tax positions. In Part XIII, provide the text of the fo			
tax positions	under FASB ASC 740. Check here if the text of the	e lootnote has been prov	/iueu in Paπ λiii	Jee.r.ail.Aiii. A

/ initioned a Book action, mai		- 000000
Part XI Reconciliation of Revenue per Audited Financial Statements	s With Revenue per Retur	rn. N/A
Complete if the organization answered "Yes" on Form 990, P	art IV, line 12a.	
1 Total revenue, gains, and other support per audited financial statements		1
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments	2a	
b Donated services and use of facilities	2b	1
c Recoveries of prior year grants	2c	1
d Other (Describe in Part XIII.).	2d	1
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	1
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 Statem	nents With Expenses per	r Return. N/A
Complete if the organization answered "Yes" on Form 990, P	art IV, line 12a.	
1 Total expenses and losses per audited financial statements		1
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities	2a	
b Prior year adjustments	2b	1
c Other losses	2c	1
d Other (Describe in Part XIII.).	2d	1
e Add lines 2a through 2d		2 e
3 Subtract line 2e from line 1		3
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b Other (Describe in Part XIII.).	4b	
c Add lines 4a and 4b		4 c
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5
Part XIII Supplemental Information.		

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

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

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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, 2022 financial statements include any

Schedule D (Form 990) 2022

Part XIII Supplemental Information (continued)

Part X - FASB ASC 740 Footnote (continued)

uncertain tax positions.

SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization Employer identification number America's Best Council, Inc. 99-999999 Boy Scouts of America #999 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. Mail solicitations X Solicitation of non-government grants а е Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events C 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 X Yes employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? 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 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.

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Sche	dule	G (Form 990) 2022 America's	s Best Council, Inc.		99-9999	9999 Page 2
Par	t II	Fundraising Events. Complete if t reported more than \$15,000 of fundand 6b. List events with gross received.	draising event contril	butions and gross in	m 990, Part IV, line scome on Form 990	18, or -EZ, lines 1
Je Je		a 92. <u>1</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.
Direct Expenses	6	Rent/facility costs				
Expe	7	Food and beverages				
irect	8	Entertainment				
Δ	9	Other direct expenses	503,100.			503,100.
	10	Direct expense summary. Add lines 4 through	• , ,			
_	11	Net income summary. Subtract line 10 from				456,250.
Par	t III	Gaming. Complete if the organization than \$15,000 on Form 990-EZ, line	on answered "Yes" 6a.	on Form 990, Part I	V, line 19, or report	ed more
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				
ct Expenses	3	Noncash prizes				
Direct E	4	Rent/facility costs				
	5	Other direct expenses.	Yes %	0/	Yes %	
	6	Volunteer labor	Yes% No	Yes% No	Yes% No	
	7	Direct expense summary. Add lines 2 through	gh 5 in column (d)			
	8	Net gaming income summary. Subtract line	7 from line 1, column (d)			
	ls th	er the state(s) in which the organization conduct organization licensed to conduct gaming action," explain:	• •		······································	Yes No
		e any of the organization's gaming licenses res," explain:		erminated during the tax y		Yes No

TEEA3702L 07/05/22

Schedule G (Form 990) 2022

Sche	edule G (Form 990) 2022 America's Best Council, Inc. 99	9-99999	999	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 to administer charitable gaming?		Yes	No
13	Indicate the percentage of gaming activity conducted in:			
	a The organization's facility	13a		%
ı	b An outside facility	13 b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and record	:st		,,,
	Name			
	Address		· – – – –	
15 a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	No
		e amoun		
	of gaming revenue retained by the third party			
(c If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
á	a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		Yes	No
I	b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent ir organization's own exempt activities during the tax year\$		163	
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, column	ns (iii)	and (v);	
	and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any ad information. See instructions.	ditiona	I	
	Information. See instructions.			

BAA TEEA3703L 0705/22 Schedule G (Form 990) 2022

SCHEDULE I (Form 990)

Department of the Treasury

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

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization Employer identification number America's Best Council. Inc. 99-999999 Boy Scouts of America #999 Part I General Information on Grants and Assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? 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 noncash (h) Purpose of grant or government (book, FMV, appraisal, noncash assistance assistance or assistance 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. 0

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 Registration fees	100		7,500.	FMV	Registration fees waived
2 Camperships	200		40,000.	FMV	Camp fees waived
3 Uniforms	532		66,500.	FMV	Uniforms
4 America's Best Scholarship	50	32,960.			
5					
6					
7					

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

SCHEDULE J (Form 990)

Compensation Information

Attach to Form 990.

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

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

America's Best Council, Inc.

Employer identification number

99-9999999

	Boy Scouts of America #999
Part I	Questions Regarding Compensation

					Yes	No			
1a	Check the appropriate box(es) if the organization provided any of VII, Section A, line 1a. Complete Part III to provide any relevant ir	f the	e following to or for a person listed on Form 990, Part rmation 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	Ē	Health or social club dues or initiation fees						
	Discretionary spending account	Ē	Personal services (such as maid, chauffeur, chef)						
b				1b					
2				2					
Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/ Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. X Compensation committee X Written employment contract Independent compensation consultant X Compensation survey or study Form 990 of other organizations X Approval by the board or compensation committee 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing									
	X Compensation committee	Х	Written employment contract						
	Independent compensation consultant	X	Compensation survey or study						
	Form 990 of other organizations	X	Approval by the board or compensation committee						
4	During the year, did any person listed on Form 990, Part VII, Sect organization or a related organization:	companions Payments for business use of personal residence initication and gross-up payments Health or social club dues or initiation fees any spending account Personal services (such as maid, chauffeur, chef)							
a Receive a severance payment or change-of-control payment?									
b Participate in or receive payment from a supplemental nonqualified retirement plan?									
c Participate in or receive payment from an equity-based compensation arrangement?									
	c Participate in or receive payment from an equity-based compensation arrangement?								
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations	s m	nust complete lines 5-9.						
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the contingent on the revenues of:	he	organization pay or accrue any compensation						
а	The organization?			5a		Χ			
b	Any related organization?			5b		Χ			
	If "Yes" on line 5a or 5b, describe in Part III.								
Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Written employment contract Independent compensation consultant Written employment compensation committee Written employment compensation compensation compensation compensation compensation compensation compensation Written employment compensation contingent on the revenues of: Written employment contract with compensation committee Written employment compensation committee Written employment compensation contingent on the net evenues of: Written employment contract with compensation contract with respect to the filling organization part visually written employment contract with respect to the filling organization part visually written employment contract with the board or compensation contingent on the net earnings of: Written employment contract with the compensation of the decrease of the CEO/Execution A, line 1a, did the organization provide any nonfixed payments not described in Part III. Written employment contract with part III. Wres, "describe in Part III. Wres, "describe in Part III. Wres, "describe in Part III. Wres, "describe or Sand 6? If "Yes," describe in Part III. Wres, "describe or Sand 6. In Paganization or contract that was subject to the initial contract exception described in Regulations section 53.									
а	The organization?			6a		Χ			
b	Any related organization?			6b		Χ			
	If "Yes" on line 6a or 6b, describe in Part III.								
7	xecutive Director. Check all that apply. Do not check any boxes for methods used by a related organization to stabilsh compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Independent compensation consultant Form 990 of other organizations Independent compensation consultant Form 990 of other organizations Independent compensation consultant Independent compensation consultant Form 990 of other organizations Independent compensation committee Independent compensation consultant Independent compensation committee Independent compensation consultant Independent compensation committee Independent compensation consultant Independent compensation committee Independent compensation to the filling genization payor accrue any compensation committee Independent compensation committee Independen								
8									
9				9					
	. ,			-					

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Schedule J (Form 990) 2022

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) Breakdown of W-2 a	and/or 1099-MISC and/o	or 1099-NEC compensat		(D) Nontaxable	(E) Total of columns(B)(i)-(D)	(F) Compensation in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(C) Retirement and other deferred	benefits	columns(B)(i)-(D)	in column (B) reported as deferred on prior Form 990	
			compensation	Compensation	compensation			Form 990	
John B. Loyal	(i)	300,000.	0.	0.	40,000.	15,000.	355,000.	0.	
	(ii)	0.	0.	0.	0.	0.	0.	0.	
Jimmy Herring	(i)	130,000.	0.	0.	23,000.	7 <u>,</u> 000.	160,000.	0.	
	(ii)	0.	0.	0.	0.	0.	0.	0.	
Billy Gibbons	(i)	133,000.	0.	<u>0</u> .	28,000.	10,000.	171,000.	0.	
3 Dir. of Field Svc	(ii)	0.	0.	0.	0.	0.	0.	0.	
4	(i) (ii)								
	(i)								
	(ii)								
	(i) (ii)				 		 		
	(i)							_	
7	(ii)								
	(i) (ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)						 		
	(ii) (i)								
	(i) (ii)						 		
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	(i)								
	(ii)								
	(i)		<u> </u>		<u> </u>		L		
	(ii)								
	(i)				 		 		
	(ii)		TEEA4102L 07/25	100			Cabadala	I (Farm 000) 2000	
BAA			TEEA4102L 07/25	1122			Schedule	J (Form 990) 2022	

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 M (Form 990)

Noncash Contributions

Attach to Form 990.

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

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

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 99-9999999

Par	t I	ypes 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	Meth noncash	od of c contril	determin	ing nounts
1	Art ' V	Vorks of art							
2	Art ' H	listorical treasures							
3		ractional interests							
4		and publications							
5		ng and household goods							
6		and other vehicles							
7		and planes							
8		ctual property							
9		ities ' Publicly traded	Х	2	201,500.	EM//			
10		ities ' Closely held stock			201,300.	I IVI V			
11		ities ' Partnership, LLC, or trust interests							
12		ities ' Miscellaneous							
13	Qualif	ied conservation contribution '							
14		ied conservation contribution ' Other							
15		estate ' Residential							
16		estate ' Commercial							
17		estate ' Other							
18		ctibles							
19		inventory							
20		and medical supplies							
21	-	ermy							
22		ical artifacts							
23		tific specimens							
24		ological artifacts							
25	Other	_							
26	Other	`'							
27	Other	`'							
28	Other	<u> </u>							
29		er of Forms 8283 received by the organization	during the ta	x vear for contributions for	or which the				
23		ization completed Form 8283, Part V, Donee A				29			
	_		_			<u> </u>		Yes	No
00-	Dunia				l lines 4 thurston 00 the				
30a		g the year, did the organization receive by conti t hold for at least 3 years from the date of the in				ıı			
		empt purposes for the entire holding period?					30 a		Χ
b		s," describe the arrangement in Part II.							
31		the organization have a gift acceptance policy t	that requires	the review of any nonsta	andard contributions?		31		Х
32a		the organization hire or use third parties or rela outions?					32 a		Х
b	If "Ye	s," describe in Part II.							
33		organization didn't report an amount in column be in Part II.	(c) for a type	of property for which co	lumn (a) is checked,				

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Schedule M (Form 990) 2022

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)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

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

Form 990, Part I, Line 1 - Organization Mission or Significant Activities (continued) the ability of [youth] to do things for themselves and others, to train them in Scoutcraft, and to teach them patriotism, courage, self-reliance, and kindred virtues, using the methods which are now in common use by Boy Scouts." In achieving this purpose, emphasis shall be placed upon its educational program and the oaths, promises, and codes of the Scouting program for character development, citizenship training, leadership, and mental and physical fitness.

Form 990, Part III, Line 1 - Organization Mission

The purpose of the Corporation is as set forth in the original certificate of incorporation under the laws of the District of Columbia, dated February 8, 1910, and restated in the Act of Incorporation enacted by the Congress of the United States of America on June 15, 1916, as follows: "That the purpose of this Corporation shall be to promote, through organization and cooperation with other agencies, the ability of [youth] to do things for themselves and others, to train them in Scoutcraft, and to teach them patriotism, courage, self-reliance, and kindred virtues, using the methods which are now in common use by Boy Scouts." In achieving this purpose, emphasis shall be placed upon its educational program and the oaths, promises, and codes of the Scouting program for character development, citizenship training, leadership, and mental and physical fitness.

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 to matters within the Scouting movement which arise in the territory of the

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

Employer identification number 99-9999999

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.

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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Employer identification number 99-9999999

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. Boy Scouts of America #999 Employer identification number 99-9999999

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

Employer identification number 99-9999999

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.

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

Employer identification number 99-9999999

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

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

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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.

Form 990, Part X, Line 2, Savings and temporary cash investments

Cash held in escrow - Contribution to BSA Settlement Trust - \$2,000,000

In order to accomplish its purposes and to carry out its programs, the National Council charters local councils and provides program materials and administrative support. On February 18, 2020, the National Council filed for protection under chapter 11 of the United States Bankruptcy Code and emerged on April 19, 2023. The National Council continues to operate its business in the ordinary course and has received bankruptcy court approval to continue its relationship with local councils. Neither the Council nor any other local council are currently parties to the bankruptcy proceeding. The court has granted a stay on litigation against both the National Council and local councils and the National Council has proposed a plan of reorganization that would protect local councils from any further legal exposure for abuse claims arising prior to February 18, 2020. Such plan will require a contribution from local councils. The Council has been informed that its contribution will be \$2,000,000, and has deposited this amount (the Escrow Property) in an interest-bearing escrow account (the Escrow Account) with Bank of New York Mellon as escrow agent.

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

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This amount is included in Form 990, Part X, Line 2, Savings and temporary cash investments. In accordance with the escrow agreement, the funds transferred to the Escrow Account shall remain the property of the Council at all times, until such time as such funds are released to the Settlement Trust, which occurred on or about April 19, 2023, when the National council emerged from bankruptcy.

Form 990, Part X, Line 25, Other liabilities

Accrued liability - Contribution to BSA Settlement Trust - \$2,000,000

In order to accomplish its purposes and to carry out its programs, the National Council charters local councils and provides program materials and administrative support. On February 18, 2020, the National Council filed for protection under chapter 11 of the United States Bankruptcy Code, and emerged on April 19, 2023. The National Council continues to operate its business in the ordinary course and has received bankruptcy court approval to continue its relationship with local councils. Neither the Council nor any other local council are parties to the bankruptcy proceeding. The court has granted a stay on litigation against both the National Council and local councils and has approved a plan of reorganization that would protect local councils from any further legal exposure for abuse claims arising prior to February 18, 2020. Such plan requires a contribution from local councils. The Council has been informed that its contribution will be \$2,000,000, and has accrued this amount in its December 31, 2022 financial statements, and included it in Form 990, Part X, Line 25, Other liabilities (see also Form 990, Schedule D, Part X).

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

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

OMB No. 1545-0047

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 99-9999999

Part I Identification of Disregarded Entities. C	Complete	if the organizat	ion answe	ered "Yes"	on Form	990, P	art IV, line 33				
(a) Name, address, and EIN (if applicable) of disregarded en	ntity	(b) Primary ac	tivity	Legal dom or foreign	icile (state	To	(d) otal income	End-c	(e) of-year assets	Dire	(f) ct controlling entity
<u>(1)</u>											
<u>(2)</u>											
(3)											
Part II Identification of Related Tax-Exempt Or had one or more related tax-exempt organ	r ganizati nizations o	ons. Complete during the tax y	if the orga ear.	anization a	answered	"Yes"	on Form 990,	Part I\	V, line 34, be	cause	it
(a) Name, address, and EIN of related organization	Prim	(b) ary activity	Legal dom or foreigr	ićile (state			(e) Public charity status (if section 501(c)(3))		(f) Direct controlling entity		(g) Sec 512(b)(13) controlled entity?
											Vos No

Name, address, and Envertoured organization	i iiiidiy dolivity	or foreign country)	section	(if section 501(c)(3))	entity	controlle	d entity?
						Yes	No
(1) Boy Scout Trust Fund #999, Yourtow & Trust, trustee, 123 Woodbadge Ln Yourtown, TX 75021 12-4567890	Provide suppt for Am Best Cncl	TX	501(c)(3)	12	America's Best Council, Inc.	Х	
<u>(2)</u>							
(3)							
<u>(4)</u>							

	the CC action of Bulletin I Owner to Comp. Touch to an a Boute could be	Or seed at a 16 th annual of the control of	N/ F 000	Dest IV/ Pres
Dort III	Identification of Related Organizations Taxable as a Partnership. 34, because it had one or more related organizations treated as a part	Complete if the organization answered "	Yes" on Form 990.	Part IV. line
raitiii	24 hassives it had one or many related arranizations treated as a new	to a rabin divisio a the atom viscos	,	,
	- 34, because it had one or more related organizations treated as a par	thership 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	l tior	h) ropor- nate itions?	K-1 (Form	Gene mana parti	i) ral or aging ner?	(k) Percentage ownership
		country)		512-514)			Yes	No	1065)	Yes	No	
<u>(1)</u>												
(2)												
<u>(3)</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.

(b) Primary activity	(c) Legal domicile (state or foreign	(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?
-	ood.nay)		S. 4.45.ty				Yes	No
-								
+								
1								
	(b) Primary activity	(b) Primary activity Legal domicile (state or foreign country)	(b) Primary activity Legal domicile (state or foreign country) Direct controlling entity	(b) Primary activity Legal domicile (state or foreign country) Country) (c) Legal domicile (state or foreign countrolling entity) Type of entity (C corp, S corp, or trust)	(state or foreign controlling (C corp. S corp. total income	Primary activity Company activity Company activity Legal domicile (state or foreign country) Company activity Compan	(b) Primary activity Legal domicile (state or foreign country) (c) Legal domicile (state or foreign country) (d) Direct controlling entity (c) Corp, S corp, or trust) (d) Type of entity (C corp, S corp, or trust) Share of end-of-year assets Percentage ownership	(b) Primary activity Legal domicile (state or foreign country) (Sec 512 on trust) (Sec 51

BAA TEEA5002L 07/21/22 Schedule **R** (Form 990) 2022

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.

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

b Gift, grant, or capital contribution to related organization(s)				1 b		Χ
c Gift, grant, or capital contribution from related organization(s)				1 c	Χ	
d Loans or loan guarantees to or for related organization(s)				1 d		X
e Loans or loan guarantees by related organization(s).			[1 e		Χ
f Dividends from related organization(s)				1 f		Χ
g Sale of assets to related organization(s)			[1 g		Χ
h Purchase of assets from related organization(s)				1 h		Χ
i Exchange of assets with related organization(s)				1 i		Χ
j Lease of facilities, equipment, or other assets to related organization(s)			[1 j		Χ
k Lease of facilities, equipment, or other assets from related organization(s).			_	1 k		X
Performance of services or membership or fundraising solicitations for related organization(s)				11		Χ
m Performance of services or membership or fundraising solicitations by related organization(s)			-	1 m		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			_	1 n		X
Sharing of paid employees with related organization(s)				10		Χ
Delah manana dari di santata da mana la Cari Anton manana						\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
p Reimbursement paid to related organization(s) for expenses.			<u> </u>	1 p		<u>X</u>
q Reimbursement paid by related organization(s) for expenses				1 q		Χ
r Other transfer of cash or property to related organization(s)				1 r		Χ
s Other transfer of cash or property from related organization(s).			<u> </u>	1 s		X
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered to the control of the above is "Yes," see the instructions for information on who must complete this line, including covered to the control of the above is "Yes," see the instructions for information on who must complete this line, including covered to the control of the above is "Yes," see the instructions for information on who must complete this line, including covered to the control of the above is "Yes," see the instructions for information on who must complete this line, including covered to the control of the above is "Yes," see the instructions for information on who must complete this line, including covered to the control of the above is "Yes," see the instructions for information on who must complete this line, including covered to the control of the c						
(a) Name of related organization	(b)	(c)		(d) od of de), .	
Name of related organization Transaction type (a-s) Amount involved						
) Boy Scout Trust Fund #999, Yourtown Bank	С	250,000.	FMV			
)						
TEEA5003L 07/21/22		Sche	dule R	(Form	990)	2022
2-52						

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	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
			sections 512-514)	Yes	No			Yes	No	(1 111,	Yes	No	1
<u>(1)</u>													
	-												
<u>(2)</u>	-												
	-												
(3)													
	1												
(4)	-												
(5)	-												
	-												
(6)													
(7)	-												
	1												
(8)	-												
	1												

BAA TEEA5004L 07/21/22 Schedule **R** (Form 990) 2022

Schedule R (Form 990) 2022 America's Best Council, Inc. 99-999

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

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 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support • accrual • credit • restricted • asset • capital campaign • liability • special event • accounts payable • general ledger • direct • restricted • asset • capital campaign • liability • special event • accounts payable

Form **990**

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047 2022

Open to Public Inspection

Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information. Department of the Treasury Internal Revenue Service For the 2022 calendar year, or tax year beginning 2022, and ending , 20 В D Employer identification number Check if applicable: Address change Boy Scout Trust Fund #999, Yourtown 99-999999 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 F Name and address of principal officer: H(a) Is this a group return for subordinates? Application pending **H(b)** Are all subordinates included? If "No," attach a list. See instructions. Same As C Above Tax-exempt status: X 501(c)(3) 501(c) (4947(a)(1) or 527 (insert no.) Website: http://www.ambestcouncilbsa.org H(c) Group exemption number 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. Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a)..... 36 Number of independent voting members of the governing body (Part VI, line 1b)..... 4 36 Total number of individuals employed in calendar year 2022 (Part V, line 2a)..... 5 0 Total number of volunteers (estimate if necessary) 6 0 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. Professional fundraising fees (Part IX, column (A), line 11e)..... Total fundraising expenses (Part IX, column (D), line 25) 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 complete. Declaration of 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 Firm's name Use Only Firm's address

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.	3		Х
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? <i>If</i> "Yes," <i>complete Schedule C, Part II.</i>	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in 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? <i>If</i> "Yes," <i>complete Schedule D</i> , <i>Part I</i>	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	7		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		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If</i> "Yes," <i>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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		Х
b	Did the organization report an amount for investments ' other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b	Χ	
С	Did the organization report an amount for investments 'program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		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	11f	Χ	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D. Parts XI and XII	12a		Χ
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV.	15		Х
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? <i>If</i> "Yes," <i>complete Schedule F, Parts III and IV</i>	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
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	

Form 990 (2022) Boy Scout Trust Fund #999, Yourtown

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		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</i> "Yes," complete Schedule J.	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If a "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I.	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If</i> "Yes," <i>complete Schedule L, Part I.</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 the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV.	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV.	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV.	28c		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? <i>If</i> "Yes," <i>complete Schedule M</i>	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>	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	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
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? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance		1	1
	Check if Schedule O contains a response or note to any line in this Part V			🔲
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
BAA	TEEA0104L 09/01/22		990 (2	2022)

Boy Scout Trust Fund #999, Yourtown
Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

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

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

Check if Schedule O contains a response or note to any line in this Part VI...... Section A. Governing Body and Management No Yes 1a Enter the number of voting members of the governing body at the end of the tax year. 36 If there are material differences in voting rights among members See Sch. O of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. **b** Enter the number of voting members included on line 1a, above, who are independent 36 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?..... 2 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 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?.... Did the organization become aware during the year of a significant diversion of the organization's assets?..... 5 5 Did the organization have members or stockholders? See Schedule O..... Χ 6 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. Χ 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, Χ stockholders, or persons other than the governing body?..... 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X a The governing body?..... 8a **b** Each committee with authority to act on behalf of the governing body?..... 8b 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 Q...... 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code. Yes Nο 10a Did the organization have local chapters, branches, or affiliates?..... 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?.... 10h 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?.... 11a Χ **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. Χ 12a Did the organization have a written conflict of interest policy? If "No," go to line 13..... 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise Χ to conflicts?.... 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe on Schedule O how this was done. See Schedule O 12c Did the organization have a written whistleblower policy?.... 13 Χ Did the organization have a written document retention and destruction policy?..... 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........ 15a b Other officers or key employees of the organization. See Schedule Q..... Χ 15h If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?..... Χ 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?..... Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed None Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Another's website X Upon request Other (explain on Schedule O) See Sch. O

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records.

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

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- ? List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - ? List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- ? List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- ? List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- ? List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization nor any rel	ated organi	zatio	n co	mpe	nsa	ted any	у с	urrent officer, direc	ctor, or trustee.	
				(C))					_
(A) Name and title	(B) Average hours per	Pos tha i	s botl dir	h an c rector	officer truste	,		(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other
	week (list any hours for related organiza- tions below dotted line)	2 5	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099- MISC/1099-NEC)	(W-2/1099- MISC/1099-NEC)	compensation from the organization and related organizations
(1) Yourtown Bank and Trust	40									_
Trustee			Χ					33,540.	0.	0.
(2) John B. Loyal	2									
Secretary, SE	50	Χ						0.	0.	0.
(3) Jeff Beck	11_									
Director	2	Χ						0.	0.	0.
(4) James Hendrix	1_									
Director	2	Χ						0.	0.	0.
(5) Eric Clapton	1_									
Director	2	Χ						0.	0.	0.
(6) Peter Townshend	1_									
Director	2	Χ						0.	0.	0.
(7) James Page	1									
Director	2	Χ						0.	0.	0.
(8) Allan Holdsworth	11									
Director	2	Χ						0.	0.	0.
(9) Riley B. (BB) King	1									
Director	2	Χ						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	11									
Director	2	Χ						0.	0.	0.

Pai	t vii Section A. Officers, Directors, 110		ney		•		es,	an	a rignest Con	npensated Emp	ioyee	S (continued
		(B)			(C	•						
	(A)	Average	(do	not c		sition more	than c	one	(D)	(E)		(F)
	Name and title	hours per	box	k, unle	ess pe	erson	is both or/trust	an	Reportable compensation from	Reportable compensation from	Estim	nated amount
		week (list any							the organization	related organizations		of other ensation from
		hours	nd v	i Stit	Officer	Key	iigh:	Former	(W-2/1099- MISC/1099-NEC)	(W-2/1099- MISC/1099-NEC)	the o	organization
		for related	dividual director	utio	ğ	emp	Highest co employee	렃				nd related janizations
		organiza - tions	© ±	쿱		employee	e					
		below dotted	ndividual trustee or director	nstitutional trustee		8	pen					
		line)	ŏ	tee			Highest compensated employee					
		_					d					
<u>(15)</u>	Steven Vai	1	.,									
	Director	2	Χ						0.	0.		0.
<u>(16)</u>	<u> Edward Van Halen</u>	1										
	Director	2	Χ						0.	0.		0.
(17)	Yngwie Malmsteen	1										
	Director 2 X 0. 0.										0.	
(18)	Lawrence Carlton	1										
<u>\'\'</u>	Director	2	Х						0.	0.		0.
(10)		1	 ^						0.	0.		0.
(13)	Wes Montgomery									0		0
	Director	2	Х						0.	0.		0.
(20)	<u>Jaco Pastorius</u>	1_	-									
	Director	2	Х						0.	0.		0.
(21)	Pat Metheny	1										
	Director	2	Х						0.	0.		0.
(22)	Charlie Christian	1										
<u> </u>	Director	2	Χ						0.	0.		0.
(23)	Django Reinhardt	1	 ^						0.	0.		0.
(20)	Director	'	Х						٥	0.		0
(0.4)									0.	0.		0.
(24)	Miles Dewey Davis		١.,									
	Director	2	Х						0.	0.		0.
(25)	Charlie Parker	1_										
	Director	2	Х						0.	0.		0.
1b	Subtotal								33,540.	0.		0.
С	Total from continuation sheets to Part VII, Section	on A							0.	0.		0.
d	Total (add lines 1b and 1c)								33,540.	0.		0.
2	Total number of individuals (including but not limited	to those	isted	abo	ve)	who	rece	ive		•	npensat	
_	from the organization 0				,				- · · · · · · · · · · · · · · · · · · ·			
-	<u> </u>											Yes No
3	Did the organization list any former officer, director,	trustoo k	ΔV Δr	mnlo	۵۵۷	orl	niahe	et c	omnensated emplo	NAA		
•	on line 1a? If "Yes,"complete Schedule J for such in	dividual									3	X
4	For any individual listed on line 4s, in the case of non-	حد دادامه سد		4			_ 4					
4	For any individual listed on line 1a, is the sum of rep the organization and related organizations greater the	ortable co nan \$150 (mpe	nsatı <i>If</i> "Y	ion a 'es '	ana (" cor	otner nnlet	cor e.S	mpensation from			
	such individual										. 4	X
5	Did any person listed on line 1a receive or accrue or	omnensati	on fr	om a	anv i	unre	lated	ora	anization or individ	ual		
	for services rendered to the organization? If "Yes," or	complete S	Sche	dule	J fo	r su	ch pe	rsoi	n	· · · · · · · · · · · · · · · · · · ·	5	X
Sec	tion B. Independent Contractors											
1	Complete this table for your five highest compensate compensation from the organization. Report compe	ed indeper	nden	t con	ntrac	ctors	that	rece	eived more than \$1	00,000 of	or	
	, , , , ,	i isalion ioi	uic	caici	luai	yea	ii enc	allig		<u> </u>		<u>C)</u>
	(A) Name and business addre	ess							(B) Description o		Compe	C) ensation
Doubling of Colvidor Collins												
2	Total number of independent contractors (including	but not lim	nited	to th	ose	liste	d abo	ove)) who received mor	e than		
	\$100,000 of compensation from the organization	0	_					_				
BAA			TEEAC	108L	09/0)1/22	_				Form	990 (2022)

3-8

Form 990

Continuation Sheet for Form 990

OMB No. 1545-0047

2022

Department of the Treasury Internal Revenue Service

lame of the Organization

Boy Scout Trust Fund #999, Yourtown

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

(A)	(B)	(C) b	osition ox, unl	(do not ess pe directo	t check rson is	more that both an	n one officer	(D)	(E)	(F)
Name and title	Average hours per week (list any hours for related organiza- tions below dotted line)	or director		Officer	Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099- MISC/1099-NEC)	Reportable compensation from related organizations (W-2/1099- MISC/1099-NEC)	Estimated amount of other compensation from the organization and related organizations
John McLaughlin President	1	Х						0.	0.	0.
Mike Stern Past President		X						0.	0.	0.
Steve Howe Commissioner	1/5 -	X						0.	0.	0.
Al DiMeola	1_									
VP, District Op Johnny Winter	5 1	X						0.	0.	0.
VP, Finance Carlos Santana	5 1	Х						0.	0.	0.
VP, Membership	5	Х						0.	0.	0.
Frank Zappa VP, Program	<u>1</u> -	Х						0.	0.	0.
<u>Les Paul</u> VP, Properties		X						0.	0.	0.
Alex Lifeson Director		Х						0.	0.	0.
Brian May	1_									
VP, Public Rel John Scofield	<u>5</u> 1_	X						0.	0.	0.
Chmn, Mbr at Lg Joe Pass	5 1	X						0.	0.	0.
Chmn, LFL Mark Knopfler	5	Х						0.	0.	0.
General Counsel	5	Х						0.	0.	0.
		-								
		-								
	. – – – –									
	. – – – –	-								
		ļ								

Form **990** Cont 2022

ı uı	- • •	Check if Schedule O contains a r	espons	se 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,	1a	Federated campaigns	1a					
Contributions, Gifts, Grants, and Other Similar Amounts	b	Membership dues	1b					
s, G Ama	С	Fundraising events	1c					
sifts lar /	d	Related organizations	1d					
imi	е	9 (1e					
tion er S	f	All other contributions, gifts, grants, and	4.	400.000				
ib At	а	similar amounts not included above Noncash contributions included in	1f	100,000.				
od C	9	lines 1a-1f	1g					
ğ ğ	h	Total. Add lines 1a-1f			100,000.			
ıne				Business Code				
Program Service Revenue	2a							
» Re	b							
vice	С							
Ser	d							
am	е	T						
ogr	f	All other program service revenue.						
ď	g	Total. Add lines 2a-2f						
	3	Investment income (including divide other similar amounts)			58,600.			E0 600
	4	Income from investment of tax-exer		-	30,000.			58,600.
	5	Royalties	•	· -				
	3	(i) Rea		(ii) Personal				
	6a	Gross rents 6a						
	b	Less: rental expenses 6b						
		5 (1)						
		Not reacted the service of the servi						
	72	Gross amount from (i) Securi	ies	(ii) Other				
	ı a	sales of assets						
	b	other than inventory Less: cost or other basis						
	J	and sales expenses 7b						
	С	Gain or (loss) 7c						
	d	Net gain or (loss)						
e	8a	Gross income from fundraising events						
Other Revenue		(not including \$	_					
eve		of contributions reported on line 1c).						
r R		See Part IV, line 18	8a					
the		Less: direct expenses	8b					
Ō		Net income or (loss) from fundraising	g even	ts				
	9a	Gross income from gaming activities. See Part IV, line 19	0-					
	L	Less: direct expenses	9a 9b					
		Net income or (loss) from gaming a						
	10a	Gross sales of inventory, less. returns and allowances	10a					
	b	Less: cost of goods sold	10b					
		Net income or (loss) from sales of ir		y				
S		(22, 2 22.22		Business Code				
scellaneous Revenue	11a							
scellaneo Revenue	b							
	С							
SC Re	d	All other revenue						
Σ	е	Total. Add lines 11a-11d	<u> </u>					
	12	Total revenue. See instructions			158,600.	0	0.	58,600.

Part IX | Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must co	mplete all columns. All o	ther organizations must o	complete column (A).	
	Check if Schedule O contains a res	sponse or note to any line	e in this Part IX		
	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 5	Benefits paid to or for members	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				
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				
b	Legal				
С	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
•	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				
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.
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				

		Check if Schedule O contains a response or note to ar	ny 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 concontrolled entity or family member of any of these person	ntributor, or 35%		5	
	6	Loans and other receivables from other disqualified person	-		J	
	0	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.	<u> </u>		8	
set	9	Prepaid expenses and deferred charges			9	
Assets		Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.	10a		9	
	b	Less: accumulated depreciation	10b		10c	
	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	<u> </u>	0,000,01.11	13	0,111,00 11
	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.		3,177,354.
		Total abbets. Add into 1 through 10 (mast equal into 00	,	3,033,044.		3,177,334.
	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 or	f 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	·		24	
	25	Other liabilities (including federal income tax, payables to and other liabilities not included on lines 17-24). Complet	<u> </u>		25	
	26	Total liabilities. Add lines 17 through 25		0.	26	0.
ces		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.	X			
lan	27	Net assets without donor restrictions		182,037.	27	315,728.
Ва	28			2,877,607.		2,861,626.
Net Assets or Fund Balance		Organizations that do not follow FASB ASC 958, checand complete lines 29 through 33.	ck here	_,_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		_,_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
o	29	Capital stock or trust principal, or current funds			29	
ts	30	Paid-in or capital surplus, or land, building, or equipment	<u> </u>		30	
Se	31	Retained earnings, endowment, accumulated income, or	-		31	
A	32	Total net assets or fund balances		3,059,644.	32	3,177,354.
lei	33	Total liabilities and net assets/fund balances	<u>L</u>	3,059,644.		3,177,354.
-	33	i otal liabilities aliu liet assets/fullu balalices		3,039,044.	JJ	3,177,334.

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Par	art XI Reconciliation of Net Assets					_					
	Check if Schedule O contains a response or note to any line in this Part XI					🗌					
1	1 Total revenue (must equal Part VIII, column (A), line 12)		1		158,	600.					
2	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	4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))		4	3	,059,	644.					
5	5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5										
6	Donated services and use of facilities										
7											
8	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					
Par	art XII Financial Statements and Reporting				, , , , ,	557.					
	Check if Schedule O contains a response or note to any line in this Part XII.										
	Check it Schedule O contains a response of note to any line in this Part XII				Yes	No					
1	1 Accounting method used to prepare the Form 990: Cash X Accrual Other				162	NO					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.										
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Χ					
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis	or reviewed on a									
				O.L.	Χ						
D	b Were the organization's financial statements audited by an independent accountant?			2b	^						
	If "Yes," check a box below to indicate whether the financial statements for the year were audited c basis, consolidated basis, or both:	n a separate									
	Separate basis Consolidated basis Both consolidated and separate basis										
С	c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for overeview, or compilation of its financial statements and selection of an independent accountant?	ersight of the audi	t,	2c	Χ						
	If the organization changed either its oversight process or selection process during the tax year, ex on Schedule O.	•									
3а	3a As a result of a federal award, was the organization required to undergo an audit or audits as set for Guidance, 2 C.F.R Part 200, Subpart F?	orth in the Uniform		3a		Х					
b	b If "Yes," did the organization undergo the required audit or audits? If the organization did not under	go the required au	ıdit								
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b							
BAA	TEEA0112L 09/01/22			Form	990 (2022)					

SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name	of the	organization		ust Fund #999, You				Employer identifica	tion number	
	_			st, Trustee, Yourto				99-999999		
Par					<u> </u>			part.) See instruction	ns.	
	orga	in the state of th	•	tion because it is: (For li	•	•	,	A \/:\		
1	\vdash			hes, or association of cl)(1)(a)U	A)(I).		
2	\vdash			170(b)(1)(A)(ii). (Attac	,		4\/ 4 \/:::			
3	\vdash		•	spital service organizati		` '	,,,,,		- :+-! -	
4		name, city,	ŭ	on operated in conjunct	ion with a nospital desc	nbea in s	section	170(b)(1)(A)(iii) . Enter th	e nospitai s	
5		An organiz		he benefit of a college of molete Part II.)	or university owned or o	erated l	oy a gov	ernmental unit described	in	
6	Г	i		nment or governmental	unit described in section	on 170(b)(1)(A)(\	<i>(</i>).		
7		An organiz	_	receives a substantial p				nit or from the general pu	blic described	
8		A commun	ity trust described in	n section 170(b)(1)(A)(vi). (Complete Part II.)					
9								action with a land-grant co and state of the college		
10		An organiz from activit investment	ies related to its ex income and unrela	empt functions, subject	to certain exceptions; a come (less section 511	nd (2) no	more th	, membership fees, and part of the support of the support of the organization and the organization are supported by the organization and the organization are support of the organization and the organization are supported by the organization and the organization are supported by the organization and the organization are supported by the organization are supported by the organization and the organization are supported by the organization are supported by the organization are supported by the organization and the organization are supported by the or	t from gross	
11		An organiz	ation organized and	d operated exclusively to	o test for public safety.	See sec t	ion 509	(a)(4).		
12	X	or more pu	blicly supported ord		section 509(a)(1) or s	ection 5	09(a)(2).	of, or to carry out the pu See section 509(a)(3). 2e, 12f, and 12g.		
а		Type I. A so	supporting organiza	tion operated, supervise egularly appoint or elect	ed, or controlled by its s	upported	organiz	ation(s), typically by givin the supporting organizat	g the supporteion. You mus	∍d t
b	X	manageme		g organization vested in				ganization(s), by having one the supported organization.		
С		Type III fur	nctionally integrat on(s) (see instruction	ed. A supporting organi	zation operated in conn	ection w D, and E	ith, and i	functionally integrated with	th, its supporte	∌d
d		functionally	/ integrated. The or	egrated. A supporting oganization generally mublete Part IV, Sections	ist satisfy a distribution	connecti requirem	on with i ent and	ts supported organizatior an attentiveness requirer	n(s) that is not ment (see	
е		Check this	box if the organization	•	letermination from the IF	RS that it	is a Typ	e I, Type II, Type III func	tionally	
f			• • •	ganizations						1
g				about the supported or	ganization(s).					
	(i) N	ame of supporte	ed organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	organiza in your g	s the tion listed overning ment?	(v) Amount of monetary support (see instructions)	(vi) Amount support (see ir	
						Yes	No			
	An	nerica's B	est Council, Inc	BSA#999						
(A)				12-3456789	7	X		250,000.		0
(B)										
(C)										
(D)										
(E)										
Tota								250,000		0

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.)

	organization rails to quality un	dei tile tests listed	bolow, please col	ilpiete i ait iii.)							
Sec	tion A. Public Support		T	1	T	T					
begi	ndar year (or fiscal year nning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total				
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")										
2	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										
	ndar year (or fiscal year nning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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	ctions)			12	!				
13	First 5 years. If the Form 990 is fo organization, check this box and s	r the organization'	s first, second, thir	d, fourth, or fifth ta	x year as a section	501(c)(3)					
Sec	tion C. Computation of Pul	blic Support F	Percentage								
14	Public support percentage for 2022	,	•								
15	Public support percentage from 20	21 Schedule A, Pa	art II, line 14			15	%				
16a	33-1/3% support test'2022. If the and stop here. The organization q										
b	33-1/3% support test'2021. If the and stop here. The organization of	organization did nequalifies as a publi	ot check a box on cly supported orga	line 13 or 16a, and inization	line 15 is 33-1/3%	or more, check	this box				
17a	7a 10%-facts-and-circumstances test'2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization.										
	10%-facts-and-circumstances te or more, and if the organization meorganization meets the facts-and-circumstances.	eets the facts-and- ircumstances test	circumstances tes . The organization	t, check this box ar qualifies as a publi	nd stop here. Explictly supported orga	ain in Part VI ho	w the				
18	Private foundation. If the organization	ation did not check	a box on line 13,	16a, 16b, 17a, or 1	7b, check this box	and see instruct	ions				

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Schedule A (Form 990) 2022

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.)

Boy Scout Trust Fund #999, Yourtown

Sec	tion A. Public Support		'				
	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	(3) = 5 : 5	(4) 2010		(3) 202	(0, =0==	(7)
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						
	Public support. (Subtract line 7c from line 6.)						
Sec	tion B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.						
	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 on line 10b, whether or not the business is regularly carried on						
12							
	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	n 501(c)(3)	<u></u>
	tion C. Computation of Pu						
	Public support percentage for 2022		,.				%
	Public support percentage from 20					16	%
	tion D. Computation of Inv						
17	Investment income percentage for	•			• • •		%
	Investment income percentage from						%
	33-1/3% support tests 2022. If the is not more than 33-1/3%, check the	nis box and stop h	nere. The organizat	ion qualifies as a p	publicly supported	organization	
	33-1/3% support tests'2021. If the line 18 is not more than 33-1/3%, o	check this box and	stop here. The or	ganization qualifie	es as a publicly sup	ported organization	
20	Private foundation. If the organiza	ation did not checl	k a box on line 14,	19a, or 19b, check	this box and see i	nstructions	

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe	4	X	
_	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		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		Х
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		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		
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		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		
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	6		X
	the filing organization's supported organizations? If "Yes," provide detail in Part VI.	0		^
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		X
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).	8		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		X
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		Х
С	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9с		Χ
0a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.	10a		X
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		

BAA TEEA0404L 09/09/22 Schedule A (Form 990) 2022

Pa	rt IV	Supporting Organizations (continued)			
11	Hac t	the organization accepted a gift or contribution from any of the following persons?		Yes	No
	a A per	rson who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below,			V
	·	overning body of a supported organization?	11a		X
		nily member of a person described on line 11a above?	11b		X
		% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI .	11c		Χ
Sec	ction E	B. Type I Supporting Organizations			
4	Did th	ne governing body, members of the governing body, officers acting in their official capacity, or membership of one		Yes	No
•	or mo office orgar than	ore supported organizations have the power to regularly appoint or elect at least a majority of the organization's pers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported inization(s) effectively operated, supervised, or controlled the organization's activities. If the 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			
		g the tax year.	1		
2	that o	ne organization operate for the benefit of any supported organization other than the supported organization(s) operated, 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 orting organization.	2		
Sec	ction (C. Type II Supporting Organizations			
	<u> </u>			Yes	No
1	Were	e a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees ch of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the			
	supp	orting organization was vested in the same persons that controlled or managed the supported organization(s).	1	Χ	
Sec	ction [D. All Type III Supporting Organizations			
1	Did th	ne organization provide to each of its supported organizations, by the last day of the fifth month of the		Yes	No
	orgar year,	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			
orgar		nization's governing documents in effect on the date of notification, to the extent not previously provided?			
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 o	rganization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By re	eason of the relationship described on 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			
	all tim	nes during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played s regard.	3		
Sec	ction	E. Type III Functionally Integrated Supporting Organizations			
1	Chec	sk the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
	а 🗌 Т	The organization satisfied the Activities Test. Complete line 2 below.			
	ь 🗌 т	The organization is the parent of each of its supported organizations. Complete line 3 below.			
	с 🗌 Т	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instruc	tions)		
2	Activi	ities Test. Answer lines 2a and 2b below.		Yes	No
	suppo orga respo	substantially all of the organization's activities during the tax year directly further the exempt purposes of the orted organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported nizations and explain how these activities directly furthered their exempt purposes, how the organization was onsive to those supported organizations, and how the organization determined that these activities constituted			
	subst	tantially all of its activities.	2a		
	more	ne activities described on 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			
		ons for the organization's position that its supported organization(s) would have engaged in these activities or the organization's involvement.	2b		
3		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? If "Yes" or "No," provide details in Part VI.	3a		
	b Did the	ne organization exercise a substantial degree of direction over the policies, programs, and activities of each of its orted organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Sche	edule A (Form 990) 2022 Boy Scout Trust Fund #999, Yourtown		99-99	99999	Page (
Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	ganizat	ions		
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on instructions. All other Type III non-functionally integrated supporting organizations	Nov. 20, must con	1970 (explain in Part V	′I). See gh E.	
Sec	tion A ' Adjusted Net Income	(A) Prior Year		rent Year tional)	
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		rent Year tional)	
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):				
a	Average monthly value of securities	1a			
t	Average monthly cash balances	1b			
c	Fair market value of other non-exempt-use assets	1c			
- 0	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	tion C ' Distributable Amount			Curre	ent 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			

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

BAA Schedule A (Form 990) 2022

Pai	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)							
Sec	ection D ' Distributions							
1	Amounts paid to supported organizations to accomplish exempt purposes	1						
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2						
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3						
4	Amounts paid to acquire exempt-use assets	4						
5	Qualified set-aside amounts (prior IRS approval required ' provide details in Part VI)	5						
6	Other distributions (describe in Part VI). See instructions.	6						
7	Total annual distributions. Add lines 1 through 6.	7						
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8						
9	Distributable amount for 2022 from Section C, line 6	9						
10	Line 8 amount divided by line 9 amount	10						

Line 8 amount divided by line 9 amount		110	
Section E ' Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required ' explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2022			
a From 2017			
b From 2018			
c From 2019			
d From 2020			
e From 2021			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2022 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2023. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018			
b Excess from 2019			
c Excess from 2020			
d Excess from 2021			
e Excess from 2022			

BAA Schedule A (Form 990) 2022

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Part VI

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

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

2022

Name of the organization Boy Scout Trust Fund #999, Yourtown Employer identification number								
Bank and	Trust, Trustee, Yourtown, TX	99-999999						
Organization type (check one):								
Filers of:	Section:							
Form 990 or 990-EZ	\overline{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	501(c)(3) exempt private foundation						
	4947(a)(1) nonexempt charitable trust treated as a private foundation							
	501(c)(3) taxable private foundation							
Observation of the state of the	and by the Canaval Dule as a Charlet							
·	ered 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						
	of, or (10) organization can enough boxes for both the contraintals and a openiar	rtale. Gee men denene.						
General Rule								
Ton on annualization fil	to a Form 200, 200 F7, as 200 PF that received device the core contributions taken	lin n						
	ng Form 990, 990-EZ, or 990-PF that received, during the year, contributions tota property) from any one contributor. Complete Parts I and II. See instructions for d ntributions.							
Special Rules								
regulations under sect 16b, and that received	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.							
contributor, during the literary, or educational	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.							
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions <i>exclusively</i> for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an <i>exclusively</i> religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received <i>nonexclusively</i> religious, charitable, etc., contributions totaling \$5,000 or more during the year.								
Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it nust answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).								

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

Schedule B (Form 990) (2022) Name of organization Employer identification number

Boy Scout Trust Fund #999, Yourtown

99-999999

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space	e is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	N/A		
		\$	
		·	
(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
		\$s	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		. <mark>-</mark> \$	
(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
		.]	
	<u> </u>	- \$	
	L	· + [*]	L

Employer identification number 99-9999999 Name of organization Boy Scout Trust Fund #999, Yourtown 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 com contributions of \$1,000 or less for the year. (E	pleting Part III, enter the total of each term of the each this information once. See instances	exclusively reliq	gious, charitable, etc.,		
(a) No. from Part I	Use duplicate copies of Part III if additional spanning (b) Purpose of gift	ace is needed. (c) Use of gift		(d) Description of how gift is held		
raiti	N/A					
	Transferee's name, addres	(e) Transfer of gif		ationship of transferor to transferee		
		55, and Zir + 4				
(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, addres	Transferee's name, address, and ZIP + 4 Relationship of transferor to tran				
(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, addres	ss, and ZIP + 4	Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
				. – – – – – – – – – – – – – – – – – – –		
	(e) Transfer of gift					
	Transferee's name, addres			tionship of transferor to transferee		
				··		
BAA		TEEA0704L 07/22/22		Schedule B (Form 990) (2022)		

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Open to Public Inspection Employer identification number

	r Scout Trust Fund #999, Yourtown ik and Trust, Trustee, Yourtown, TX		99-999999				
Par							
Pai	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.	S OI AC	counts.				
	(a) Donor advised funds	(b) E	ndo and other accounts				
4	Total number at end of year	(D) Ful	nds and other accounts	—			
1	·						
2	Aggregate value of contributions to (during year)						
3	Aggregate value of grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised are the organization's property, subject to the organization's exclusive legal control?		Yes No				
	6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?						
Par	Complete if the organization answered "Yes" on Form 990, Part IV, line 7.						
1	Purpose(s) of conservation easements held by the organization (check all that apply).						
	Preservation of land for public use (for example, recreation or education) Preservation of a	historica	ally important land area				
	Protection of natural habitat Preservation of a	certified	I historic structure				
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a last day of the tax year.	a conserv	vation easement on the				
	last day of the tax year.	Ше	eld at the End of the Tax Year				
	Total number of conservation easements.	2 a	elu at tile Eliu of tile Tax Teal				
	<u> </u>	2 b		_			
		2 C		_			
		20					
C		2 d					
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the or tax year	rganizatio	on during the				
4	Number of states where property subject to conservation easement is located						
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of viola and enforcement of the conservation easements it holds?	-	Yes No				
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conserv						
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation	n easeme	ents during the year				
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h) and section 170(h)(4)(B)(ii)?		Yes No				
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense st include, if applicable, the text of the footnote to the organization's financial statements that describes the conservation easements.	atement organiza	and balance sheet, and tion's accounting for				
Par	Organizations Maintaining Collections of Art, Historical Treasures, or Organization answered "Yes" on Form 990, Part IV, line 8.	ther Si	imilar Assets.				
1 a	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and historical treasures, or other similar assets held for public exhibition, education, or research in furtherance Part XIII the text of the footnote to its financial statements that describes these items.	balance e of publi	sheet works of art, ic service, provide in				
ŀ	If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and bala historical treasures, or other similar assets held for public exhibition, education, or research in furtherance following amounts relating to these items:	e of publi	ic service, provide the				
	(i) Revenue included on Form 990, Part VIII, line 1		\$				
	(ii) Assets included in Form 990, Part X		\$				
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gramounts required to be reported under FASB ASC 958 relating to these items:	ain, prov	ride the following				
	Revenue included on Form 990, Part VIII, line 1						
k	Assets included in Form 990, Part X.		\$	_			

Part III Organizations Main	tairing Conecut	nis di Ait, nis	torical fre	easures, or	Other Sillina As	55615	(COITIII	iueu)	
3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):									
a Public exhibition		d Loan or	r exchange p	rogram					
b Scholarly research		e Other							
c Preservation for future general	tions								
4 Provide a description of the organize Part XIII.									
5 During the year, did the organization to be sold to raise funds rather than 1971	n to be maintained as	part of the organiz	ation's collec	tion?		Yes		No	
Part IV Escrow and Custodial A reported an amount of	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 on Form 990, Part X?				r other assets	not included	Yes		No	
b If "Yes," explain the arrangement in	b If "Yes," explain the arrangement in Part XIII and complete the following table:								
	Amount								
c Beginning balance					1 c				
d Additions during the year					1 d				
e Distributions during the year					1 e				
f Ending balance					1 f			_	
2 a Did the organization include an am					· _	Yes	<u> </u>	No	
b If "Yes," explain the arrangement in	n Part XIII. Check her	e if the explanation	has been pr	ovided on Part	t XIII				
Part V Endowment Funds.		+			l				
	(a) Current year	(b) Prior year	. ,	vo years back	(d) Three years back	(e) I	our year		
1 a Beginning of year balance	3,059,644			2,753,134.	2,519,573.			5,406.	
b Contributions	100,000	. 225,0	00.	200,000.	250,000.		150	0,000.	
c Net investment earnings, gains, and losses	301,250	. 143,2	200.	122,700.	99,550.		97	7,889.	
d Grants or scholarships	250,000	. 200,0	00.	150,000.	100,000.		80	0,000.	
e Other expenditures for facilities and programs					0.				
f Administrative expenses	33,540	. 17,8	50.	16,540.	15,989.		14	1,722.	
g End of year balance	3,177,354			2,909,294.	2,753,134.		2,519	9,573.	
2 Provide the estimated percentage	of the current year en	d balance (line 1g,	column (a)) I	held as:					
a Board designated or quasi-endowr		10.00 %							
b Permanent endowment	80.00 %								
c Term endowment	0.00 %								
The percentages on lines 2a, 2b, a	nd 2c should equal 10	00%.							
3 a Are there endowment funds not in	the nossession of the	organization that a	re held and :	administered fo	or the				
organization by:	and possession or and	organization that c	iro riola aria i	adiminotoroa n	01 1110		Yes	No	
(i) Unrelated organizations						3a(i)		Χ	
(ii) Related organizations						3a(ii)		Х	
b If "Yes" on line 3a(ii), are the relate	d organizations listed	as required on Sc	hedule R?			3b			
4 Describe in Part XIII the intended u	ises of the organization	on's endowment fur	nds.					,	
Part VI Land, Buildings, an	d Equipment.								
Complete if the organ	nization answered	d "Yes" on Forn	n 990, Par	t IV, line 11	a. See Form 990,	Part :	X, line	10.	
Description of property		st or other basis nvestment)	(b) Cost o	or other ther)	(c) Accumulated depreciation	(d)	Book va	lue	
1 a Land		·	,						
b Buildings									
c Leasehold improvements									
d Equipment									
e Other									
Total. Add lines 1a through 1e. (Column		990, Part X. colum	n (B), line 10	lc.)				0.	
PAA	. ,	, ,	, ,,	,		ıla D (Form 00)n\ 2022	

Schedule D (Form 990) 2022

Part VII	Investments 'Other Securities.	"Voo" on Form 000	Dort IV line 11h See Form 00	0 Port V line 12
(a) Descripti	Complete if the organization answered on of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	
	I derivatives	(b) book value	(c) Method of Valuation. Cost of end	-or-year market value
` '	held equity interests			
	BSA Commingled Endowment Fund	3 177 35/	End of Year Market Value	
(A)		3,177,334.	Life of Teal Warket Value	
(B)	. – – – – – – – – – – – – – – – – – – –			
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
<u>(I)</u>				
	n (b) must equal Form 990, Part X, column (B) line 12.)	3,177,354.		
Part VIII	Investments ' Program Related. Complete if the organization answered	"Voo" on Form 000	N/A Nort IV line 110 See Form 00	O Dort V line 12
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	
(1)	(a) Besonption of investment	(b) Book value	(b) Method of Valuation. Cool of one	or your market value
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
	n (b) must equal Form 990, Part X, column (B) line 13.)	N1/A		
Part IX	Other Assets. Complete if the organization answered	N/A	Part IV line 11d See Form 00	0 Part Y line 15
		scription	r, Fait IV, lille 11d. See I Ollil 99	(b) Book value
(1)		•		, ,
(2)				
(3)				
(4)				
(5) (6)				
(7)				
(8)				
(9)				
(10)				
	ımn (b) must equal Form 990, Part X, column (B) lir	ne 15.)		
Part X	Other Liabilities. Complete if the organization answered "Y	oo" on Form 000 Do	ort IV line 11e er 11f Cae Form 00	O Dort V line 25
1.		ption of liability	it iv, line The or Thi. See Form 99	(b) Book value
	al income taxes	phon or hability		(b) Book value
(2)				
(3)				
(4)				
(5)				
(6)				
(7) (8)				
(9)				
(10)				
(11)				
-	mn (b) must equal Form 990, Part X, column (B) lin	e 25.)		
2. Liability for	uncertain tax positions. In Part XIII, provide the text of the fo	otnote to the organization's	financial statements that reports the organizatio	
tax positions	under FASB ASC 740. Check here if the text of the	e footnote has been prov	vided in Part XIII	See Part XIII X

Part XI Reconciliation of Revenue per Audited Financial Statements	With Revenue per Retu	ırn. N/A
Complete if the organization answered "Yes" on Form 990, Pa	art 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		2e
3 Subtract line 2e from line 1		3
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b	4 a	
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 pe	er Return. N/A
Complete if the organization answered "Yes" on Form 990, Pa	rt IV, line 12a.	
1 Total expenses and losses per audited financial statements		1
Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:		1
·		1
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		1
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	1
 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 	2 a 2 b 2 c	1
 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	
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	
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	
 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 4 a	
 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
 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 2b 2c 2d 4a 4b	2 e 3
 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 2b 2c 2d 4a 4b	2 e 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, 2022 financial statements include any uncertain tax positions.

BAA Schedule D (Form 990) 2022

SCHEDULE I (Form 990)

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

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

Attach to Form 990.

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization Boy So	out Trust Fund	#999, Yourtov	vn				Employer identific	ation number
Bank a	and Trust. Trust	tee, Yourtown,	TX				99-999999)
Part I General Informa	ation on Grant	ts and Assista	nce					
 Does the organization ma the selection criteria used Describe in Part IV the organization 	I to award the grant	ts or assistance?				s or assistance, and		Yes X No
Part II Grants and Oth						oto if the organization	on anguared "Va	o" on
				e than \$5,000. Part				:S 011
1 (a) Name and address of orgovernment	ganization	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) America's Best Council, Inc	<u>. </u>							Support
								operations and
		12-3456789		250,000.	0.	FMV		programs
(2)								
(2)								
(3)								
(4)								
<u> </u>								
(5)								
(6)								
<u>(7)</u>								
(0)								
<u>(8)</u>								
2 Enter total number of sec	tion 501(c)(3) and (government organi	zations listed in the	line 1 table				1
3 Enter total number of other		-						
								0

	ust i unu #999, i ouite	70011		3	13-333333	i age z
Part III Grants and Other Assistance can be duplicated if additional s	to Domestic Individ space is needed.	uals. Complete if the	ne organization ans	wered "Yes" on Form 99	90, Part IV, line 22. Part III	
(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.

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

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

99-999999

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

Employer identification number 99-9999999

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

Employer identification number 99-9999999

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.

Schedule O (Form 990) 2022 Page 2

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

Employer identification number 99-9999999

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.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

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

OMB No. 1545-0047

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 99-9999999

Part I Identification of Disregarded Entities. Co	omplete if the organization	tion answered "Yes	" on Form 990,	Part IV, line 33.		
(a) Name, address, and EIN (if applicable) of disregarded en	tity (b)	ctivity Legal dor	ricile (state n country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
<u>(1)</u>						
<u>(2)</u>						
(3)						
Identification of Bolated Tay Evernt Ov	renizations Complete	if the organization	anguared "Vac	" on Form 000	Dort IV line 24 he	eques it
Part II Identification of Related Tax-Exempt Organi	zations during the tax y	year.	answered res	5 OH FOHH 990, 1	Part IV, line 34, be	cause ii
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state	(d) Exempt Code	(e) Public charity st	atus Direct contro	(g) Sec 512(b)(13)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Sec 512(b)(13 controlled entity	
						Yes	No
(1) America's Best Council, Inc., BSA 123 Woodbadge Drive Yourtown, TX 75021	To prepare young people to make						
12-3456789	ethical	TX	501(c)(3)	7	N/A		X
(2) 							
<u>(3)</u>							
(4)							

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	l tior	h) ropor- nate itions?	K-1 (Form	Gene mana parti	iging	(k) Percentage ownership
		country)		512-514)			Yes	No	1065)	Yes	No	
(1)												
(2)												
(3)												
3·2												
												L

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	Critity	or addity				Yes	No
<u>(2)</u>									
<u>(3)</u>									

BAA TEEA5002L 07/21/22 Schedule **R** (Form 990) 2022

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 in Parts II-IV?

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity			1	а	X
b Gift, grant, or capital contribution to related organization(s).			1	b >	
c Gift, grant, or capital contribution from related organization(s)			1	С	X
d Loans or loan guarantees to or for related organization(s)			1	d	X
e Loans or loan guarantees by related organization(s).				е	X
f Dividends from related organization(s)			1	f	X
g Sale of assets to related organization(s)			1	g	X
h Purchase of assets from related organization(s)			1	h	X
i Exchange of assets with related organization(s)			1	i	X
j Lease of facilities, equipment, or other assets to related organization(s)			1	j	X
k Lease of facilities, equipment, or other assets from related organization(s).			1	l k	Х
Performance of services or membership or fundraising solicitations for related organization(s)			1	H	X
m Performance of services or membership or fundraising solicitations by related organization(s)			<u> </u>	l m	X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				l n	X
o Sharing of paid employees with related organization(s).			1	lo	X
p Reimbursement paid to related organization(s) for expenses.			1	l p	Х
q Reimbursement paid by related organization(s) for expenses				l q	X
					- / (
r Other transfer of cash or property to related organization(s)			1	l r	Х
s Other transfer of cash or property from related organization(s)				s	X
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered to the above is "Yes," see the instructions for information on who must complete this line, including covered to the above is "Yes," see the instructions for information on who must complete this line, including covered to the above is "Yes," see the instructions for information on who must complete this line, including covered to the above is "Yes," see the instructions for information on who must complete this line, including covered to the above is "Yes," see the instructions for information on who must complete this line, including covered to the above is "Yes," see the instructions for information on who must complete this line, including covered to the above is "Yes," see the instructions for information on who must complete this line, including the above is "Yes," see the instructions for information on who must complete this line, including the above is "Yes," see the instructions for information on who must complete the above is "Yes," see the instructions for information on who must complete this line, including the above is "Yes," see the instruction of the above is "Yes," see the instruction of the above is "Yes," see the instruction of the above is "Yes," see th					
2 If the answer to any or the above is the conditions for information on who must complete this line, including covers					
(a)	(b)	(c)		(d)	
(a) Name of related organization	(b) Transaction	1	Method	(d) of deter	mining
(a)	(b)	(c)	Method amou	(d) of deter unt invo	mining ved
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	Method amou	(d) of deter unt invol	mining ved
(a) Name of related organization	(b) Transaction	(c)	Method amou	(d) of deter unt invo	mining ved
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	Method amou	(d) of deter unt invo	mining ved
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	Method amou	(d) of deter unt invo	mining ved
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	Method amou	(d) of deter unt invo	mining ved
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	Method amou	(d) of deter unt invo	mining ved
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	Method amou	(d) of deter unt invo	mining ved
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	Method amou	(d) of deter unt invo	mining ved
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	Method amou	(d) of deter unt invo	mining ved
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	Method	(d) of deter unt invo	mining ved
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	Method amou	(d) of deter unt invo	mining ved
(a)	(b) Transaction type (a-s)	(c) Amount involved	Method amou	(d) of deter unt invo	mining ved
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved 250,000.	Method amou	unt invol	ved

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	Are all sec 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	i) ral or aging ner?	(k) Percentage ownership
			sections 512-514)	Yes	No			Yes	No		Yes	No	1
<u>(1)</u>													
	-												
<u>(2)</u>	-												
	-												
(3)													
	1												
(4)	-												
(5)	-												
	-												
(6)													
(7)	-												
	1												
(8)	-												
	1												

Schedule R (Form 990) 2022 Boy Scout Trust Fund #999, Yourtown 99-9999

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