

Local Council Guide

to



Revised April 2025

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-Chapter 1-

Introduction

April 2025

The Local Council Guide to the 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 Form 990 and Council Trust Fund 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 2024 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, 2025, 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 <u>audits.990@scouting.org</u>.

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

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

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

A Note Regarding Governance

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

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

The study also indicated that a not-for-profit organization (NFP) whose entire board is engaged in what is being reported 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 in which IRS agents completed a governance checksheet at the conclusion of their examinations of 501(c)(3) organizations.

When to file

File Form 990, 990-EZ, 990-PF, and 990-T by May 15, 2025. If more time is needed, use Form 8868 to request an automatic six-month extension of time (to November 17, 2025) 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. <u>It is strongly recommended that local councils</u> <u>and their trust funds make every effort to file their returns by May 15, 2025.</u>

Filing thresholds

Both gross receipts and total assets thresholds remain at their 2023 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.

What's New

Changes to the 2024 Form 990, schedules and instructions

The changes to the 2024 Form 990, schedules and instructions consist of minor clarifications and updates. Penalty and dues amounts have been updated to account for inflation, and references to revenue procedures have also been updated to reflect the most recently published revenue procedures. Many of the supplementary schedules to the core form have been revised from annual updates to continuous use products, setting the 2024 versions as the standard until revisions are issued at a future date.

Changes to the 2024 Form 990-T, schedules and instructions

There have been some significant changes to the 2024 Form 990-T and instructions, including:

1. Part II line 4a and Part III line 3a: Added for reporting unrelated business taxable income that can (Part II line 4a) and cannot (Part III, line 3a) be reduced by certain nonrefundable tax credits.

- 2. Instructions, Page 1, What's New: Extension of time to file: Notifies taxpayers that Form 8868 has been updated to allow certain entities filing Form 990-T to make an elective payment election to request an extension of the time to file Form 990-T. All taxpayers that want to request a six-month extension of time to file Form 990-T, regardless of reason, must use Form 8868 to request the extension. The elective payment election must be made on a return filed by the due date (original or extended).
- 3. Instructions, Page 14, Paid Preparer: Updated to clarify that the paid preparer authorization and signature requirement must include a Preparer Tax Identification Number (PTIN), and that any non-employee paid to prepare the return must sign Form 990-T in Part V.
- 4. Schedule A Instructions, Page 19, Other Income, Schedule A, Part I, Line 12: Removes reference to the COVID-related payroll tax credit for qualified sick leave, and qualified paid family leave, taken between April 1, 2020, and September 30, 2021.
- Schedule A Instructions, Page 22, Taxes and Licenses, Schedule A, Part II, Line 6: Removes the description of COVID-related deduction of Social Security and Medicare taxes, as they are no longer reportable as taxes and licenses deductions on line 6.

Reminder

Electronic filing required for all Forms 990 for 2024 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 2024 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.

Council-registered Units (CRUs) and Form 990

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

[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 202[3] 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 ERC refunds on Form 990

If your council is still waiting for its Employee Retention Credit (ERC) refund (the IRS is working through a huge backlog of claims), it should be reported on **line 1e, Part VIII.** <u>Statement of Revenue</u>, as *Government grants* in the tax year that the amount is received. Do not report this amount as reduction of payroll tax expense.

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.

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 compensation during the tax year combined from the **council and related organizations**¹ (like a council trust fund or foundation) and must be identified in the following order:

- 1. 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)
- 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

²The 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 satisfies 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 <u>by the employer</u> 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)

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.

<u>Schedule J, Part II</u>

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.

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 statelicensed 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 <u>officer and a director/trustee of the organization.</u>

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 <u>not</u> 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 IRS Form 990, please contact Member Care at 972-580-2489.



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

_____Is the name of the council the legal name stated in the council articles of incorporation?

_____Is the council number listed after the name?

_____Is the name of the trust the legal name stated in the trust document, followed by the council number, name of the corporate trustee, and the address where the trust fund normally receives its mail? If the trust is a supporting organization, it must file Form 990 or 990-EZ. If the gross receipts for the trust are \$50,000 or less and it is not a supporting organization, file IRS Form 990-N (e-Postcard).

_____Is the group exemption number 1761 included on both the council and trust(s) 990?

_____Is the trust EIN separate from the council and authorized to be listed in the group exemption filing?

_____Is the mission (primary exempt purpose) requested in Part I, 1 and Part III, 1 the same as stated in the council articles of incorporation?

____Are the yes boxes for a membership organization checked in Part VI, Section A?

____Are the yes boxes for local chapters, branches, or affiliates checked in Part VI, Section B?

_____Is Schedule A attached, with box 7 checked for the council? Is the trust checked off on Schedule A, box 12 as a supporting organization?

____Are the trust assets listed on the council 990 and Schedule D, Part V?

_____Is Schedule R attached if the council has a trust fund?

____Are all other required schedules attached?

____Are all attachments authorized in the instructions?

____Were the council and trust(s) 990s reviewed by the board and not just distributed?

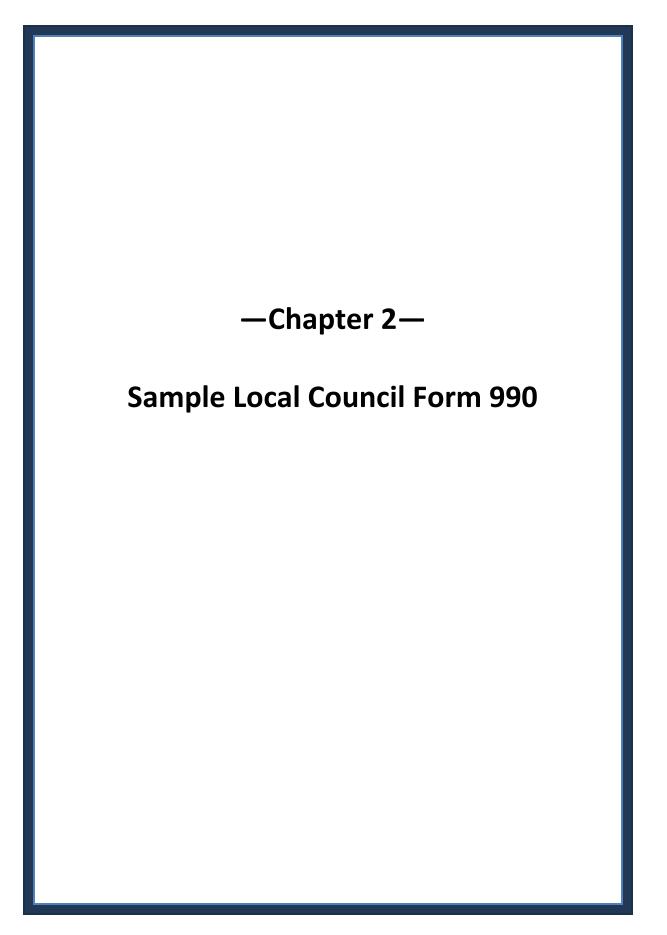
____Are both copies of each return signed and dated? (Council returns should be signed and dated by the Scout executive, treasurer, or other council officer; trust returns by the duly authorized trustee; and all returns by the CPA if one prepared the returns.) Is the CPA's information, including preparer's tax identification number (PTIN), listed?

____Were the council and trust (trusts on a calendar year) 990s or 8868s filed on or before May 15?

____Has a copy of the council and trust(s) 990/990-T been sent electronically directly to the National Council (to <u>audits.990@scouting.org)?</u>

About the Author

Ken Moran is a CPA and CGMA, licensed in North Carolina and Virginia, with over twentyyears' experience in not-for-profit accounting, auditing, and taxation. Ken has worked for the National Council for over fifteen 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.



Form	99	0

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.

Open to Public

OMB No. 1545-0047

2024

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	15	Salaries, oth	ner co	mpensation	ı, employee	e benefits	(Part IX,	columr	n (A), line	s 5-10)		2	,155,	899.	2,	265,99	98.
ses	16a	Professional	l fundi	raising fees	(Part IX, c	column (A	A), line 11	e)						000.	, ,	25,00	
Expenses	h	Total fundrai	isina (expenses (F	Part IX, col	umn (D).	line 25)			278,583.			/				
ы	17	Other expen	-					4e)		•	_	2	,120,	413	2	217,16	56
	18	Total expens	•		. ,			· ·					,437,			655,12	
	19	Revenue les			-	•						-	-752,			-520,68	
۲ 8		1.0101140100	ie onp			0						Reginnin	g of Curre			of Year	
ets c	20	Total assets	(Part	t X, line 16).	ι							v	,038,			619,15	55
Aee Bal	21	Total liabilitie										10	301,			254,52	
Net Assets or Fund Balances	22	Net assets o									_	12	,736,		12	364,63	
	rt II	Signatu									••	12	, , , , , ,	555.	1 14,	504,00	
					amined this retu	urn, includin	g accompan	ving sched	lules and sta	atements. and to	to the	best of m	iy knowled	ge and be	elief, it is true	, correct. and	±
comp	olete. D	Ities of perjury, I o eclaration of prep	parer (o	ther than office	r) is based on	all informati	on of which	preparer h	ias any knov	vledge.			,		.,	, , and	
																	_
Sig	jn	Signature o	of office	r								Date					
He	re	John	B. 1	Loyal							Sec	creta	ry, S	SE			_

	Type or print name a	ind title					
	Preparer's name		Preparer's signature	Date	Check if	PTIN	
Paid					self-employed		
	Firm's name						
Use Only	Firm's address				Firm's EIN		
					Phone no.		
May the IRS	discuss this retu	rn with the preparer s	shown above? See instructions	S		X Yes	No
BAA For Pa	perwork Reducti	ion Act Notice, see th	ne separate instructions.	TEEA0101L 12	/12/24	Form 9	90 (2024)

Part III	(2024) America's Best Council, Inc.	99-9999999	Page 2
	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III		X
inc <u>orp</u> enacte	efly describe the organization's mission: The purpose of the Corporation is as so oration under the laws of the District of Columbia, dated February 8, 1910, and re ad by the Congress of the United States of America on June 15, 1916, as follows: ration shall be to promote, through organization and cooperation with other agence	set forth in the origina stated in the Act of Ir "That the purpose of	<u>icorporatio</u> this
Forr	the organization undertake any significant program services during the year which were not listed n 990 or 990-EZ?	a on the prior	X No
3 Did	'es," describe these new services on Schedule O. the organization cease conducting, or make significant changes in how it conducts, any program	services? Yes	S X No
4 Des Sec	'es," describe these changes on Schedule O. cribe the organization's program service accomplishments for each of its three largest program s tion 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocat revenue, if any, for each program service reported.	ervices, as measured by etions to others, the total e	expenses. xpenses,
4a (Cod	de:) (Expenses \$ 3,027,450. including grants of \$ 146,960.) (Revenue \$ 4	08,000.3
Three are constructed by the construction of the second se	e Scouting program includes the following: Lion Scouts-A fu outing program for kindergarten-age youth eager to get going th their adult partners and other Lions every month. This pr d their families to Scouting and the outdoors as it builds a aracter. A Lion den is part of the Cub Scout pack. Tiger Sco mily-oriented program for a group of teams, each consisting year-old) boy or girl and an adult partner (usually a parent the Cub Scout pack. Cub Scouting-Family- and community-cent arning citizenship, compassion, and courage through service mes, and other activities promoting character development an ontinued on Schedule O)	in introduction in g! Lions do adver ogram introduces foundation of outs-One-year, of a first-grade). A Tiger den : ered approach to projects, ceremond h physical fitne) (Revenue \$ 2 seven programs in their efforts emporary society le seven programs fe programs help development, and make ethical de a worksite-based ogram also for y	to the ntures s youth s youth c (or is part c onies, ponies, s. 10,000. s to and to s focus p youth nd help cisions young
	ontinued on Schedule 0)		<u> </u>
	de:)(Expenses \$272,859. including grants of \$ aining programs - provided training, administrative and othe 000 adult volunteers who delivered Scouting programs to yout	er support to mor	
	er program services (Describe on Schedule O.) benses \$ including grants of \$) (Revenue	~	·

 Form 990 (2024)
 America's Best Council, Inc.

 Part IV
 Checklist of Required Schedules

99-9999999	

Page 3

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</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 "Yes," complete Schedule D, 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? <i>If "Yes,"</i> complete Schedule D, Part III.	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> .	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	Х	
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? <i>If "Yes," complete Schedule D, Part VII.</i>	11b		Х
c	Did the organization report an amount for investments – program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>	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? <i>If "Yes," complete Schedule D, Part IX</i>	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	Х	
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)? <i>If "Yes," complete Schedule D, Part X</i>	11f	Х	
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		Х
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		Х
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? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	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 "Yes," 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	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
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		Х
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Form 990 (2024)America's Best Council, Inc.Part IVChecklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III.	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Х	
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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.</i>	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 "Yes," 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? <i>If "Yes," complete Schedule L, Part II</i>	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? <i>If "Yes," complete Schedule L, Part III</i>	27		х
	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).			
	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> "Yes," complete Schedule L, Part IV.	28a		Х
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 noncash contributions? If "Yes," complete Schedule M.	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," 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? If "Yes," complete Schedule N, Part II.	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		Х
	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	
	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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	Х	
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 "Yes," complete Schedule R, Part Vl</i>	37		Х
	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	
Pai	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.		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 28		162	110
	Enter the number of Forms W-2G included on line 1a. 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	Х	
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Form		999999	F	Page 5
Par				
			Yes	No
2a	a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State-			
	ments, filed for the calendar year ending with or within the year covered by this return 2a	172		
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?	3a		Х
b) If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule 0</i>	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over	er, a		
_	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	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 (FB,	-		X
	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			X
	 Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 			Λ
6a	a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts w			
	not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	_		v
	services provided to the payor?			Х
	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			
C	Form 8282?			Х
d	I 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		Х
g	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?.			
8	Form 1098-C?. Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsor	ring		
	organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	a Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter:			
	a Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter:			
	a Gross income from members or shareholders			
b	o Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	a Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	a 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	15		Х
	excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15		
16				X
10	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 w	/ould		
	result in the imposition of an excise tax under section 4951, 4952, or 4953?			
	If "Yes," complete Form 6069.			

Par	a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or cha Schedule O. See instructions.	nges	on	
	Check if Schedule O contains a response or note to any line in this Part VI			. Х
Sec	tion A. Governing Body and Management		Vee	Na
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 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.		Yes	No
b	Enter the number of voting members included on line 1a, above, who are independent 1b 36			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents			
	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		Х
6	Did the organization have members or stockholders?See Schedule 0	6	Х	
	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.0.	7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, See Sch O stockholders, or persons other than the governing body?	7b	Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
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 "Yes," provide the names and addresses on Schedule O</i>	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue	Cod		
10-	Did the examination have level chapters, branches, ar affiliates?	10-	Yes X	No
	Did the organization have local chapters, branches, or affiliates?	10a	Χ	
	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	X	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	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? <i>If "No," go to line 13</i>	12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	120	Λ	
	to conflicts?	12b	Х	
	Schedule O how this was done	12c	X X	
13	Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy?	13 14	X	
14 15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	14	Λ	
9	The organization's CEO, Executive Director, or top management official See. Schedule .0	15a	Х	
	Other officers or key employees of the organization See. Schedule .0.	15b	X	
5	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	105		
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		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 50 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) Schedule O			
19	the public during the tax year. See Schedule O	ole to		
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			

BAA

Page 6

Form 990 (2024) America's Best Council, Inc.	99-9999999	Page 7								
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Independent Contractors	Compensated Employe	ees, and								
Check if Schedule O contains a response or note to any line in this Part VII.										
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees										

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

		(C)								
(A) Name and title	(B) Average hours per week (list any hours for related organiza- tions below dotted line)	box.	unles	ss pe	rson	than the Highest compensated	an	(D) Reportable compensation from the organization (W-2/1099-NEC) MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099- MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) John B. Loyal	50					ğ				
Secretary, SE	2	Х		Х				300,000.	Ο.	40,000.
(2) Billy Gibbons	45			1						
Dir. of Field Svc	0	i (Х		133,000.	Ο.	38,000.
(3) Jimmy Herring	45			· · ·				,		· · ·
Dir. of Supp't Svc	0					Х		130,000.	Ο.	30,000.
(4) Robin Trower	45							,		· · ·
Finance Director	0	1				Х		120,000.	Ο.	25,000.
(5) Jeff Beck	2							,		,
Director	1	Х						0.	Ο.	0.
(6) James Hendrix	2									
Director	1	Х						0.	Ο.	0.
(7) Eric Clapton	2									
Director	1	Х						0.	0.	0.
(8) Peter Townshend	2									
Director	1	Х						0.	0.	0.
(9) James Page	2									
Director	1	Х						0.	0.	0.
(10) Allan Holdsworth	2									
Director	1	Х						0.	0.	0.
(11) Riley B. (BB) King	2									
Director	1	Х						0.	0.	0.
(12) Robert Johnson	2									
Director	1	Х						0.	0.	0.
(13) Stephen Ray Vaughan	2		ΙŢ							
Director	1	Х						0.	0.	0.
(14) Duane Allman	2									
Director	1	Х						0.	0.	0.
BAA	TEEA0	107L	09/05	5/24						Form 990 (2024)

iu	CVII Section A. Onicers, Directors, Tr	J.C.C.J.,			· ·	-	,05,		a riigilest ooli		
					(C)					
	(A)	(B)	(1		Posi	ition	than o		(D)	(E)	(F)
	Name and title	Average	box,	unless	s per	rson	is both	an	Reportable	Reportable	Estimated amount
		hours					or/truste		compensation from the organization	compensation from related organizations	of other compensation from
		per week (list any	Individual or directo	Institutional trustee	Officer	Key employee	Hig	Former	the organization (W-2/1099- MISC/1099-NEC)	related organizations (W-2/1099- MISC/1099-NEC)	the organization
		hours for related	dividual directo	itut	Cer	en	hes	me	WIGG/1099-NEC)	WII3C/1035-NEC)	and related organizations
		organiza-	ual cto	tion	`	ldu	/ee	7			J
		tions below	r đ	ıal t		oye	mc				
		dotted line)	r	sur		ñ	ben				
		inter	n	tee			Highest compensated employee				
							ğ				
(15)	<u>Eric_Johnson</u>	2									
	Director	1	Х						0.	0.	0.
(16)	Joseph Satriani	2									
<u> </u>	Director	1	Х						0.	0.	0.
(17)			Λ						0.	0.	0.
<u>(I)</u>	Steven Vai	2									
	Director	1	Х						0.	0.	0.
(18)	Edward Van Halen	2									
	Director	1	Х						0.	0.	0.
(10)		2							0.	0.	
(13)	Yngwie Malmsteen									0	
	Director	1	Х						0.	0.	0.
(20)	Lawrence_Carlton	2									
	Director	1	Х						0.	0.	0.
(21)	Wes Montgomery	2									
<u> </u>	Director	<u>_</u>	Х						0.	0.	0.
(22)			Λ						0.	0.	0.
(22)	Jaco Pastorius	2									
	Director	1	Х						0.	0.	0.
(23)	Pat_Metheny	2									
	Director	1	Х		1				0.	0.	0.
(24)	Charlie Christian	2			7						
<u> </u>	Director	1	\mathbf{x}		1				0.	0.	0.
(25)		2							0.	0.	
(25)	<u>Django Reinhardt</u>									0	
	Director		Х						0.	0.	0.
1b	Subtotal							• •	683,000.	0.	133,000.
С	Total from continuation sheets to Part VII, Section	on A							0.	0.	0.
d	Total (add lines 1b and 1c)								683,000.	0.	133,000.
_	Total number of individuals (including but not limi										
-	frame the evenenimation is		00 110	Jiou	abe	,,,,	mile	100			
	from the organization 4										
											Yes No
3	Did the organization list any former officer, direct	or, truste	e, key	y em	iplo	yee	, or h	igh	est compensated e	employee	
	on line 1a? If "Yes, "complete Schedule J for such	individua	al						· · · · · · · · · · · · · · · · · · ·		З Х
4	For any individual listed on line 1a, is the sum of	roportabl	0 000	nnon	t	tion	and	othe	r componention fr	om	
-	the organization and related organizations greater	r than \$1	50.00	0? //	15au f "Y	es.	" com	nle	te Schedule J for	UIII	
											. 4 X
5	Did any person listed on line 1a receive or accrue	company	cation	n from	ms	anv	unral	ator	d organization or in	dividual	
Ũ	for services rendered to the organization? If "Yes	," comple	ete Sc	chedu	ule	J fo	r suc	h p	erson		. 5 X
Sec	tion B. Independent Contractors										
1	Complete this table for your five highest compens	ated inde	pend	ent o	con	trac	tors t	that	received more that	an \$100.000 of	
	compensation from the organization. Report comp	pensation	for the	he ca	aler	ndar	year	en	ding with or within	the organization's	tax year.
	(A)								(B)		(C)
	Name and business addr	ess							Description of	of services	(C) Compensation
2	Total number of independent contractors (includin	na but not	limit	ed to	ז th	105e	lister	d al	ove) who received	t more than	
-	\$100,000 of compensation from the organization	-									

Form 990

Continuation Sheet for Form 990

OMB No. 1545-0047

2024

Department of the Treasury Internal Revenue Service

Internal Revenue Service								
Name of the Organization		Employler Identification	number					
America's Best Council, Inc. 99-9999999								
Part VII Continuation: Officers, Directors, Trustees, Key Employees, and								
Llinhact (Companyated Employees							

(A)	(B)	(C) h	osition	(do no	t checl	k more tha both an o	an one fficer	(D)	(E)	(F)
Name and title	Average	a	nd a di	rector/	truste	e)		Reportable compensation from	Reportable compensation from	Estimated amount of other
	hours per week (list any	Individual trustee or director	stitu	Officer	iy en	ghes nploy	Former	the organization (W-2/1099- MISC/1099-NEC)	related organizations (W-2/1099- MISC/1099-NEC)	compensation from the
	(list any hours for related	lual t	tiona	7	nplo	/ee	4	MISC/1099-NEC)	MISC/1099-NEC)	organization and related
	organiza- tions	trust	al tri		yee	mpe				organizations
	below dotted line)	ee	Institutional trustee			Highest compensated employee				
(1) Miles Dewey Davis	2									
Director	1	Х						0.	0.	0
(2) Charlie Parker Director	$\frac{2}{1}$	Х						0.	0.	0
(3) John McLaughlin	5									
President	1	Х		Х				0.	0.	0
_(4) Mike Stern	5	ļ								
Past President	1	Х		Х				0.	0.	0
(5) <u>Steve_Howe</u>	5			37				0	0	0
Commissioner	1	Х		Х	-			0.	0.	0
<u>(6) Al DiMeola</u> VP, District Op	<u>- 5</u> 1	Х		Х					0.	0
	5	Λ		Λ	-			0.	0.	0
VP, Finance	$\frac{-3}{1}$	Х		Х			۱. ۱	0.	0.	0
(8) Carlos Santana	5		-							
VP, Membership	1	Х		X				0.	0.	0
(9) Frank Zappa	5									
VP, Program	1	X		Х				0.	0.	0
(10) Les Paul	5_	ļ								
VP, Properties	1	Х		Х	-			0.	0.	0
(11) Alex Lifeson	2_							0	0	0
Director	<u>1</u> 5	Х			-			0.	0.	0
(12) Brian May VP, Public Rel	$\frac{-5}{1}$	Х		Х				0.	0.	0
(13) John Scofield	5	Λ		Λ				0.	0.	0
Chmn, Mbr at Lg	$\frac{-5}{1}$	Х		Х				0.	0.	0
(14) Joe Pass	5									
Chmn, LFL	1	Х		Х				0.	0.	0
(15) Mark_Knopfler	5									
General Counsel	1	Х		Х				0.	0.	0
_(16)		ł								
(18)		-								
(19)										
		+								
(21)										

Form 990 (2024) America's Best Council, Inc.

Part VIII Statement of Revenue

99-9999999

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Par	t VI	Statement of Revenue Check if Schedule O contains a	resn	onse or note to any	line in this Part VI	11		П
			Tesp		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
sifts, Grants, lar Amounts	b c	Federated campaigns Membership dues Fundraising events Related organizations	1a 1b 1c 1d	323,500. 85,500. 120,000.				
Contributions, Gifts, Grants, and Other Similar Amounts	f	Government grants (contributions) All other contributions, gifts, grants, and similar amounts not included above Noncash contributions included in lines 1a-1f	1e 1f 1g	681,750. 1,459,450. 201,500.				
	h	Total. Add lines 1a-1f			2,670,200.			
Program Service Revenue	b c d e	<u></u>		900099 900099 900099	408,000. 210,000. 53,400.	408,000. 210,000. 53,400.		
Pro		Total. Add lines 2a-2f			671,400.			
	3 4 5	Investment income (including divid other similar amounts) Income from investment of tax-exe Royalties	empt	bond proceeds	64,000.	F		64,000.
	b c	Less: rental expenses 6b Rental income or (loss) 6c 4,	100 100		OTF			
	7a	Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses 7b 201,	840		4,100.			4,100.
		Gain or (loss) 7c 6,	<u>340</u>		6,340.			6,340.
Other Revenue	8a	Gross income from fundraising events (not including $\$ 85,500$ of contributions reported on line 1c). See Part IV, line 18	8	a 1,010,100.	0,340.			0,340.
Othe		Less: direct expenses Net income or (loss) from fundrais	8 sing e	0007000.	456,250.			456,250.
-	9a	Gross income from gaming activities. See Part IV, line 19	9	a				
		Less: direct expenses	9	b				
	10a	Net income or (loss) from gaming Gross sales of inventory, less returns and allowances Less: cost of goods sold	10	a 710,150.				
		Net income or (loss) from sales of		ntory	248,550.			248,550.
Miscellaneous Revenue	11a b	Refunds/reimbursement	<u>s</u>	Business Code	13,600.	13,600.		
Miscell Reve	u	All other revenue			13,600.			
BAA		Total revenue. See instructions			4,134,440.	685,000.	0.	779,240. Form 990 (2024)

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

Sec	tion 501(c)(3) and 501(c)(4) organizations must				
	Check if Schedule O contains a r			·····	
	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 for- eign 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.	95 000
6	Compensation not included above to	340,000.	85,000.	170,000.	85,000.
0	disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7		1,412,900.	1,206,617.	134,225.	72,058.
8	Pension plan accruals and contributions	1, 12, 500.	1,200,017.	101,220.	72,000.
0	(include section 401(k) and 403(b) employer contributions)	140 140	104 010	12 004	
9	Other employee benefits	<u>146,148.</u> 225,650.	<u>124,810.</u> 192,705.	<u>13,884</u> . 21,437.	<u>7,454.</u> 11,508.
10	Payroll taxes	141,300.	192,703.	13,424.	7,206.
11	Fees for services (nonemployees):	141,300.	120,070.	13,424.	1,200.
	Management				
	Legal	100,000.		100,000.	
	Accounting	65,000.		65,000.	
	Lobbying	05,000.		05,000.	
	Professional fundraising services. See Part IV, line 17	25,000.			25,000.
	Investment management fees	33,400.	28,524.	3,173.	1,703.
ç	Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule 0.) Advertising and promotion		20,324.		1,705.
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.	1977273	2/1991	1/1/0.
16	Occupancy	240,300.	205,216.	22,829.	12,255.
17	Travel	62,300.	53,204.	5,919.	3,177.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 20	Conferences, conventions, and meetings	12,160.	10,385.	1,155.	620.
21	Payments to affiliates	60,500.	51,667.	5,747.	3,086.
22	Depreciation, depletion, and amortization	439,199.	375,076.	41,724.	22,399.
23	Insurance	152,960.	130,628.	14,531.	7,801.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				·
a	Program supplies	492,300.	492,300.		
Ł	Recognition awards	180,280.	180,280.		
c		75,970.	64,878.	7,217.	3,875.
c	Printing and Publications	72,300.	61,744.	6,869.	3,687.
	2 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)				
BAA		TEEA0110L 09	IOE 104		Form 990 (2024)

Form 990 (2024) America's Best Council, Inc.

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Part X Balance Sheet ontoin

	rt X						-				
		Check if Schedule O contains a response or note to	any line	e in this Part X							
					(A) Beginning of year		(B) End of year				
	1	Cash – non-interest-bearing			3,065.	1	3,065				
	2	Savings and temporary cash investments			3,776,856.	2	2,950,931				
	3	Pledges and grants receivable, net			420,250.	3	637,390				
	4	Accounts receivable, net			57,780.	4	82,960				
	5	Loans and other receivables from any current or forme trustee, key employee, creator or founder, substantial controlled entity or family member of any of these per	er officer contribu sons	, director, tor, or 35%		5					
	6	Loans and other receivables from other disqualified pe	ersons (a	as defined under							
		section 4958(f)(1)), and persons described in section 4				6					
	7	Notes and loans receivable, net		•		7					
	8	Inventories for sale or use			175,612.	8	124,262				
	9	Prepaid expenses and deferred charges			169,400.	9	89,430				
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	L I	12,174,382.	10071001	_					
		Less: accumulated depreciation.		5,678,960.	6,384,321.	10c	6,495,422				
		Investments – publicly traded securities			2,010,625.	11	2,175,140				
	12	Investments – other securities. See Part IV, line 11.			40,560.	12	60,55				
	13	Investments – program-related. See Part IV, line 11.			40,500.	13	00,55				
	14	Intangible assets				14					
	15	Other assets. See Part IV, line 11				15					
	16	Total assets. Add lines 1 through 15 (must equal line)		13,038,469.	16	12,619,15					
+	17	Accounts payable and accrued expenses			75,460.	17	122,90				
	18	Grants payable		18	,						
	19	Deferred revenue		162,950.	19	89,12					
	20	Tax-exempt bond liabilities				20					
3	21	Escrow or custodial account liability. Complete Part N				21					
	22	Loans and other payables to any current or former off key employee, creator or founder, substantial contribu controlled entity or family member of any of these per	cer, dire tor, or 3	ector, trustee, 5%		22					
İ	23	Secured mortgages and notes payable to unrelated th				22					
	23 24	Unsecured notes and loans payable to unrelated third	•			23					
	24 25	Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Comp	•		63,400.	24	42,50				
	26	Total liabilities. Add lines 17 through 25			301,810.	26	254,520				
3	-	Organizations that follow FASB ASC 958, check here		Х							
	7	and complete lines 27, 28, 32, and 33. Net assets without donor restrictions		-	10 706 165	27	0 (21 00)				
Í	27				10,736,167.	27	9,671,020				
ľ	28	Net assets with donor restrictions			2,000,492.	28	2,693,61				
		Organizations that do not follow FASB ASC 958, chec and complete lines 29 through 33.									
5	29	Capital stock or trust principal, or current funds				29					
2	30		Paid-in or capital surplus, or land, building, or equipment fund								
21	31	Retained earnings, endowment, accumulated income,				31					
21											
Net Assets of Fund	32	Total net assets or fund balances Total liabilities and net assets/fund balances			12,736,659.	32	<u>12,364,635</u> 12,619,155				

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Form 990 (2024)

Form	orm 990 (2024) America's Best Council, Inc	ç. g	9-999999	9	Pa	ge 12
Par	Part XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to	-				
1	1 Total revenue (must equal Part VIII, column (A), line 12) .		1	4,1	34,4	40.
2	2 Total expenses (must equal Part IX, column (A), line 25).		2	4,6	55,1	.24.
3	- · · · · · · · · · · · · · · · · · · ·		-	-5	20,6	584.
4	4 Net assets or fund balances at beginning of year (must ed	qual Part X, line 32, column (A))	4	12,7	36,6	;59.
5	5 Net unrealized gains (losses) on investments		5	1	48,6	60.
6	•		-			
7	•					
8						
9	9 Other changes in net assets or fund balances (explain on	Schedule O)	9			0.
10	0 Net assets or fund balances at end of year. Combine lines column (B))		10	12,3	64,6	535.
Par	Part XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to	o any line in this Part XII				П
		5			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 on Schedule O.	a prior year or checked "Other," explain				
2a	2a Were the organization's financial statements compiled or	reviewed by an independent accountant?		. 2a		Х
	If "Yes," check a box below to indicate whether the finance separate basis, consolidated basis, or both.	, , , , , , , , , , , , , , , , , , ,	ewed on a			
	Separate basis Consolidated basis	Both consolidated and separate basis				
b	b Were the organization's financial statements audited by a	•		. 2b	Х	
	If "Yes," check a box below to indicate whether the finance basis, consolidated basis, or both. Separate basis X Consolidated basis E	ial statements for the year were audited on a sep Both consolidated and separate basis	arate			
С	 c If "Yes" to line 2a or 2b, does the organization have a cor review, or compilation of its financial statements and sele 	nmittee that assumes responsibility for oversight action of an independent accountant?	of the audit,	. 2c	Х	
-	If the organization changed either its oversight process or on Schedule O.					
3a	3a As a result of a federal award, was the organization requi Guidance, 2 C.F.R. Part 200, Subpart F?	reg to undergo an audit or audits as set forth in th		. 3a		Х
b	b If "Yes," did the organization undergo the required audit of					
	or audits, explain why on Schedule O and describe any st	teps taken to undergo such audits				
BAA	AA	ILLAUIIZL 03/03/24		⊢orm	990 ((2024)

		Public Chari	ty Status and P	ublic	Sunr	ort	OMB No. 1545-0047				
SCHEDULE A (Form 990)	Con	nplete if the organizat	tion is a section 501(c)()(1) nonexempt charita	3) orgai	י. nization		2024				
		Attac	h to Form 990 or Form:	990-EZ			Open to Public				
Department of the Treasury Internal Revenue Service	G	o to www.irs.gov/For	m990 for instructions a	nd the I	atest in	formation.	Inspection				
Name of the organization A	merica's]	Best Council,	Inc.			Employer identifi	cation number				
			of America #999 99-99								
			organizations must				uctions.				
The organization is not	•	•	0		2						
			of churches described in		170(b)	(1)(A)(i).					
			ach Schedule E (Form S		/L\/1\/A	V :::>					
			zation described in sec nction with a hospital d				ntor the bespital's				
name, city, a	-	lion operaleu în conju	netion with a nospital u	escribed	I III Seci		inter the nospital s				
5 An organizati											
			ntal unit described in se	ection 17	70(b)(1)(Ά)(ν).					
7 X An organizati	on that normally	5	al part of its support fro				neral public described				
			A)(vi). (Complete Part II	.)							
=			section 170(b)(1)(A)(ix)		ed in cor	njunction with a land-o	rant college				
			ture (see instructions).								
university:											
from activities investment in	An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)										
· · · · · ·			ly to test for public safe	ty. See	section	509(a)(4).					
12 An organizati	on organized ar	nd operated exclusive	y for the benefit of, to p	perform	the func	tions of, or to carry ou	It the purposes of one				
or more publi	cly supported of	rganizations described	d in section 509(a)(1) o opporting organization a	section	n 509(a) nlete lin	(2). See section 509(a)(3). Check the box on				
a Type L A sup	porting organiza	ation operated superv	ised or controlled by it	s sunno	rted ora	anization(s) typically	by giving the supported				
organization(s	s) the power to t IV. Sections A	regularly appoint or e	lect a majority of the di	rectors o	or truste	es of the supporting o	rganization. You must				
b Type II. A sup management	porting organiz	ation supervised or co	ontrolled in connection I in the same persons t	with its s hat cont	supporte rol or m	ed organization(s), by anage the supported o	having control or organization(s). You				
c Type III funct	te Part IV, Secti ionally integrat	ed. A supporting orga	nization operated in co lete Part IV, Sections A		i with, a	nd functionally integra	ted with, its supported				
			organization operated i			th its supported organ	ization(s) that is not				
functionally in	itegrated. The c	organization generally	must satisfy a distribut	on requ	irement	and an attentiveness	requirement (see				
· · ·		,	s A and D, and Part V. In determination from the		hat it ic		lll functionally				
integrated, or	Type III non-fu	nctionally integrated s	supporting organization.								
(i) Name of supported of	5	n about the supported	(iii) Type of organization	6.01	a tha	(v) Amount of monetary	(vi) Amount of other				
() Name of supported to	rganization	(n) Env	(described on lines 1-10 above (see instructions))	organizat in your g	s the tion listed overning ment?	support (see instructions)	support (see instructions)				
				Yes	No						
(A)											
<u>(B)</u>											
(C)											
<u>``</u>											
(D)											
(E)											
Total											

America's Best Council, Inc.

99-9999999

Page 2

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

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

Section A. Public Support

	don A. I ublic ouppoir			1		1	
	ndar year (or fiscal year nning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3,259,540.	3,303,600.	3,354,708.	2,350,500.	2,670,200.	14,938,548.
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	3,259,540.	3,303,600.	3,354,708.	2,350,500.	2,670,200.	14,938,548.
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						14,938,548.
Sec	tion B. Total Support						
	ndar year (or fiscal year nning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7	Amounts from line 4	3,259,540.	3,303,600.	3,354,708.	2,350,500.	2,670,200.	14,938,548.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	57,686.	62,605.	62,256.	65,420.	70,340.	318,307.
9	Net income from unrelated business activities, whether or not the business is regularly carried on	DC					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.	66,912.
	Total support. Add lines 7 through 10						15,323,767.
12	Gross receipts from related activ	ities, etc. (see ins	tructions)			12	0.
13	First 5 years. If the Form 990 is organization, check this box and						
Sec	tion C. Computation of Pu	blic Support F	Percentage				
	Public support percentage for 20	•	••••••				97.49%
15	Public support percentage from 2	2023 Schedule A,	Part II, line 14			15	97.34%
16a	33-1/3% support test–2024. If the and stop here. The organization	ne organization di qualifies as a pub	d not check the be licly supported or	ox on line 13, and ganization	l line 14 is 33-1/3	% or more, check	this box
b	33-1/3% support test–2023. If th and stop here. The organization	e organization dic qualifies as a put	l not check a box blicly supported o	on line 13 or 16a, rganization	, and line 15 is 33	-1/3% or more, ch	neck this box
17a	10%-facts-and-circumstances te or more, and if the organization the organization meets the facts	meets the facts-ar	nd-circumstances	test, check this be	ox and stop here .	. Explain in Part V	'I how
b	10%-facts-and-circumstances te or more, and if the organization organization meets the facts-and	meets the facts-ar	nd-circumstances	test, check this be	ox and stop here .	. Explain in Part V	'I how the
18	Private foundation. If the organiz	zation did not che	ck a box on line 1	3, 16a, 16b, 17a,	or 17b, check this	s box and see inst	ructions

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

Sec	tion A. Public Support						
	dar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(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.						
	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				F		
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)			7 **			
Sec	tion B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(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						
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).						
	Total support. (Add lines 9, 10c, 11, and 12.)						
	First 5 years. If the Form 990 is f organization, check this box and	stop here		third, fourth, or fi	fth tax year as a s	section 501(c)(3)	
	tion C. Computation of Pul			10			<u> </u>
15	Public support percentage for 20	-	•••				00
16	Public support percentage from 2						010
Sec	tion D. Computation of Inv					T	-
17	Investment income percentage for	-		-			010
18	Investment income percentage fr						010
	33-1/3% support tests—2024. If t is not more than 33-1/3%, check	this box and stop	here. The organ	nization qualifies a	s a publicly supp	orted organization	
	33-1/3% support tests — 2023. If t line 18 is not more than 33-1/3%	, check this box a	and stop here. Th	e organization qua	alifies as a public	ly supported organ	ization
20	Private foundation. If the organiz	zation did not che	ck a box on line	14, 19a, or 19b, cl	neck this box and	see instructions .	

Page 4

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		
		~		
3	a 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		
I	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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>	3b		
	c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4	a 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		
I	b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
	c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5	a 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	Ea		
	accomplished (such as by amendment to the organizing document).	5a		
I	b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
	c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of			
	the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with			
	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).	8		
9	a 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		
I	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? <i>If "Yes," provide detail in Part VI.</i>	9b		
	c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
10	a 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		
I	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.)	1 0 b		

TEEA0404L 08/30/24

Schedule A (Form 990) 2024

Schedule A (Form 990) 2024 America's Best Council,

Par	tiv	Supporting Organizations (continued)			
				Yes	No
11	Has the	e organization accepted a gift or contribution from any of the following persons?			
а	A pers	on who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below,			
	the gov	verning body of a supported organization?	11a		
b	A fami	ly member of a person described on line 11a above?	11b		
C	A 35% c	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		

Inc.

Section B. Type I Supporting Organizations

- 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
- 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

- Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
 - The organization satisfied the Activities Test. Complete line 2 below. а
 - The organization is the parent of each of its supported organizations. Complete line 3 below.
 - The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions). С

2 Activities Test. Answer lines 2a and 2b below.

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

b

Yes

Yes

No

1

2

1

No

99-9999999

Schedule A (Form 990) 2024America's Best Council, Inc.Part VType III Non-Functionally Integrated 509(a)(3) Supporting Organizations

99-9999999

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ction A – Adjusted Net Income		(A) Prior Year	(B) Current Yea (optional)
Net short-term capital gain	1		
Recoveries of prior-year distributions	2		
Other gross income (see instructions)	3		
Add lines 1 through 3.	4		
Depreciation and depletion	5		
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		
Other expenses (see instructions)	7		
Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
ction B – Minimum Asset Amount		(A) Prior Year	(B) Current Yea (optional)
Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
Acquisition indebtedness applicable to non-exempt-use assets	2		
Subtract line 2 from line 1d.	3		
Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
Multiply line 5 by 0.035.	6		
Recoveries of prior-year distributions	7		
Minimum Asset Amount (add line 7 to line 6)	8		
ection C – Distributable Amount			Current Year
Adjusted net income for prior year (from Section A, line 8, column A)	1		
Enter 0.85 of line 1.	2		
Minimum asset amount for prior year (from Section B, line 8, column A)	3		
Enter greater of line 2 or line 3.	4		
Income tax imposed in prior year	5		
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

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Schedule A (Form 990) 2024

Par	t V Type III Non-Functionally Integrated 509(a)(3) Su	upporting Organiz	ations (continue	ed)	
Sec	tion D – Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exempt pur	poses		1	
2	Amounts paid to perform activity that directly furthers exempt purpo	oses of supported organ	nizations,		
	in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purposes of su	pported 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 organ in Part VI). See instructions.	nization is responsive (p	provide details	8	
9	Distributable amount for 2024 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributi Pre-2024	ons	(iii) Distributable Amount for 2024
1	Distributable amount for 2024 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2024 (reasonable cause required – <i>explain in Part VI</i>). See instructions.				
3	Excess distributions carryover, if any, to 2024				
а	From 2019				
b	From 2020				
С	From 2021				
d	From 2022				
е	From 2023				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2024 distributable amount				
i	Carryover from 2019 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2024 from Section D, line 7:				
а	Applied to underdistributions of prior years				
b	Applied to 2024 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.				
6	Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.				
7	Excess distributions carryover to 2025. Add lines 3j and 4c.				
8	Breakdown of line 7:				
а	Excess from 2020				
b	Excess from 2021				
С	Excess from 2022				
d	Excess from 2023				
	Excess from 2024				

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Schedule A (Form 990) 2024

Part VI

America's Best Council, Inc

99-9999999

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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	2024	2023	2022	2021	2020
Total	<u>\$ 13,600.</u> <u>\$ 13,600.</u>		<u>\$ 13,600.</u> <u>\$ 13,600.</u>		

DO NOT FILE

Schedule B (Form 990) (Rev. December 2024) Department of the Treasury Internal Revenue Service	Schedule of Contributors Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest inform	nation.	OMB No. 1545-0047 tification number
Boy	ica's Best Council, Inc. Scouts of America #999	99-9999	
Organization type (check of	one):		
Filers of:	Section:		
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization		
	4947(a)(1) nonexempt charitable trust not treated as a pr	rivate foundation	
	527 political organization		
Form 990-PF	501(c)(3) exempt private foundation		
	4947(a)(1) nonexempt charitable trust treated as a privat	e foundation	
	501(c)(3) taxable private foundation		
, ,	is covered by the General Rule or a Special Rule.)(7), (8), or (10) organization can check boxes for both the General	Rule and a Special Rule.	See instructions.
	ion filing Form 990, 990-EZ, or 990-PF that received, during the yea ey or property) from any one contributor. Complete Parts I and II. S	ar, contributions totaling \$5	

Special Rules

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

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

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

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

BAA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (Rev. 12-2024)	1	2	Page 2
Name of organization	Employer identification number	r	
America's Best Council, Inc.	99-9999999		

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional sp	ace is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>	<u>United Way - Yourtown</u> <u>456 Main St</u> <u>Yourtown, TX 75021</u>	\$323,500.	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	John Bonham 124 Magnolia Ct Yourtown, TX 75021	\$250,000.	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>3_</u> _	Bill Bruford 569 Brisbane Ct Yourtown, TX 75021	s <u>124,500.</u>	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>4</u>	The Smith Foundation 123 Maple St Yourtown, TX 75021	\$250,000.	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	Luigi_Chinetti 456 Le Mans Dr Yourtown, TX 75021	\$77,000.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>6</u>	Boy Scout Trust Fund #999 123 Woodbadge Drive Yourtown, TX 75021	\$120,000.	PersonXPayrollNoncash(Complete Part II for noncash contributions.)

Schedule B (Form 990) (Rev. 12-2024)	2	2	Page 2
Name of organization	Employer identification number	r	
America's Best Council, Inc.	99-9999999		

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional sp	ace is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	Star Corporation 500 3rd St SW Washington, DC 20416	\$551,750.	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	NOT FI	E	Person Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Image: 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.)

Schedule B (Form 990) (Rev. 12-2024)	1	1	Page 3
Name of organization	Employer ider	ntification n	umber
America's Best Council, Inc.	99-9999	9999	

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

raitii	NOTICASIT Property (see instructions). Use duplicate copies of Part II if additional sp	lace 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	-	
		\$124,500.	6/30/24
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
5	500 shs Ferrari NV	-	
		\$77,000.	3/31/24
(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
		\$	
AA	TEEA0703L 01/02/25	Schedule B (Form	990) (Rev. 12-20

	B (Form 990) (Rev. 12-2024)		1 1 Page 4
Name of orga			Employer identification number 99-9999999
Part III	a's Best Council, Inc.	a contributions to organiz	
Fart III		or the year from any one completing Part III, enter the total of a	
	Use duplicate copies of Part III if additional s		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	N/A		
			+
	Transferrada nome address	(e) Transfer of gift	Deletionskip of transferror to transferror
	Transferee's name, address		Relationship of transferor to transferee
(a) No.	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
from Part I			
		(e) Transfer of gift	E
	Transferee's name, address		Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	- /		
	Transferee's name, address		Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address	s, and ZIP + 4 	Relationship of transferor to transferee
BAA	<u> </u>	TEEA0704L 01/02/25	Schedule B (Form 990) (Rev. 12-2024

Department of the Treasury International Revenue Service Open to Public Inspection Ame of the organization Employer identification number Amerrica's Best Council, Inc. Boy Scouts of America #999 Employer identification number Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete if the organization answered "Yes" on Form 990, Part IV, line 6. Employer identification number 1 Total number at end of year (a) Donor advised funds (b) Funds and other accounts 2 Aggregate value of contributions to (during year)
Name of the organization Employer identification number America's Best Council, Inc. 99-9999999 Part1 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds 1 Total number at end of year
Boy Scouts of America #999 99-9999999 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete if the organization answered "Yes" on Form 990, Part IV, line 6. 1 Total number at end of year
Boy Scouts of America #999 99-9999999 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete if the organization answered "Yes" on Form 990, Part IV, line 6. 1 Total number at end of year
Complete if the organization answered "Yes" on Form 990, Part IV, line 6. 1 Total number at end of year
image: construction of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation easements Image: construction of conservation easements Image: conservation easements Image: conservation easements Image: conservation easement Image: conservation easements Image: conservation easement
1 Total number at end of year
 3 Aggregate value of grants from (during year) 4 Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 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 historically important land area Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. a Total number of conservation easements.
 3 Aggregate value of grants from (during year) 4 Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 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 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 conservation easement on the last day of the tax year. a Total number of conservation easements.
 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?
are the organization's property, subject to the organization's exclusive legal control?
for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring
Part II Conservation Easements Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 1 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. a Total number of conservation easements
 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. a Total number of conservation easements
 Preservation of land for public use (for example, recreation or education) Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. a Total number of conservation easements.
 Protection of natural habitat Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. a Total number of conservation easements.
Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year Total number of conservation easements
Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year Total number of conservation easements
a Total number of conservation easements
a Total number of conservation easements
b Total acreage restricted by conservation easements
c Number of conservation easements on a certified historic structure included on line 2a 2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on
a historic structure listed in the National Register.
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year
4 Number of states where property subject to conservation easement is located
5 Does the organization have a written policy regarding the periodic monitoring inspection, handling of violations
and enforcement of the conservation easements it holds?
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year \$
8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i)
and section 170(h)(4)(B)(ii)?
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.
Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets Complete if the organization answered "Yes" on Form 990, Part IV, line 8.
1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.
b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.
(i) Revenue included on Form 990, Part VIII, line 1 \$ (ii) Assets included in Form 990, Part X \$
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items.
a Revenue included on Form 990, Part VIII, line 1
b Assets included in Form 990, Part X \$ BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990. TEEA3301L 11/13/24 Schedule D (Form 990) (Rev. 12-202)

Schedule D (Form 990) (Rev							99-999			Page 2
Part III Organizatio	ns Maintaining Co	llectio	ns of Art, His	storic	al Treasures,	or Othe	r Similar A	ssets	(cont	inued)
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 d	or excl	nange program					
b Scholarly research			e Other							
c Preservation for fu	ture generations									
4 Provide a description o Part XIII.	f the organization's coll	lections a	and explain how	they f	urther the organiz	zation's exe	empt purpose	e in		
5 During the year, did the to be sold to raise fund	e organization solicit or Is rather than to be mai	receive ntained a	donations of art, as part of the or	, histoi ganiza	rical treasures, or ition's collection?	other simi	lar assets	Yes	[No
Complete if	I Custodial Arrang the organization a Part X, line 21.			orm	990, Part IV,	line 9, or	reported a	an am	ount (on
1a Is the organization an a on Form 990, Part X?.	agent, trustee, custodia	n, or oth	er intermediary	for cor	ntributions or othe	er assets n	ot included	Yes	 ا	No
b If "Yes," explain the an									L	
								Amoun	t	
c Beginning balance						1c				
d Additions during the ye	ar					1d				
e Distributions during the	e year					1e				
f Ending balance						1f				
2a Did the organization in	clude an amount on Fo	rm 990, I	Part X, line 21, f	for esc	row or custodial	account lia	bility?	Yes		No
b If "Yes," explain the ar	rangement in Part XIII.	Check h	ere if the explan	nation	has been provide	d in Part X				-
	Ū								L	
Part V Endowment	t Funds									
	the organization a	nswere	d "Yes" on F	orm	990, Part IV,	line 10.				
·										<u> </u>
1. Designing of year hole.	(a) Current		(b) Prior year		(c) Two years back		nree years back		Four year	
1a Beginning of year bala	0,005		2,909,2		2,753,13		519,573.	2		,406.
b Contributions		,000.	225,0	00.	200,00	0.	250,000.		150,	,000.
c Net investment earning	js, gains,									
and losses		,250.	143,2		122,70		99,550.			,889.
d Grants or scholarships		,000.	200,0	00.	150,00	0.	100,000.		80,	,000.
e Other expenditures for and programs							0.			
f Administrative expense		,540.	17,8	FO	16,54	0	15,989.		1 /	700
q End of year balance			3,059,6							,722.
2 Provide the estimated j					2,909,29		753,134.	Z	, 519,	,573.
				s iy, c		15.				
a Board designated or qu			.00 [%]							
b Permanent endowment	00.00)								
c Term endowment	10.00 %		1000/							
The percentages on lin	es 2a, 2b, and 2c shou	ld equal	100%.							
3a Are there endowment f	unds not in the possess	sion of th	ne organization t	hat ar	e held and admin	istered for	the	г		T
organization by:									Yes	No
	tions?							3a(i)		Х
(ii) Related organizatio								3a(ii)	Х	
b If "Yes" on line 3a(ii), a	-							3b	Х	
4 Describe in Part XIII th		-	tion's endowmer	nt func	^{is.} See Par	t XIII				
	ings, and Equipme									
Complete if the	organization answered	"Yes" on	Form 990, Part	IV, lin	e 11a. See Form S	990, Part X,	line 10.			
Description of	property		or other basis vestment)		Cost or other basis (other)	(c) Acc depre	umulated eciation	(d)	Book va	alue
1a Land					2,397,561.			2	,397	,561.
b Buildings					5,752,988.	2,4	62,066.			,922.
c Leasehold improvemen	ıts				1,622,900.		09,503.			,397.
d Equipment					2,400,933.		207,391.			,542.
e Other					_, 100, 500.		,			, •
Total. Add lines 1a through 1			n 990, Part X. lii	ne 10r	c. column (R))			6	195	,422.
BAA		,			,		nedule D (For			

Part VII I	nvestments – Other Securities Complete if the organization answered "Yes" on	Form 990. Part IV. line	N/A 11b. See Form 990. Part X. line 12.
	n of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
	erivatives		
.,	d equity interests		
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
<u>(H)</u>			
• •	b) must equal Form 990, Part X, line 12, column (B))		
Part VIII	nvestments – Program Related Complete if the organization answered "Yes" on		
	Complete if the organization answered "Yes" on) Description of investment		e 11c. See Form 990, Part X, line 13.
· · · ·	Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)			
(2)			
(3)			
<u>(4)</u>			
(5)			
(6)			
<u>(7)</u> (8)			
(9)			
	b) must equal Form 990, Part X, line 13, column (B))		
	Other Assets	N/A	
	Complete if the organization answered "Yes" on		
(1)			
(2)			
(3)			
(4)			
(5) (6)			
(7)			
(8)			
(9)			
Total. (Column	n (b) must equal Form 990, Part X, line 15, cc	olumn (B))	
Part X C	Other Liabilities		·
	Complete if the organization answered "Yes" on		
<u>1.</u>		ption of liability	(b) Book value
(1) Federal in			42 500
(2) Custoo (3)	lian accounts - units		42,500
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
	(b) must equal Form 990, Part X, line 25, col		
			nancial statements that reports the organization's liability for uncertain
	FASB ASC 740. Check here if the text of the footnote has		
BAA		TEEA3303L 11/13/24	Schedule D (Form 990) (Rev. 12-2024

Schedule D (Form 990) (Rev. 12-2024)America's Best Council, Inc.	99-9999999	Page 4
Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue pe	r Return N/A	
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1 Total revenue, gains, and other support per audited financial statements.	1	
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments 2a		
b Donated services and use of facilities 2b		
c Recoveries of prior year grants 2c		
d Other (Describe in Part XIII.) 2d		
e Add lines 2a through 2d.	2e	
3 Subtract line 2e from line 1.	3	
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b	4c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses	per Return N/A	
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1 Total expenses and losses per audited financial statements.	1	
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities 2a		
b Prior year adjustments		
c Other losses		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d.	2e	
3 Subtract line 2e from line 1.	3	
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b	4c	
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	
Part XIII Supplemental Information		

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

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

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, 2024 financial statements include any
BAA
Schedule D (Form 990) (Rev. 12-2024)

Part X - FASB ASC 740 Footnote (continued)

uncertain tax positions.

DO NOT FILE

SCHEDULE G (Form 990) (Rev. December 2024)	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.									
Department of the Treasury Internal Revenue Service	Attach to Form 990 or Form 990-EZ. Open to Public Go to www.irs.gov/Form990 for instructions and the latest information. Inspection									
Name of the organization Am Bo	America's Best Council, Inc.Employer identification numberBoy Scouts of America #99999-9999999									
	Activities. Comp				Yes" on Form 990, Part	IV, line	17.			
 Indicate whether f a X Mail solicitation b X Internet and e c X Phone solicitation d X In-person soli 2 a Did the organization 	the organization r ons ations citations on have a writter in Form 990, Par 0 highest paid ind	aised funds thr or oral agreen t VII) or entity i dividuals or ent	ough any o nent with a n connecti ities (fundr	of the follo e f g any individ on with pr	wing activities. Check a X Solicitation of nong X Solicitation of gove X Special fundraising lual (including officers, or rofessional fundraising sursuant to agreements u	governme ernment g g events directors services?	grants grants , trustees, or ke	XYes No		
(i) Name and addres or entity (fund		(ii) Activity		fundraiser ly or control ibutions?	(iv) Gross receipts from activity	(or r	nount paid to retained by) aiser listed in col. (i)	(vi) Amount paid to (or retained by) organization		
Charity Consu	ltants, Inc.	a	Yes	No						
1 654 Main Stree Paris TX 7546		Social media campaign		Х			25,000.			
2										
3					FILE					
4			N	0						
5		Dr								
6										
7										
8										
9										
10										
or licensing. דע		ation is register	ed or licen	ised to sol	licit contributions or has	been no	25,000. Dtified it is exen	0. npt from registration		

Schedule G (Form 990) (Rev. 12-2024) America's Best Cou	cil, Inc.
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99-999999 Page **2**

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

		and bb. List events with gross rec	cipis greater than	ψ5,000.				
e			(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 col. (a) through col. (c))		
Revenue	1	Gross receipts	1,006,200.	89,400.		1,095,600.		
œ	2	Less: Contributions		85,500.		85,500.		
	3	Gross income (line 1 minus line 2)	1,006,200.	3,900.		1,010,100.		
	4	Cash prizes						
	5	Noncash prizes	38,250.	12,500.		50,750.		
nses	6	Rent/facility costs						
Direct Expenses	7	Food and beverages						
rect I	8	Entertainment						
ā	9	Other direct expenses	503,100.			503,100.		
		Direct expense summary. Add lines 4 thro Net income summary. Subtract line 10 fro						
Dar		Gaming. Complete if the organiza				,		
r ai	t III	than \$15,000 on Form 990-EZ, lin	le 6a.	S 01110111390, Fa		eponeu more		
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))		
<u>~</u>	1	Gross revenue	- NU					
ses	2	Cash prizes						
Direct Expenses	3	Noncash prizes						
Direct	4	Rent/facility costs						
	5	Other direct expenses						
	6	Volunteer labor	Yes%	Yes%	Yes% No			
	7	Direct expense summary. Add lines 2 thro	ough 5 in column (d)					
	8	Net gaming income summary. Subtract lir	ne 7 from line 1, colum	n (d)				
Ł								
Ł) If "Y	′es," explain:						

Schedule G (Form 990) (Rev. 12-2024)

Schedule G (Form 990) (Rev. 12-2024) America's Best Council, Inc. 99	-9999999	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 forr administer charitable gaming?		No
13 Indicate the percentage of gaming activity conducted in:		
a The organization's facility	13a	olo
b An outside facility.	13b	olo
14 Enter the name and address of the person who prepares the organization's gaming/special events books and re-	ecords:	
Name		
Address		
 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? b If "Yes," enter the amount of gaming revenue received by the organization \$ and the of gaming revenue retained by the third party \$ c If "Yes," enter the name and address of the third party: 	e amount	No
Name		1
Address		
16 Gaming manager information:		
Name		
Gaming manager compensation \$ Description of services provided		
Description of services provided		
Director/officer		
17 Mandatory distributions:		
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain state gaming license?		No
 b Enter the amount of distributions required under state law to be distributed to other exempt organizations or sp organization's own exempt activities during the tax year 	ent in the	—
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, col and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide an information. See instructions.	umns (iii) and y additional	(v);

SCHEDULE I (Form 990) (Rev. December 2024)		Gov	vernments, a	her Assistance nd Individuals i on answered "Yes" on F	n the United St	ates		OMB No. 1545-0047
Department of the Treasury Internal Revenue Service		-	-	Attach to Form 990 rm990 for instructions				Open to Public Inspection
		t Council, In America #999					Employer identified	
		rants and Assist						
and the selection	criteria used to awa	ard the grants or assis	stance?	nts or assistance, the gr		e grants or assistance	, 	Yes X No
				ant funds in the United				
Part II Grants and Form 990,				Domestic Governme more than \$5,000.				ed.
1 (a) Name and add or gove	ress of organization ernment	(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)								
(2)								
					ILE			
(3)				NOTF				
<u></u>								
(5)								
	·							
(6)								
(7)								
(8)	·							
			-	n the line 1 table				0
3 Enter total number					TEEA3901L			0 m 990) (Rev. 12-2024)

99-9999999

Page 2

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 Registration fees	89		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 II, column (b); and any other additional information.

BAA

(Forr	IEDULE J n 990) December 2024)	Compensation Information For certain Officers, Directors, Trustees, Key Employees, and Highest Compensate Complete if the organization answered "Yes" on Form 990, Part IV, line		IB No. 1	545-004	17			
	ment of the Treasury Il Revenue Service	Attach to Form 990. Op Go to www.irs.gov/Form990 for instructions and the latest information.							
Name	of the organization	America's Best Council, Inc.	Employer identification nu	nber					
			99-9999999						
Par	t I Question	s Regarding Compensation			v				
1a	Check the appro VII, Section A, I	opriate box(es) if the organization provided any of the following to or for a person listed ine 1a. Complete Part III to provide any relevant information regarding these items.	d on Form 990, Part		Yes	No			
	First-class o	r charter travel Housing allowance or residence for	personal use						
	Travel for co	ompanions Payments for business use of perso	nal residence						
	Tax indemn	ification and gross-up payments Health or social club dues or initiation	on fees						
	Discretionar	y spending account Personal services (such as maid, ch	nauffeur, chef)						
b		tes on line 1a are checked, did the organization follow a written policy regarding paym or provision of all of the expenses described above? If "No," complete Part III to explai		1b					
2		tion require substantiation prior to reimbursing or allowing expenses incurred by all dificers, including the CEO/Executive Director, regarding the items checked on line 1a?.		2					
3	Executive Direct	if any, of the following the organization used to establish the compensation of the orga for. Check all that apply. Do not check any boxes for methods used by a related organi ensation of the CEO/Executive Director, but explain in Part III.	nization's CEO/ ization to						
	X Compensati	on committee X Written employment contract							
	Independen	t compensation consultant X Compensation survey or study							
	Form 990 of	other organizations X Approval by the board or compensations	tion committee						
4	During the year, organization or	did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the fili a related organization:	ing						
				4a		<u>X</u>			
		receive payment from a supplemental nonqualified retirement plan?receive payment from an equity-based compensation arrangement?		4b 4c		XX			
Ľ		of lines 4a-c, list the persons and provide the applicable amounts for each item in Part		40		<u> </u>			
		1(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.							
-	contingent on th		•						
	5	n?		5a		X			
D	, ,	5a or 5b, describe in Part III.		5b		Х			
6	For persons liste	ed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any co le net earnings of:	ompensation						
а	-	n?		6a		Х			
b	Any related orga	anization?		6b		Х			
	If "Yes" on line	6a or 6b, describe in Part III.							
7	For persons liste payments not de	ed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed escribed on lines 5 and 6? If "Yes," describe in Part III.	l 	7		Х			
8	to the initial con	nts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was su tract exception described in Regulations section 53.4958-4(a)(3)? e in Part III.		8		X			
9	If "Yes" on line section 53.4958	8, did the organization also follow the rebuttable presumption procedure described in F -6(c)?	Regulations	9					
BAA	For Paperwork	Reduction Act Notice, see the Instructions for Form 990.	Schedule J (Form 9	90) (R	ev. 12	-2024)			

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

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

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

	(B) Breakdown of W-2	and/or 1099-MISC and	I/or 1099-NEC compens	sation	(D) Nontaxable	(F) Total of	(F) Compensation
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(C) Retirement and other deferred compensation	benefits	(E) Total of columns(B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
John B. Loyal (i	300,000.	0.	0.	40,000.	15,000.	355,000.	0.
1 Secretary, SE (iii) 0.	0.	0.	0.	0.	0.	0.
Jimmy Herring (i	130,000.	0.	0.	23,000.	7,000.	160,000.	0.
2 Dir. of Supp't Svc (ii		0.	0.	0.	0.	0.	0.
Billy Gibbons (i	133,000.	0.	0.	28,000.	10,000.	171,000.	0.
3 Dir. of Field Svc (iii)	0.	0.	0.	0.	0.	0.
(i							
4 (ii) []	Τ		Γ		Γ	
(i							
5 (ii) []	Τ		Γ		Γ	
(i							
6 (ii) []			Γ		Γ	
(i		NO -					
7 (ii		J-*		Γ		Γ	
(i							
8 (ii) []	T					
(i)						
9 (ii) []	T					
(i)						
10 (ii) []	T					
(i)						
11 (ii) []	T					
(i)						
12 (ii) []	1					
(i)						
13 (ii) []	t					
(i)						
14 (ii		t		+			
(i							
15 (ii		t		t			1
(i		Ī					
16 (ii		t		t			1
BAA	•	TEEA4102L 12/1	7/24	•	S	chedule J (Form 9	90) (Rev. 12-2024)

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.

TEEA4103L 12/17/24

DO NO	TFILE
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SCHE	DULE	М
(Form	990)	

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Complete if the organizations answered "Yes" on Form 990, Part IV, line 29 or 3
Attach to Form 990.

Department of the Treasury Internal Revenue Service

Go	to n	ww.irs	s.gov/	/Fo	rm990 for instructions and the latest information	1.
_		-			_	Employer ident

Name	me of the organization America's Best Council, Inc.				Employer identification number			
	Boy Scouts of America #999 99-9999			99-9999	999			
Pa	t I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribu amounts report on Form 990, Part VIII, line 1	ed nonca	(d) ethod of determin sh contribution a	ning amounts	
1 2 3 4 5 6 7 8	Art – Works of art. Art – Historical treasures Art – Fractional interests. Books and publications. Clothing and household goods. Cars and other vehicles. Boats and planes. Intellectual property.							
9 10 11 12	Securities – Publicly traded Securities – Closely held stock Securities – Partnership, LLC, or trust interests Securities – Miscellaneous	X	2	201,5	00. FMV			
13 14 15 16 17 18 19 20 21	Qualified conservation contribution – Historic structures . Qualified conservation contribution – Other Real estate – Residential . Real estate – Commercial . Real estate – Other. Collectibles . Food inventory. Drugs and medical supplies .	N	57 FH					
22 23 24 25 26 27 28	Historical artifacts Scientific specimens Archeological artifacts Other) Other)							
	Number of Forms 8283 received by the organizatio organization completed Form 8283, Part V, Donee During the year, did the organization receive by co it must hold for at least 3 years from the date of th for exempt purposes for the entire holding period?	Acknowledg ntribution an e initial cont	ement y property reported on ribution, and which isn	Part I, lines 1 thro	ough 28, tha sed		No X	
31	5 5 1 1 .		5			31	Х	
	Does the organization hire or use third parties or recontributions?					32 a	X	
	If the ergenization didn't report on empunt in colum			ala a alumana (a) ia a	ام م ا م م			

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

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

Schedule M (Form 990) 2024

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.

DO NOT FILE

99-9999999

Page 2

Department of the Treasury Internal Revenue Service 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 instructions and the latest information.

Open to Public Inspection

Name of the organization America's Best Council, Inc.	Employer identification number
	99-9999999

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 (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.

Department of the Treasury Internal Revenue Service 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 instructions and the latest information.

Open to Public Inspection

Name of the organization America's Best Council, Inc.	Employer identification number
Boy Scouts of America #999	99-9999999

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 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.

Department of the Treasury Internal Revenue Service

Open	to	Publi	С
Inspe			

Name of the organization America's Best Council, Inc.	Employer identification number
Boy Scouts of America #999	99-9999999

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 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

Department of the Treasury Internal Revenue Service 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 instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization America's Best Council, Inc.	Employer identification number
	99-9999999

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

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.

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

Department of the Treasury Internal Revenue Service 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 instructions and the latest information.

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Name of the organization America's Best Council, Inc.	Employer identification number
Boy Scouts of America #999	99-999999

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

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.

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

Department of the Treasury Internal Revenue Service Open to Public Inspection

Name of the organization America's Best Council, Inc.	Employer identification number
Boy Scouts of America #999	99-9999999

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

local law, including but not limited to the IRS Form 990 and if applicable, the IRS 990 T; annual report; audited financial statements; minutes of the executive board meetings.

Form 990, Part 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 with completion of the eighth grade-through 13 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

SCHEDULE O (Form 990)

(Rev. December 2024)

Department of the Treasury Internal Revenue Service

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 instructions and the latest information.

OMB No. 1545-0047

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Name of the organization America's Best Council, Inc.	Employer identification number
	99-9999999

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.

DO NOT FILE

SCHEDULE R	2
(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

(Rev. December 2024) Department of the Treasury Internal Revenue Service

Open to Public Inspection

Employer identification number

99-9999999

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

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
<u>(1)</u>					
(2)					
(2)					
(3) 	NOT	FILE			

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Sec 512 controlle	3) 2(b)(13) d entity?
						Yes	No
(1) Boy Scout Trust Fund #999, Yourtow & Trust, trustee, 123 Woodbadge Ln Yourtown, TX 75021 12-4567890		TX	501(c)(3)	12	America's Best Council, Inc.	x	
(2)							
(3)							
(4)							
					Calculate D (Earna 00		10.0

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

TEEA5001L 11/20/24

Schedule R (Form 990) (Rev. 12-2024) America's Best Council, Inc.

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 controllir entity	excluded fro under sect	elated, m tax ions	(f) Share of incon	f total	(g) Share of end-of-year assets		are of Disp of-year tio		(h) Dispropor tionate allocations		K-1 (Form		ging	(k) Percentage ownership
		country)		512-514)					Yes	No	1065)	Yes	No			
<u>(1)</u>																	
(2)																	
(2)																	
(3)													_				
							LE										
Part IV Identification of	of Related Organization of Related Organization of the second sec	nizations	Taxable a	is a Corporati	on or 1	Trust. Co	omplete	if the	organiza	tion a	answe	red "Yes" or	Form 9	990, F	Part		
			related or	ganizations tre		as a corp (d)	poratior	1	st during (f)				(h)				
(a) Name, address, and EIN	of related organizati	on Prim	ary activity	Legal domicile (state or foreign	Di cont	irect trolling	Type o (C corp,	f entity S corp,	Share of		re of Share of end		-of- Percentage s ownership	Sec contr	(i) 512(b)(13) olled entity?		
(1)				country)	e	entity	or ti	rust)						Ye	s No		
<u>(1)</u>																	
(2)																	
(3)																	
		+															
BAA					45002L 1	1/20/24						Schodula	Corm C	90) (Pa	. 12-2024)		

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organiz					
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.			1a		Х
b Gift, grant, or capital contribution to related organization(s).			1 b		Х
c Gift, grant, or capital contribution from related organization(s)			1 c	Х	<u> </u>
d Loans or loan guarantees to or for related organization(s)			1 d		Х
e Loans or loan guarantees by related organization(s)			1 e		Х
f Dividends from related organization(s)			1 f		Х
g Sale of assets to related organization(s)			1 g		Х
h Purchase of assets from related organization(s)			1 h		Х
i Exchange of assets with related organization(s)			1i		Х
j Lease of facilities, equipment, or other assets to related organization(s)			1j		Х
k Lease of facilities, equipment, or other assets from related organization(s)			1 k		Х
I Performance of services or membership or fundraising solicitations for related organization(s)			11		Х
m Performance of services or membership or fundraising solicitations by related organization(s)			1 m		Х
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).			1 n		Х
o Sharing of paid employees with related organization(s).			10		Х
 n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s). o Sharing of paid employees with related organization(s). p Reimbursement paid to related organization(s) for expenses. q Reimbursement paid by related organization(s) for expenses. 			1p		Х
q Reimbursement paid by related organization(s) for expenses			1 q		X
r Other transfer of cash or property to related organization(s)			1r		Х
s Other transfer of cash or property from related organization(s)			1s		X
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, include			-		
	(b)		hod of	d)	
(a) Name of related organization	Transaction type (a-s)	Amount involved Met	hod of mount	determ	ining
	type (a-s)	C	inount		eu
		100.000	-		
(1) Boy Scout Trust Fund #999, Yourtown Bank	С	120,000.FMV	/		
(2)					
(3)					
(4)					
(5)					
(5)					
			000		
BAA TEEA5003L 11/20/24		Schedule R (Form	990) (F	(ev. 12	<u></u>

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unre- lated, excluded from tax under	section		(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1	managing		(k) Percentage ownership	
			sections 512-514)	Yes	No	+		Yes	No	(Form 1065)	Yes	No	+	
(1)				103	no			103	NO		103	NO		
]													
	-													
(2)														
]													
	-													
(3)						FILE								
	-					F								
	-					FILL								
(4)	1			10										
	-		$n0^{\prime}$											
	1		V											
(5)	_													
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	-													
	-													
(7)														
	-													
	1													
(8)														
	-													
	-													
BΔΔ		I		EA500/1	L	l		1	I	Schedule R (Fo			10 000	

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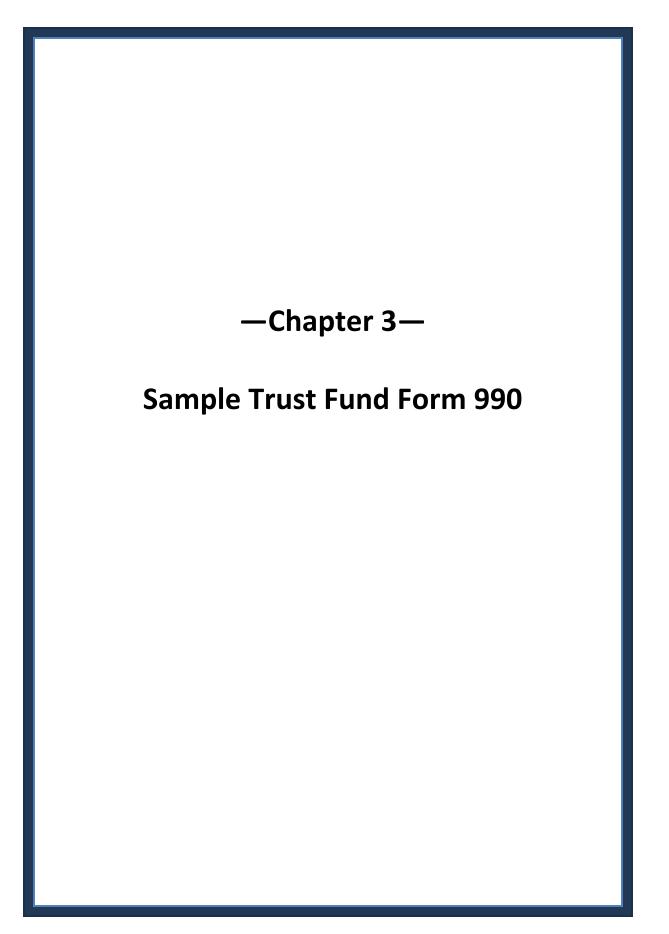


Schedule R (Form 990) (Rev. 12-2024)

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

BAA

DO NOT FILE



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)

Do not enter social security numbers on this form as it may be made public.

Open to Public

OMB No. 1545-0047 2024

Depa Interr	rtment o nal Reve	of the Treasury nue Service							s it may be made the latest info				Inspection			
Α	For the	e 2024 calen	dar y	year, or tax		<u> </u>			24, and endin				, 20			
В	Check if	applicable:	С								D Employe	er ident	tification number			
	Ado	dress change	Во	y Scout	: Trust	Fund #99	99, You	rtown			99-999999					
	Nar	me change	Ba	nk and	Trust,	Trustee,					E Telephone number					
	Initi	ial return			badge Dr						(972	2) 1	23-4567			
	Fina	l return/terminated	Yo	urtown,	TX 750)21						,				
	Am	ended return									G Gross re	eceipts	\$ 233,600.			
	App	olication pending	F	Name and add	dress of principa	al officer:				H(a) Is this	a group returr	n for su	bordinates? Yes X No			
			Sa	me As (2 Above					H(b) Are all	subordinates ' attach a list.	include	ed? Yes No			
I	Tax-e	xempt status:	Х	501(c)(3)	501(c) () (ir	nsert no.)	4947(a)(1)	or 527	n no,	attach a hot.	occ m				
J	Web	site: ht	tp	://www.	ambestc	ouncilbs	a.org			H(c) Group	exemption nu	mber	1761			
Κ		of organization:		Corporation	X Trust	Association	Other		L Year of formati	on: 191	0 MI s	tate of	legal domicile: TX			
Pa	rt I	Summar	у													
													est Council, Inc., Boy			
ė													the benefit of Scoutin			
anc							r, for the	general pu	irpose state	d in the <i>i</i>	Act of Co	ngres	ss approved June 15,			
Governance	-	6, creating Check this bo	_								0/ - (:)					
30	_								sposed of mor			et ass 3	36 Sets.			
8									ne 1b)			4	36			
ies					U U	0	0 ,	•	2a)			5	0			
Activities &	6	Total number	of v	olunteers	(estimate if	necessary).	· · · · · · · · · · · ·					6	0			
Acl	7a ⁻	Total unrelate	ed bi	usiness rev	venue from	Part VIII, colu	umn (C), li	ne 12				7a	0.			
	b [Net unrelated	bus	siness taxa	ble income	from Form 99	90-T, Part	I, line 11				7b	0.			
										Р	rior Year		Current Year			
e		Contributions									100,0	00.	175,000.			
Revenue		Program service revenue (Part VIII, line 2g)							10.500							
leve											48,5	00.	58,600.			
ш.									line 12)		140 F	0.0	222 (00			
											148,5		233,600.			
						-	-	-			116,0	00.	120,000.			
									es 5-10)		22 E	10	25 652			
es				•		•					33,5	40.	35,652.			
Expenses				-												
Щ.		Total fundrais	-	•	•		· -									
							-									
					-	•					149,5		155,652.			
	19	Revenue less	exp	enses. Su	btract line 1	8 from line 1	2			-	-1,0		77,948.			
a or NCeg		T - 4 - 1 4 -			· 、						ng of Current		End of Year			
sset 3alai											8,437,7	-	3,809,602.			
Net Assets or Fund Balances												0.	0.			
					. Subtract li	ne 21 from li	ne 20			. 3	8,437,7	54.	3,809,602.			
Pa		Signatur														
Unde	r penalti lete. De	es of perjury, I de claration of prepa	eclare rer (c	that I have ex other than offic	camined this ret er) is based on	urn, including acc all information or	companying s f which prepa	chedules and sta rer has any know	atements, and to wiedge.	the best of m	ny knowledge	and be	lief, it is true, correct, and			
Sig	n	Signature of	office	er						Date						
He	re	Yourto	าพท	Bank a	and Trus	s t			т	'rustee	2					
	-	Type or print			and ituc				1	100000	•					
		Preparer's r	ame			Preparer's sigr	nature		Date		Check	if	PTIN			
Pai	Ч										self-employe	-				
	epare	r Firm's name)													
Us	e Onl	y Firm's addre									Firm's EIN					
											Phone no.					

May the IRS discuss this return with the preparer shown above? See instructions..... X Yes No BAA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2024) TEEA0101L 12/12/24

Form		Fund #999, Yourtown		99-9999999	Page 2
Par					
	Check if Schedule O contains a	response or note to any line in the	his Part III		Χ
1	Briefly describe the organization's miss	sion:			
	The executive board of A approved the creation an Scouting in the territor stated in the Act of Con Did the organization undertake any sig	d establishment of the local gress approved June 2	he Boy Scout Trust al council charter, 15, 1916, creating	Fund, for the k for the genera the Boy Scouts	penefit of
2	Form 990 or 990-EZ?			Yes	s X No
3	Did the organization cease conducting,		now it conducts any program	services? Ve	s X No
_	If "Yes," describe these changes on So	chedule O.			
4	Describe the organization's program see Section 501(c)(3) and 501(c)(4) organi and revenue, if any, for each program	zations are required to report the	amount of grants and allocat	ons to others, the total e	expenses, expenses,
4a	(Code:) (Expenses \$	120,000. including grant	ts of \$ 120,000.) (Revenue \$)
	Provided support to the America #999, whose miss to do things for themsel them patriotism, courage are now in common use by	sion is to promote th lves and others, trai e, self-reliance, and	e ability of boys ning them in Scout kindred virtues,	and young men a craft, and teac	nd women_ hing
					<u>`</u>
4b	(Code:) (Expenses \$	including grant	s of \$) (Revenue \$)
4c	(Code:) (Expenses \$	including grant	ts of \$) (Revenue \$)
4d	Other program services (Describe on S			A	,
	(Expenses \$	including grants of \$) (Revenue	ې ۲)
	Total program service expenses	120,000.		<u> </u>	(m 000 (000 t)
BAA		TEEA0102L 09/0	05/24	Foi	rm 990 (2024)

							Yourtown
Part IV	Chec	klist (of Requ	ired Sch	nedule	s	

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</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? <i>If "Yes," complete Schedule C, Part III.</i>	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 "Yes," complete Schedule D, 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? If "Yes," complete Schedule D, Part IV.	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i>	10	Х	
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? <i>If "Yes," complete Schedule D, Part VII</i> .	11b	Х	
	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? <i>If "Yes," complete Schedule D, Part VIII</i> .	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		Х
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)? <i>If "Yes," complete Schedule D, Part X</i>	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		Х
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		Х
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? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV.	15		Х
16	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
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Х	

BAA

Form 990 (2024)

99-9999999

Part IV							
Form 990	(2024)	Boy	Scout	Trust	Fund	#999,	Yourtowr

r ai	Checkistor Required Schedules (continued)			
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX,		Yes	No
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III.	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.	24a		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? If "Yes," complete Schedule L, Part I.	25b		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	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? <i>If "Yes," complete Schedule L, Part III</i>	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? <i>If</i> "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 noncash contributions? <i>If "Yes," complete Schedule M.</i>	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," 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? If "Yes," complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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 "Yes," 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				
	Check if Schedule O contains a response or note to any line in this Part V.		Yes	 No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a		162	110
	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		

Form	1990 (2024) Boy Scout Trust Fund #999, Yourtown 99-999999	9	F	Page 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
	·		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State- ments, filed for the calendar year ending with or within the year covered by this return 2a			
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		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O.	3b		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		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
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		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	7.		X
h	services provided to the payor?	7a 7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file			X
Ь	Form 8282?If "Yes," indicate the number of Forms 8282 filed during the year	7c		
	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?	70 7f		X
	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	Form 1098-C?			
	organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	- 10		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		<u> </u>
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
a	Note: See the instructions for additional information the organization must report on Schedule O.	1 Ja		
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			
c	Enter the amount of reserves on hand			
	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 Q</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			\vdash
	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
17	If "Yes," complete Form 4720, Schedule O. 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.....

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 1a 36 If there are material differences in voting rights among members See Sch. 0 of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
	Enter the number of voting members included on line 1a, above, who are independent 1b 36			
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		Х
2	Did the organization delegate control over management duties customarily performed by or under the direct supervision	-		21
3	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents			
	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		Х
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 members of the governing body?See.Schedule.0.	7a	Х	
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?			
	stockholders, of persons other than the governing body	7b	Х	
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	The governing body?	8a	Х	
	Each committee with authority to act on behalf of the governing body?	8b	Х	
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 "Yes," provide the names and addresses on Schedule Q</i>	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue	Cod	e.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	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	
b	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 "Yes," describe on Schedule O how this was done</i> See. Schedule O.	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official See. Schedule .0	15a	Х	
b	Other officers or key employees of the organization See . Schedule .0.	15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
-	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		_
Sec	tion C. Disclosure			
17				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 50 available for public inspection. Indicate how you made these available. Check all that apply.	(c)(3)	s only	/)
	$\begin{tabular}{ c c c c c c c c c c c c c c c c c c c$	lee l	Sch.	0
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available the public during the tax year. See Schedule O	ole to		
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

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99-9999999

Form 990 (2024) Boy Scout Trust Fund #999, Yourtown	99-9999999	Page 7
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest C Independent Contractors	Compensated Employe	es, and
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 Compensate	ed Employees	

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

		(C)								
(A) Name and title	(B)	(do	Position (do not check more than one box, unless person is both an			ne an	(D) Reportable	(E) Reportable	(F) Estimated amount	
	Average hours per week	offic	affinance and a sline sky		Contraction in the second		- >	compensation from the organization (W-2/1099-	compensation from related organizations (W-2/1099-	of other compensation from
	(list any hours for related	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	mer	MISC/1099-NEC)	MISC/1099-NEC)	the organization and related organizations
	organiza- tions	tor t	ional		yolqr	: con				g
	below dotted	uste	trus		ee ee	Ipen				
	line)	n	tee			satec				
(1) Yourtown Bank and Trust	40									
Trustee	0		Х					35,652.	0.	0.
(2) John B. Loyal	2)	7						
Secretary, SE	50	X						0.	0.	0.
(3) Jeff Beck	1									
Director	2	X		-				0.	0.	0.
(4) James Hendrix	1									
Director	2	Х		-				0.	0.	0.
(5) Eric Clapton	1								_	
Director	2	Х						0.	0.	0.
_(6)_Peter_Townshend	1									
Director	2	Х						0.	0.	0.
_(7)_James_Page	1									•
Director	2	Х						0.	0.	0.
(8) Allan Holdsworth	1									•
Director	2	Х						0.	0.	0.
<u>(9) Riley B. (BB) King</u>	1	.,						0		0
Director	2	Х						0.	0.	0.
(10) Robert Johnson	1							0	0	0
Director	2	Х						0.	0.	0.
(11) Stephen Ray Vaughan	1							0	0	0
Director	2	Х						0.	0.	0.
(12) Duane Allman	1	х						0.	0	0
Director	2	Ă						0.	0.	0.
(13) Eric Johnson Director	2	Х						0.	0.	0.
(14) Joseph Satriani	<u> </u>	Λ	$\left - \right $			\vdash		0.	0.	0.
Director	2	Х						0.	0.	0.
BAA	TEEA0		09/05	5/2/1	I			0.	0.	Form 990 (2024)
2 793	I LLAU		55/00	5,27						

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	ection A. Officers, Directors,	inusiees,	I I		<u>אות</u> (0	-	5, an	a nignest con		loyees	(commueu)
	(A) Name and title	(B) Average hours per week (list any hours for related organiza- tions below dotted line)	box,	not che unless er and	Posit eck n s pers a dir	•	oth an ustee)	(D) Reportable compensation from the organization (W-2/1099- MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099- MISC/1099-NEC)	Estimat of compen the org and	(F) ed amount other sation from junization related juzations
(15) Steve Direc		<u>1</u> 2	Х					0.	0.		0.
(16) Edwar Direc	d Van Halen	12	Х					0.	0.		0.
	e Malmsteen	<u>1</u> 2	X					0.	0.		0.
(18) Lawre	nce Carlton	1									
	lontgomery	2	X					0.	0.		0.
<u> </u>	tor Pastorius	2	Х					0.	0.		0.
Direc (21) Pat M		2	Х					0.	0.		0.
Direc (22) Charl	tor ie Christian	2	Х	_				0.	0.		0.
Direc		2	Х					0.	0.		0.
Direc		2	X		1			0.	0.		0.
Direc	tor	2	X					0.	0.		0.
<u>(25)</u> Charl Direc	ie Parker	$\frac{1}{2}$	Х					0.	0.		0.
1b Subtota	I	ction A						<u> </u>	0.		0.
d Total (ad 2 Total nu	dd lines 1b and 1c) mber of individuals (including but not l organization 0							35,652.	0.		0.
3 Did the on line 1	organization list any former officer, dir a? If "Yes,"complete Schedule J for s	ector, truste uch individua	e, key a/	/ em	ploy	yee, o	r high	est compensated	employee	. 3	X
4 For any the orga such inc	individual listed on line 1a, is the sum nization and related organizations greatividual	of reportabl ater than \$1	e con 50,00	1pen: 0? <i>If</i>	sati "Ye	on an es," co	d othe omple	er compensation fr te Schedule J for	om	. 4	X
5 Did any for servi	person listed on line 1a receive or acc ces rendered to the organization? If "\	rue compen <i>Yes," comple</i>	satior ete Sc	n fror hedu	n a <i>ile</i> .	ny unr <i>J for s</i>	elateo uch p	d organization or i <i>erson</i>	ndividual	. 5	X
	Independent Contractors								¢100.000 (
1 Complet compen:	e this table for your five highest comp sation from the organization. Report co (A) Name and business a	ompensation	epend for th	ent c ne ca	alen	idar ye	s that ear en	received more that ding with or within (B) Description of	the organization's	tax year (C Compen)
9 Talalan	mbor of independent contractors (in th	uding hut and	+ 1;				tod al		d more then		
	mber of independent contractors (inclu 0 of compensation from the organization	-		eu เต	v (r10	use IIS	ieu al	uove, who receive			

Continuation Sheet for Form 990

OMB No. 1545-0047

2024

Employler Identification number

Department of the Treasury Internal Revenue Service

Name of the Organization

Boy Scout Trust Fund #999,		99-9999999								
Part VII Continuation: Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees										
(A)	(D)	(E)	(F)							
Name and title	Average hours per week (list any hours for related organiza- tions below dotted line)	a Individual trustee or director	Institutional trustee	rector/	/truste	Highest compensated		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
(1) John McLaughlin	1									
President	5	Х						0.	0.	0.
(2) Mike Stern	1									
Past President	5	Х						0.	0.	0.
(3) Steve Howe	1									
Commissioner	5	Х						0.	0.	0.
(4) Al DiMeola	1_	ļ								
VP, District Op	5	Х						0.	0.	0.
(5) Johnny Winter	1_	Ļ								
VP, Finance	5	Х						0.	0.	0.
<u>(6) Carlos Santana</u>	1_	Ļ								
VP, Membership	5	Х						0.	0.	0.
(7) Frank Zappa	1	L								_
VP, Program	5	Х				-		0.	0.	0.
_(8) Les Paul	1	+								
VP, Properties	5	Х						0.	0.	0.
<u>(9) Alex Lifeson</u>									0	0
Director	2	X						0.	0.	0.
(10) Brian May	5	х						0.	0.	0.
VP, Public Rel (11) John Scofield	5 1	Λ						0.	0.	0.
Chmn, Mbr at Lg	<u> </u>	Х						0.	0.	0.
(12) Joe Pass	1	Λ						0.	0.	0.
Chmn, LFL	$-\frac{1}{5}$	Х						0.	0.	0.
(13) Mark Knopfler	1	Λ						0.	0.	0.
General Counsel	<u> </u>	Х						0.	0.	0.
(14)		21						0.	0.	0.
<i></i>	1	ł								
(15)		-								
(16)		-								
_(17)										
(18)		-								
(19)		-								
(20)		ł								
(21)										

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Form 990 (2024) Boy Scout Trust Fund #999, Yourtown

Part VIII Statement of Revenue

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1		Check if Schedule O contains a re	esponse or note to any	line in this Part VI			
	_			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
হ হ	1a		1a				
ne ju	b		1b				
An G An G	С	-	1c				
ilar İlar	d		1d				
Sim S	e f	Government grants (contributions) All other contributions, gifts, grants, and	le				
Ę	· ·		lf 175,000.				
- di B	g	Noncash contributions included in	1g				
Contributions, Gifts, Grants, and Other Similar Amounts	h	lines 1a-1f	-	175,000.			
			Business Code	175,000.			
Program Service Revenue	2a						
Bei	b						
vice	С						
Sen	d						
an	e						
rogr	t a	All other program service revenue Total. Add lines 2a-2f					
۵.	у 3	Investment income (including divide					
	3	other similar amounts)		58,600.			58,600.
	4	Income from investment of tax-exen	npt bond proceeds	·			ľ
	5	Royalties					
	_	(i) Real	(ii) Personal				
		Gross rents					
		Less: rental expenses 6b Rental income or (loss) 6c					
		Net rental income or (loss)					
		Gross amount from (i) Securitie					
	74	sales of assets					
	b	other than inventory Less: cost or other basis					
		and sales expenses 7b					
		Gain or (loss) 7c					
	-	o ()					
ne	8a	Gross income from fundraising events (not including \$					
ven		of contributions reported on line 1c).					
Be		See Part IV, line 18	8a				
Other Revenue	b	Less: direct expenses	8b				
₽	С	Net income or (loss) from fundraising	ng events				
	9a	Gross income from gaming activities.					
		See Part IV, line 19	9a				
		Less: direct expenses Net income or (loss) from gaming a	9b				
	TUa	Gross sales of inventory, less returns and allowances	10a				
	b	Less: cost of goods sold	10b				
	С	Net income or (loss) from sales of in	-				
S			Business Code				
e e	11a						
llar Ven	d c						
Miscellaneous Revenue	11a b c d	All other revenue					
Ξ		Total. Add lines 11a-11d	· · · · · · · · · · · · · · · · · · ·				
	12	Total revenue. See instructions		233,600.	0.	0.	58,600.

Part IX						TOULCOWII
Form 990 (2	024) Boy	7 Scout	Trust	Fund	#999	Yourtown

 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).

Sec	tion 501(c)(3) and 501(c)(4) organizations must				
	Check if Schedule O contains a r	esponse or note to any	line 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	120,000.	120,000.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	,	,		
3	Grants and other assistance to foreign organizations, foreign governments, and for- eign 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	35,652.	0.	35,652.	0.
6	Compensation not included above to	55,052.	0.	55,052.	0.
Ū	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 0.) Advertising and promotion	NU			
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					
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	+				
e	All other expenses.				
25	Total functional expenses. Add lines 1 through 24e	155,652.	120,000.	35,652.	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 if following	,	.,	,	
	SOP 98-2 (ASC 958-720)				Earm 990 (2024)

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				Trust	Fund	#999 ,	Yourtown
Part X	Balan	Ce SI	heet				

Pa	art X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	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 officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
\$	8	Inventories for sale or use.		8	
Assets	9	Prepaid expenses and deferred charges		9	
As	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D		-	
	b	Less: accumulated depreciation 10b		10c	
	11	Investments – publicly traded securities		11	
	12	Investments – other securities. See Part IV, line 11	3,437,754.	12	3,809,602.
	13	Investments – program-related. See Part IV, line 11	0/10///01/	13	0,000,001
	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)	3,437,754.	16	3,809,602.
		······································	0,10,,101		0,000,002.
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
es	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties.		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D.		25	
	26	Total liabilities. Add lines 17 through 25	0.	26	0.
seo		Organizations that follow FASB ASC 958, check here X and complete lines 27, 28, 32, and 33.			
lar	27	Net assets without donor restrictions	182,037.	27	195,058.
Ba	28	Net assets with donor restrictions	3,255,717.	28	3,614,544.
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.			
5	29	Capital stock or trust principal, or current funds		29	
2	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
SSE	31	Retained earnings, endowment, accumulated income, or other funds		31	
ţ	32	Total net assets or fund balances	3,437,754.	32	3,809,602.
Ne	33	Total liabilities and net assets/fund balances.	3,437,754.	33	3,809,602.
BA		TEEA0111L 09/05/24	-,,,,		Form 990 (2024)

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Forn	990 (2024) Boy Scout Trust Fund #999, Yourtown 99-9	9999999		Pa	ige 12
Pa	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2	33,6	500.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1	55,6	552.
3	Revenue less expenses. Subtract line 2 from line 1	3		77,9	948.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			754.
5	Net unrealized gains (losses) on investments	5	2	93,9	900.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
_		10	3,8	09,6	502.
Pa	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII.				🗍
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both.	on a			
	Separate basis Consolidated basis Both consolidated and separate basis				
k	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 on a separate basis, consolidated basis, or both.	2			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the review, or compilation of its financial statements and selection of an independent accountant?	e audit,	2c	Х	
-	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.				
	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Ur Guidance, 2 C.F.R. Part 200, Subpart F?		3a		Х
Ł	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
BAA	TEEA0112L 09/05/24		Form	990	(2024)

SCHEDULE A (Form 990) 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. Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.					or a section	OMB No. 1545-0047 2024 Open to Public Inspection	
Internal Revenue Service		0		ind the	atest m	Employer identifica	-
Name of the organization		Trust Fund #99 rust, Trustee,	99, Yourtown Yourtown, TX			99-999999	
Part I Reason				comp	lete thi	s part.) See instru	-
<u> </u>	•	•	or lines 1 through 12, o		2	,	
			of churches described in		n 1 70(b)	(1)(A)(i).	
			ach Schedule E (Form 9 zation described in sec		V6V1VA	VIII)	
						ion 170(b)(1)(A)(iii). En	ter the hospital's
name, city,	-	tion operated in conju					
5 An organiz	 ation operated for)(b)(1)(A)(iv). (Cc	the benefit of a collect mplete Part II.)	ge or university owned	or opera	ited by a	governmental unit des	cribed in
6 A federal, s	state, or local gov	ernment or governmer	ntal unit described in s e	ection 1	70(b)(1)(A)(v).	
7 An organiz	ation that normall I 70(b)(1)(A)(vi). (y receives a substanti Complete Part II.)	al part of its support fro	om a gov	vernmen	tal unit or from the gen	eral public described
	5		A)(vi). (Complete Part II	,			
						njunction with a land-gr city, and state of the c	
from activit investment	ies related to its e income and unre	exempt functions, subj	ect to certain exception income (less section 5	ns; and	(2) no m	itions, membership fees ore than 33-1/3% of its sinesses acquired by th	support from gross
			ly to test for public safe	ty. See	section	509(a)(4).	
12 X An organiz	ation organized ar	nd operated exclusivel	y for the benefit of, to	perform	the func	tions of, or to carry out	the purposes of one
lines 12a th	rough 12d that de	escribes the type of su	pporting organization a	and com	plete lin		
a Type I. A s organizatio complete F	upporting organizan(s) the power to Part IV, Sections A	ation operated, superv regularly appoint or e A and B.	vised, or controlled by it lect a majority of the di	ts suppo rectors	orted org or truste	anization(s), typically b es of the supporting org	y giving the supported ganization. You must
manageme	supporting organiz nt of the supporti Ilete Part IV, Sect	ng organization vested	ontrolled in connection d in the same persons t	with its hat cont	supporte trol or m	ed organization(s), by ha anage the supported or	aving control or ganization(s). You
organizatio	n(s) (see instructi	ons). You must comp	lete Part IV, Sections A	A, D, and	1 E.	nd functionally integrate	
functionally	integrated. The c	organization generally	organization operated i must satisfy a distribut s A and D, and Part V.	n conne ion requ	irement	th its supported organiz and an attentiveness re	ation(s) that is not equirement (see
integrated,	or Type III non-fu	inctionally integrated s	supporting organization			а Туре I, Туре II, Туре	
		n about the supported					
(i) Name of supporter	d organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	organiza in your g	Is the tion listed governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				Yes	No		
America's	Best Counc	il, Inc BSA#9	99				
(A)		12-3456789	7	Х		120,000.	0.
<u>(</u> B)							
(C)							
(D)							
(E)							
Total						120,000.	0.

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

Schedule A (Form 990) 2024

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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.)

action A Public Support S

Sec	tion A. Public Support						
begi	ndar year (or fiscal year nning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3		'	!			
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support						
Cale begi	ndar year (or fiscal year nning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(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		NO	TFI			
9	Net income from unrelated business activities, whether or not the business is regularly carried on	DC					
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 activ	vities, etc. (see ins	structions)			12	
13	First 5 years. If the Form 990 is organization, check this box and						 []
Sec	tion C. Computation of Pu	blic Support F	Percentage				
	Public support percentage for 20			ne 11, column (f))			%
15	Public support percentage from 2						%
16a	33-1/3% support test–2024. If the and stop here. The organization	he organization di qualifies as a put	d not check the be blicly supported or	ox on line 13, and rganization	1 line 14 is 33-1/3	% or more, check	this box
b	33-1/3% support test–2023. If th and stop here. The organization						
17a	10%-facts-and-circumstances te or more, and if the organization i the organization meets the facts-	meets the facts-ar	nd-circumstances	test, check this bo	ox and stop here.	. Explain in Part V	/I how
	10%-facts-and-circumstances te or more, and if the organization organization meets the facts-and	meets the facts-ar d-circumstances te	nd-circumstances est. The organizati	test, check this bo tion qualifies as a p	ox and stop here. publicly supported	• Explain in Part V d organization	/I how the
18	Private foundation. If the organiz	zation did not che	ck a box on line 1	3, 16a, 16b, 17a,	or 17b, check this	s box and see inst	ructions

Boy Scout Trust Fund #999, Yourtown

99-9999999

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

Sec	tion A. Public Support						
	dar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(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						
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
	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				F		
с	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Sec	tion B. Total Support						
Calend	dar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
с 11	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is						
12	regularly carried on. 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 f organization, check this box and	stop here		third, fourth, or fif	th tax year as a s	section 501(c)((3)
	tion C. Computation of Pu					I	
	Public support percentage for 20	•					15 %
	Public support percentage from 2						16 %
	tion D. Computation of Inv						
	Investment income percentage for	-		-			17 %
	Investment income percentage fr						18 %
	33-1/3% support tests–2024. If t is not more than 33-1/3%, check	this box and stop	here. The organi	ization qualifies as	s a publicly suppo	orted organizat	tion
	33-1/3% support tests — 2023. If t line 18 is not more than 33-1/3%	, check this box a	nd stop here. The	e organization qua	lifies as a publicl	y supported or	rganization
20	Private foundation. If the organiz	zation did not cheo	ck a box on line 1	4, 19a, or 19b, ch	eck this box and	see instructior	ns

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?		103	
	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	Х	
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		Х
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		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		Х
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections $501(c)(3)$ and $509(a)(1)$ or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section $170(c)(2)(B)$ purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was			X
b	accomplished (such as by amendment to the organizing document). 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		
6	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
0	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		X
-				
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? <i>If "Yes," complete Part I of Schedule L (Form 990)</i> .	7		Х
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		Х
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))? <i>If "Yes," provide detail in Part VI.</i>	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? <i>If "Yes," provide detail in Part VI.</i>	9b		Х
c	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		Х
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>	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.)	1 0 b		
BAA	TEEA0404L 08/30/24 Schedule A	(Forn	n 990)	2024

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

Boy Scout Trust Fund #999, Yourtown

Section B. Type I Supporting Organizations

Schedule A (Form 990) 2024

- 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in **Part VI** how the supported organization (s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
- 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.*

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
 - a The organization satisfied the Activities Test. Complete line 2 below.
 - The organization is the parent of each of its supported organizations. Complete line 3 below.
 - c The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).

2 Activities Test. Answer lines 2a and 2b below.

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

99-9999999

Page 5

Yes

Yes

Х

No

1

2

1

No

b

Schedule A (Form 990) 2024 Boy Scout Trust Fund #999, Yourtown
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

Page 6

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org			
1 Check here if the organization satisfied the Integral Part Test as a qualifying trus instructions. All other Type III non-functionally integrated supporting organizatio	st on Nov ons must	r. 20, 1970 (explain in complete Sections A t	Part VI). See hrough E.
Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C – Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7 Check here if the surrent year is the examination's first as a new functionally inte	aratad T		

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

Schedule A (Form 990) 2024

Par	t V Type III Non-Functionally Integrated 509(a)(3) St	upporting Organiza	ations (continue	ed)	
Sec	tion D – Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exempt pur	poses		1	
2	Amounts paid to perform activity that directly furthers exempt purpo in excess of income from activity	ses of supported organi	zations,	2	
3	Administrative expenses paid to accomplish exempt purposes of su	pported 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 <i>Part VI</i>). See instructions.		6		
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the organ	nization is responsive (p	rovide details		
	in Part VI). See instructions.			8	
9	Distributable amount for 2024 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributio Pre-2024	ons	(iii) Distributable Amount for 2024
1	Distributable amount for 2024 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2024 (reasonable cause required – <i>explain in Part VI</i>). See instructions.				
3	Excess distributions carryover, if any, to 2024				
а	From 2019				
	From 2020				
-	From 2021				
	From 2022				
	From 2023				
f	Total of lines 3a through 3e				
	Applied to underdistributions of prior years			_	
h	Applied to 2024 distributable amount				
	Carryover from 2019 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2024 from Section D, line 7:				
а	Applied to underdistributions of prior years				
	Applied to 2024 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.				
6	Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.				
7	Excess distributions carryover to 2025. Add lines 3j and 4c.				
8	Breakdown of line 7:				
а	Excess from 2020				
b	Excess from 2021				
С	Excess from 2022				
d	Excess from 2023				
е	Excess from 2024				

BAA

Schedule A (Form 990) 2024

Schedule A (Form 990) 2024	Boy Scout Trust Fund #999, Yourtown	99-9999999 Page 8
III, fine 12; Part IV, B, lines 1 and 2; Pa 3a, and 3b; Part V, I	Iformation. Provide the explanations required by Part II, lin Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, t IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV ne 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, a o complete this part for any additional information. (See instru	nd 11c; Part IV, Section Section E, lines 1c, 2a, 2b, d 8; and Part V, Section E,

DO NOT FILE

Schedule B (Form 990) (Rev. December 2024) Department of the Treasury Internal Revenue Service	Schedule of Contributors Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information.		OMB No. 1545-0047
Name of the organization BO	y Scout Trust Fund #999, Yourtown nk and Trust, Trustee, Yourtown, TX		tification number
Organization type (che	ck one):		
Filers of:	Section:		
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization		
	4947(a)(1) nonexempt charitable trust not treated as a private f	oundation	
	527 political organization		
Form 990-PF	501(c)(3) exempt private foundation		
	4947(a)(1) nonexempt charitable trust treated as a private found	dation	
	501(c)(3) taxable private foundation		

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

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

General Rule

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

Special Rules

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

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

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

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

BAA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (Rev. 12-2024)	1 1	Page 2
Name of organization	Employer identification number	
Boy Scout Trust Fund #999, Yourtown	99-9999999	
Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.		

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
<u>1_</u>	Bill Bruford 569 Brisbane Ct Yourtown, TX 75021	\$ <u>175,000.</u>	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
	NOT FI	E	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (Rev. 12-2024)	1	1	Page 3
Name of organization	Employer ident	tification nu	mber
Boy Scout Trust Fund #999, Yourtown	99-9999	999	

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

	B (Form 990) (Rev. 12-2024)		1 1 Page 4			
Name of orga	anization Out Trust Fund #999, Yourtow:	n	Employer identification number			
	Exclusively religious, charitable, e	tc., contributions to organiz for the year from any one co ompleting Part III, enter the total of (Enter this information once. See in	cations described in section 501(c)(7), (8), contributor. Complete columns (a) through (e) and <i>exclusively</i> religious, charitable, etc.,			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
Faiti	<u>N/A</u>					
	Transferee's name, addres	(e) Transfer of gift s, 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			
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	Relationship of transferor to transferee			
	nC					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
		(e) Transfer of gift	I			
	Transferee's name, addres	Relationship of transferor to transferee				
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
from Part I						
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	Relationship of transferor to transferee			
BAA		TEEA0704L 01/02/25				

(Foi	HEDULE D rm 990) December 2024)	Complete	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.					
Depart Interna	ment of the Treasury al Revenue Service	Go to www.irs.	<i>jov/Form990</i> for instructions and the	latest information.		Open t Inspec	o Public tion	
Name	of the organization				Employer id	lentification n	umber	
Boy Ban	Scout Trus	t Fund #999, Yourt , Trustee, Yourtow	own n. TX		99-999	9999		
Par	t I Organiz	zations Maintaining Do	nor Advised Funds or Other S	Similar Funds or A				
	Comple	te if the organization a	nswered "Yes" on Form 990, F	Part IV, line 6.				
	.		(a) Donor advised funds	(b) Fu	unds and o	other accou	unts	
1 2		end of year						
2		nts from (during year)						
4		at end of year						
5	Did the organizati	on inform all donors and don	or advisors in writing that the assets I	held in donor advised fu	inds			
~	are the organizati	on's property, subject to the	organization's exclusive legal control?)	· · · · · · L	Yes	No	
6	for charitable purp	poses and not for the benefit	s, and donor advisors in writing that g of the donor or donor advisor, or for a	any other purpose confe	erring	-	—	
_			·····			Yes	No	
Par		vation Easements	nswered "Yes" on Form 990, F	Part IV/ line 7				
1			the organization (check all that apply					
		•		Preservation of a histor	ically imp	ortant land	area	
	Protection of	natural habitat		Preservation of a certifi	ed historio	structure		
	Preservation	of open space						
2	Complete lines 2a last day of the tax	a through 2d if the organization (year.	n held a qualified conservation contri	bution in the form of a	conservati	on easeme	ent on the	
	2	-		Н	eld at the	End of the	e Tax Year	
		conservation easements						
	0	tricted by conservation easer		2b				
			ed historic structure included on line					
d	Number of conser a historic structur	vation easements included o e listed in the National Regis	h line 2c acquired after July 25, 2006, er					
3			ransferred, released, extinguished, or	r terminated by the orga	nization c	luring the		
4	Number of states	where property subject to co	nservation easement is located					
5			arding the periodic monitoring, inspe ts it holds?		ions,	Yes	No	
6			g, inspecting, handling of violations, a		tion easen			
7	Amount of expens	ses incurred in monitoring, in	specting, handling of violations, and e	enforcing conservation e	easements	s during the	e year	
8	Does each conser and section 170(h	rvation easement reported or i)(4)(B)(ii)?	line 2d above satisfy the requiremen	ts of section 170(h)(4)(ł	B)(i)	Yes	No	
9	In Part XIII, descr include, if applica conservation ease	ble, the text of the footnote t	orts conservation easements in its revolution the organization's financial statements	venue and expense stat nts that describes the o	ement and rganizatio	d balance s n's accoun	sheet, and iting for	
Par	t III Organiz Comple	zations Maintaining Co te if the organization a	lections of Art, Historical Tre nswered "Yes" on Form 990, F	asures, or Other S Part IV, line 8.	imilar A	ssets		
1a	historical treasure	es, or other similar assets hel	FASB ASC 958, not to report in its re d for public exhibition, education, or r statements that describes these item	esearch in furtherance	alance sh of public s	eet works service, pro	of art, ovide in	
b	following amounts	s relating to these items.	FASB ASC 958, to report in its reven d for public exhibition, education, or r					
	(i) Revenue inclu	uded on Form 990, Part VIII,	ine 1		\$			
~								
	amounts required	to be reported under FASB /	t, historical treasures, or other similar SC 958 relating to these items.					
a	Revenue included	I on Form 990, Part VIII, line	1		····· \$			
BAA	For Paperwork R	eduction Act Notice, see the	Instructions for Form 990. TEEA		ې Iule D (Fo	rm 990) (R	ev. 12-2024)	

	dule D (Form 990) (Rev. 12-2024)Boy Sco					99-999			Page 2
Par	t III Organizations Maintaining	Collectio	ns of Art, Hi	stori	cal Treasures,	or Other Similar A	ssets	(conti	nued)
3	Using the organization's acquisition, access items (check all that apply).	sion, and o	ther records, ch	eck ar	ny of the following t	hat make significant us	e of its	collecti	on
а	Public exhibition				change program				
b			e Other						
С	Preservation for future generations								
4	Provide a description of the organization's Part XIII.			2	Ũ		in		
	to be sold to raise funds rather than to be maintained as part of the organization's collection?								
Par	Complete if the organization	answere	ed "Yes" on I				an am	ount c	n
1a	Is the organization an agent, trustee, custo on Form 990, Part X?	dian, or oth	ner intermediary	for co	ontributions or othe	r assets not included	Yes	Г	No
h	If "Yes," explain the arrangement in Part X						103	L	
5				g tu			Amoun	t	
с	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on	Form 990,	Part X, line 21,	for es	crow or custodial a	ccount liability?	Yes		No
b	If "Yes," explain the arrangement in Part X	III. Check h	nere if the expla	nation	has been provided	l in Part XIII			
Par						ing 10			
	Complete if the organization	answere	eu res onn	Form	990, Part IV, I	ine io.			
		rent year	(b) Prior yea	ar	(c) Two years back	(d) Three years back	(e)	Four year:	s back
		37,754.	3,186,0		2,947,694		2		573.
b	Contributions	75,000.	100,0	00.	225,000	200,000.		250,	000.
с	Net investment earnings, gains,								
		52,500.	301,2		143,200				550.
		20,000.	116,0)00.	112,000). 111,000.		101,	000.
e	Other expenditures for facilities and programs		-			0.			
f		35,652.	33,5	540	17,850			15	989.
		09,602.	3,437,7		3,186,044		2		134.
-	Provide the estimated percentage of the cu							,,,,,,	1011
а	Board designated or quasi-endowment	1().00 [%]						
b	Permanent endowment 80.0								
С	Term endowment 10.00 %	_							
	The percentages on lines 2a, 2b, and 2c sh	ould equal	100%.						
3a	Are there endowment funds not in the poss	ession of t	he organization	that a	re held and admini	stered for the	-		
	organization by:							Yes	No
	(i) Unrelated organizations?						3a(i)		Х
	(ii) Related organizations?						3a(ii)		Х
	If "Yes" on line 3a(ii), are the related organ		•				3b		<u> </u>
	Describe in Part XIII the intended uses of the		ation's endowme	ent fun	ds.				
Part VI Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.									
	Description of property	(a) Cos (ir	t or other basis vestment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d)	Book va	lue
	Land.								
b	Buildings.								
	Leasehold improvements								
	Equipment								
-	Other								
	Add lines 1a through 1e. (Column (d) mus	t equal For	m 990, Part X, I	ine 10	c, column (B))				0.
BAA						Schedule D (For	m 990)	(Rev. 1	2-2024)

Page 3

Part VII	Investments – Other Securities Complete if the organization answered "Yes" on	Form 990. Part IV. line	11b. See Form 990. Part X. line 12.	
(a) Descri	iption of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-ye	ar market value
	al derivatives			
.,	held equity interests			
	BSA Commingled Endowment Fund	3,809,602,	End of Year Market Value	
		0,000,002.		
(A) (B)				
(C)				
(D)				
(D) (E)				
(F)				
(G)				
(H)				
Total. (Colum	nn (b) must equal Form 990, Part X, line 12, column (B))	3,809,602.		
Part VIII	Investments – Program Related Complete if the organization answered "Yes" on			
	Complete if the organization answered "Yes" on (a) Description of investment	Form 990, Part IV, line (b) Book value	(c) Method of valuation: Cost or end-of	
(1)	(a) Description of investment	(b) BOOK Value	(C) Method of Valuation. Cost of end-of-	year market value
(1)				
(2)				
(3)				
<u>(4)</u> (5)				
(6)				
(7)				
(8)				
(9)				
	nn (b) must equal Form 990, Part X, line 13, column (B))			
Part IX	Other Assets	N/A		
	Complete if the organization answered "Yes" on		11d. See Form 990, Part X, line 15.	
(1)	(a) Des	scription		(b) Book value
(1) (2)	\sim			
(3)	<u>U</u>			
(4)				
(5)				
(6)				
(7)				
(8) (9)				<u> </u>
	umn (b) must equal Form 990, Part X, line 15, cc	(D)		
Part X	Other Liabilities	пиппп (Б))		
FartA	Complete if the organization answered "Yes" on	Form 990. Part IV. line	11e or 11f. See Form 990. Part X. line 25.	
1.		ption of liability		(b) Book value
	al income taxes			
(2)				
(3)				
(4) (5)				<u> </u>
(6)				
(7)				
(8)				
(9)				
-	ımn (b) must equal Form 990, Part X, line 25, co	lumn (B))		
	uncertain tax positions. In Part XIII, provide the text of the foc			ility for uncertain
-	nder FASB ASC 740. Check here if the text of the footnote has	-		Part XIII X
BAA		TEEA3303L 11/13/24	Schedule D (Form	990) (Rev. 12-2024)

Schedule D (Form 990) (Rev. 12-2024)Boy Scout Trust Fund #999, Yourtown 9	9-9999999	Page 4
Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per I	Return N/A	
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1 Total revenue, gains, and other support per audited financial statements	. 1	
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments 2a		
b Donated services and use of facilities 2b		
c Recoveries of prior year grants 2c		
d Other (Describe in Part XIII.) 2d		
e Add lines 2a through 2d.	. 2e	
3 Subtract line 2e from line 1	. 3	
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b	. 4c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	. 5	
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses pe	er Return N/A	
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1 Total expenses and losses per audited financial statements.	. 1	
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities 2a		
b Prior year adjustments		
c Other losses		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d	. 2e	
3 Subtract line 2e from line 1.	. 3	
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b	. 4c	
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		
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 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, 2024 financial statements include any uncertain tax positions.

Schedule D (Form 990) (Rev. 12-2024)

SCHEDULE I (Form 990) (Rev. December 2024)		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.										
Department of the Treasury Internal Revenue Service	Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.											
Name of the organization E	Boy Scout Trus Bank and Trus	st Fund #999, t, Trustee, Yo	Yourtown ourtown, TX				Employer identifie					
		rants and Assista										
1 Does the organiza and the selection	ation maintain record criteria used to awa	ds to substantiate the ird the grants or assist	amount of the gran	nts or assistance, the gr	antees' eligibility for th	e grants or assistance,		Yes X No				
	-			ant funds in the United S								
				Domestic Governme more than \$5,000.				ed.				
1 (a) Name and add or gove	ress of organization ernment	(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.							Support operations and				
		12-3456789		120,000.	0.	FMV		programs				
<u>(2)</u>					. F							
(2)												
<u>(3)</u>				NOTF								
(4)			Dr									
(6)												
(8)												
				n the line 1 table				1				
BAA For Paperwork R	-				TEEA3901L		Schedule I (For	0 m 990) (Rev. 12-2024)				

99-9999999

Page 2

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1					
2					
3					
4					
5					
6					
7					
Part IV Supplemental Information. P	Provide the information	n required in Part I	l, line 2; Part III, co	olumn (b); and any oth	er additional information.

DO NOT FILL

(Rev. December 2024)

Department of the Treasury Internal Revenue Service

Na

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

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 instructions and the latest information.

Open to Public Inspection

Name of the organization Boy Scout Trust	Fund #999 Yourtown	Employer identification number
	Trustee, Yourtown, TX	99-999999

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 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.

(Rev. December 2024) Department of the Treasury Internal Revenue Service

Na

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 instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Boy	Scout Trust	Fund #999	Yourtown	Employer identification number
	and Trust,			99-9999999

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

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.

TEEA4901L 12/10/24

(Rev. December 2024)

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 instructions and the latest information.

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service	on. Open to Public Inspection	
Name of the organization BC	y Scout Trust Fund #999, Yourtown	Employer identification number
Ba	ink and Trust, Trustee, Yourtown, TX	99-999999

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

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 (Rev. December 2024)

Department of the Treasury Internal Revenue Service

Nam

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 instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

me of the organization Boy Scout Trust	Fund #999 Yourtown	Employer identification number
Bank and Trust,	Trustee, Yourtown, TX	99-9999999

Form 990, Part VI, Line 15a - Compensation Review & Approval Process - CEO & Top Management (continued) contemporaneous documentation and record keeping with respect to the deliberations and decisions regarding the compensation arrangement.

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 Department of the Treasury Internal Revenue Service

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 instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Boy Scout Trust Fund #999, Yourtown	Employer identification number
	99-9999999

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

applicable, the IRS 990 T; annual report; audited financial statements; minutes of

the Executive Board meetings.

DO NOT FILE

SCHEDULE R (Form 990) (Rev. December 2024) Department of the Treasury Internal Revenue Service	Related Organizations and Unrelated Partnerships Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.											OMB No. 1545-0047 Open to Public Inspection			
Name of the organization Boy Ban1	Scout Trust Fund #99 x and Trust, Trustee,	99, Your Yourto	town wn, TX							Employer ident		ımber			
Part I Identification	of Disregarded Entities.	Complete	if the organiza	ation ans	wered "Ye	es" on For	m 990), Part IV, lin	e 33.						
(a) Name, address, and EIN (if applicable) of disregarded entity		entity	(b) Primary ad	(b) Primary activity		c) iicile (state n country)	To	(d) otal income	(e) End-of-year assets		5 Direct controlli entity		olling		
<u>(1)</u>															
 (2)															
 					FII	E									
had one or mo	of Related Tax-Exempt O	rganizatio	s during the ta	ax year.	ganization	ranswere	d "Ye	1	90, Pai						
Name, address, and E	(a) EIN of related organization	Prima	(b) ary activity	Legal dom			(d) (e) Exempt Code section (if section 501		y status Direct cont entity		rolling (g) controlled (controlled)		(b)(13) d entity? No		
(1) America's Best 123 Woodbadge Yourtown, TX 7 12-3456789 (2)	<u>Council, Inc., BSA</u> Drive 5021	To prepare young people to make ethical				501(c)(3)		7		N/A			X		

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

TEEA5001L 11/20/24

Schedule R (Form 990) (Rev. 12-2024)

Schedule R (Form 990) (Rev. 12-2024) Boy Scout Trust Fund #999, Yourtown

99-999999	99	Page 2

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 controllir entity	ng	(related, unrelated, i excluded from tax under sections		ted, income tax		are of total Shar income end-of		e end-of-y		of total Share come end-of-ye		total Share		total Shar e end-of		(g) Share of end-of-year assets		(h) Dispropo tionate allocation		(i) Code V-UBI amount in box 20 of Schedulo K-1 (Form	(j) Gener mana e partn	aina	(k) Percentage ownership
		country)			512-514))					Yes	No	10`65)	Yes	No											
(1)	-																									
	-																									
(2)	-																									
	-																									
	-																									
(3)																										
	-																									
	-								pi.																	
Part IV Identification	of Related Organ cause it had one	nizations	Taxable a	as a C	orporatio	on or	Trust. Co	omplete	e if the	organiza	tion a	answe	red "Yes" or	Form 9	90, P	Part										
IV, line 34, bec		or more	related or (b)	ganiz	ations tre				n or tru: e)	st during (f)				(h)												
Name, address, and EIN	of related organizati	on Prim	ary activity	Lega	al domicile e or foreign	D cor	(d) Direct htrolling	Tvpe o	of entity S corp,	Share total in	e of	Sh	(g) are of end-of- year assets	Percentage ownership	Sec	(i) 512(b)(13) olled entity?										
				C	ountry)		entity	or ti	rust)		oomo			ownership	Ye											
(1)																										
(2)																										
(3)																										
BAA					TEEA	5002L 1	11/20/24						Schedule	R (Form 9	90) (Re	v. 12-2024)										

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organiz	ations listed in Parts II-I	√?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity			1 a		Х
b Gift, grant, or capital contribution to related organization(s).			1 b		Х
c Gift, grant, or capital contribution from related organization(s)			1 c		Х
d Loans or loan guarantees to or for related organization(s)			1 d		Х
e Loans or loan guarantees by related organization(s)			1 e		Х
f Dividends from related organization(s)			1 f		Х
q 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)			1i		X
j Lease of facilities, equipment, or other assets to related organization(s)			1j		X
k Lease of facilities, equipment, or other assets from related organization(s)			1 k		Х
 Performance of services or membership or fundraising solicitations for related organization(s). 			11		X
m Performance of services or membership or fundraising solicitations by related organization(s)			1 m		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			1 n		X
 Sharing of haid employees with related organization(s) 			10		X
			10		
p Reimbursement paid to related organization(s) for expenses			1p		Х
 n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s). o Sharing of paid employees with related organization(s). p Reimbursement paid to related organization(s) for expenses. q Reimbursement paid by related organization(s) for expenses. 			1 q		Х
r Other transfer of cash or property to related organization(s)			1 r		Х
s Other transfer of cash or property from related organization(s).			1s		X
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, includ	ing covered relationships	and transaction thresholds	5.	ļļ	
(a) Name of related organization	(b) Transaction type (a-s)) hod of amount		
(1)					
(4)					
_(6)					
BAA TEEA5003L 11/20/24		Schedule R (Form	990) (F	Rev. 12	2-2024)

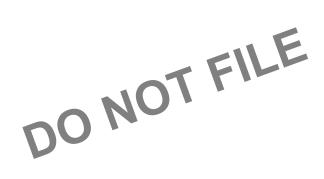
Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unre- lated, excluded	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1	(j) General or managing partner?		(k) Percentage ownership
			from tax under sections 512-514)	Vec	Yes No	ł		Yes	s No	(Form 1065)	Vec	Yes No	İ
(1)				163	110			163	110		103	110	ł
<u>(1)</u>	-												
	-												
	-												
(2)													
(2)	-												
	-												
	-												
(2)													
(3)	-												
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(5)	-												
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(6)													
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