FORV/S Public Disclosure for Tax-Exempt Organizations

Tax-exempt organizations are required to make a copy of their application for exemption and Form(s) 990 (and 990-T, if applicable) available for public inspection and to provide copies of such forms to individuals or organizations that request copies. Alternatively, the Internet may be used to make these documents available. (See the "Using the Internet" section which follows.) These rules apply to an organization's Form(s) 990 (and 990-T, if applicable) for the last three years and to its application for exemption. If the application was filed prior to July 15, 1987, disclosure is not required unless the organization had a copy of the application on July 15, 1987. An organization may omit names and addresses of contributors from its return(s). Failure to comply with disclosure requirements can result in an enforcement action by the IRS.

While disclosure rules create an additional burden, they also provide an opportunity for your organization to showcase the community benefits that it provides. The rules also heighten the need to carefully review all responses, including narrative explanations, contained on your Form(s) 990/990-T before filing.

Where Must Information Be Provided?

Generally, an organization must make its documents available for public inspection at any location where it has three or more employees. If the only services provided at the site are in furtherance of exempt purposes and the site does not serve as an office for management staff, the documents are not required to be made available there.

How Quickly Must Organizations Reply?

Requests for copies can be made in person or in writing. When requests are made in person, the copies must generally be provided on the same business day. There are provisions for delays due to unusual circumstances. However, in no event may the period of delay exceed five business days. Unusual circumstances include times when those staff that are capable of fulfilling a request are absent.

Written Requests

Requested copies generally must be mailed within 30 days from the date of the receipt of the written request. However, if the organization requires advance payment of a reasonable fee for copying and postage, it may provide the copies within 30 days from the date it receives payment rather than the date of the original request.

What Can an Organization Charge?

You are currently allowed to charge a maximum fee of \$.20 cents per page in addition to actual postage costs.

If any organization receives a written request for copies with no payment enclosed and the organization requires payment in advance, the organization must request payment within seven days from the date it

received the request. An organization is required to accept a personal check for written requests if it does not accept payment by credit card. If an organization does not require prepayment and the requester does not enclose a prepayment with the request, the organization must receive consent from a requester before providing copies for which the fee charge for copying and postage would be in excess of \$20.

Local or Subordinate Organizations

A local or subordinate organization that is covered by a group exemption letter is given additional time for responding to some requests. If this type of organization receives a request made in person for inspection of its application for tax exemption, the local organization is required to acquire and make available the application for a group exemption letter filed by the central or parent organization within not more than two weeks. The same general rule would apply with respect to a local or subordinate organization that does not file its own Form(s) 990/990-T but is covered under a group return. Again, the local or subordinate organization must make the group return available for inspection within a reasonable period which is defined as not more than two weeks. If the group return includes separate schedules with respect to each local or subordinate organization, the local or subordinate organization may exclude or omit any schedules relating only to other organizations which are included in the group return.

If a request is made for a personal inspection to a local or subordinate organization, it has the option of mailing the return to the requester rather than allowing an inspection. However, if this is done, the local or subordinate organization may not charge for the copying of the document unless the requester consents to the charge. If a local or subordinate organization receives a request for copies, then it must comply with the rules stated previously.

Using the Internet

As an alternative to providing copies, an organization may provide access to its exemption application and Form(s) 990 (and 990-T, if applicable) through the Internet. The website must provide instructions for downloading the document(s). The information on the Internet must be in such a format that it may be accessed, downloaded, viewed or printed in the same format as the actual documents. An organization would need to make the web address available to the general public.

There is nothing that prevents others from posting your Forms 990, 990-T and exemption application on the Internet. Based on this fact and the potential strain on your organization's resources from providing copies, organizations should consider posting these documents on the Internet.

What if the Requests Are a Form of Harassment?

If an organization believes it is subject to a harassment campaign, it can file an application for a harassment determination with the Internal Revenue Service. This would allow the organization to suspend compliance with these requests. In addition, an organization may disregard requests for copies in excess of two per month or four per year made by a single individual or sent from a single address, without submitting an application for a harassment determination.

Please contact your FORVIS advisor if you have questions about these rules.

Quivira Council, Boy Scouts of America, Inc.

Return of Organization Exempt from Income Tax

December 31, 2021

Public Disclosure Copy



EXTENSION GRANTED OMB No. 1545-0047

Return of Organization Exempt From Income Tax

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public.

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

Inspection

Name Comparization: X Corporation Trust Association Other L Year of formation: 1924 M State of legal domicitie:	A F	or th	e 2021	calendar year, or tax year beginning	and ending	g				
Dougle Dusiness and a street (or P. D. boor if mail is not delivered to street address) Total number of winding and street (or P. D. boor if mail is not delivered to street address)				C Name of organization			D Employer ider	ntifica	tion number	
Doing business as 23-7147508	В с	heck if a	pplicable:	QUIVIRA COUNCIL, BOY SCOUTS OF AMERICA, INC.						
Number and street (or P O box firmals not delivered to street address) Room/suite Elephone number (316) 264 – 3386							23-7147	508		
City or town, state or province, country, and ZPP of resign postal code G Gross moniples \$ 3,518		7 '		Number and street (or P.O. box if mail is not delivered to street address)	Room/suite		E Telephone nur	nber		
City or town, state or province, country, and ZPP of resign postal code G Gross moniples \$ 3,518		+	-	3247 N OLIVER			(316)26	54 – 1	3386	
MICHITA KS 67220 Goose receipts \$ 3,513.8		Final	return/				(310)10	,		
F Name and address of principal officer: BRIAN NASTASE High is this a proper return for personner sensing Yes Safety Safe		Amer	ided	WICHITA KG 67220			G Gross receipts	\$	3 519	2 401
Tax-compristations Subtractions		Appli	cation				· .			
Taxe-empt status:	L	_ pendi	ng	DICTAIN WASTASE					\vdash	
Website: WWW.QUTVIRA.ORG		Tay ov	omnt et		[5	0.7	` '			
Name of organization: Name of organization Name of organizatio					סן ן ס.	21				
Summary					1	- 6 6 4				1761
Briefly describe the organization's mission or most significant activities: THE CORPORATION SHALL PROMOTE, WITHIN TERRITORY COVERED BY THE CHARTER FROM TIME TO TIME GRANTED IT BY THE BOY SCOUTS OF AMERICA AND IN ACCORDANCE WITH (CONTINUED ON SCEEDULE O) Check this box					L Year	or format	ion: 1924 IVI 3	State	of legal domicile	: KS
TERRITORY COVERED BY THE CHARTER FROM TIME TO TIME GRANTED IT BY THE			•	•	000000					
4 Number of independent voting members of the governing body (Part VI, line 1b)		1	•					MO.T.F	s, WITHIN	1 THE
4 Number of independent voting members of the governing body (Part VI, line 1b)	nce									
4 Number of independent voting members of the governing body (Part VI, line 1b)	rna	_								
4 Number of independent voting members of the governing body (Part VI, line 1b)	ove.	2						1 1		
Net unrelated business taxable income from 990-T. Part I, line 11		3						-		4
Net unrelated business taxable income from 990-T. Part I, line 11	S	4	Numb	er of independent voting members of the governing body (Part VI, line 1b) .				_		4
Net unrelated business taxable income from 990-T. Part I, line 11	įŧ	5	Total	number of individuals employed in calendar year 2021 (Part V, line 2a)				-		6
Net unrelated business taxable income from 990-T. Part I, line 11	Ę	6	Total	number of volunteers (estimate if necessary)				6		2,27
8 Contributions and grants (Part VIII, line 1h). 9 Program service revenue (Part VIII, line 2g). 1 1, 186, 811. 1, 908. 1 179, 357. 356. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d). 102, 735. 103. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e). 122, 537. 40. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12). 1, 591, 440. 2, 408. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 15, 109. 36. 14 Benefits paid to or for members (Part IX, column (A), lines 4). NONE 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10). 997, 911. 1, 000, 16a Professional fundraising fees (Part IX, column (A), line 11e). NONE 16 Total expenses (Part IX, column (A), line 11e). NONE 17 Other expenses (Part IX, column (A), line 12e). 815, 722. 956, 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25). 1, 828, 742. 1, 993, 19 Revenue less expenses. Subtract line 18 from line 12. −237, 302. 415, 19 Revenue less expenses. Subtract line 18 from line 12. −237, 302. 415, 19 Revenue less expenses. Subtract line 21 from line 20. 5, 468, 456. 5, 953, 19 Revenue less expenses. Subtract line 21 from line 20. 5, 468, 456. 5, 953, 19 Revenue less expenses. Subtract line 21 from line 20. 5, 468, 456. 5, 953, 19 Revenue less expenses. Subtract line 21 from line 20. 5, 468, 456. 5, 953, 19 Revenue less expenses. Subtract line 21 from line 20. 5, 468, 456. 5, 953, 19 Revenue less expenses. Subtract line 21 from line 20. 5, 468, 456. 5, 953, 19 Revenue less expenses. Subtract line 21 from line 20. 5, 468, 456. 5, 953, 19 Revenue less expenses. Subtract line 21 from line 20. 5, 468, 456. 5, 953, 19 Revenue less expenses. Subtract line 21 from line 20. 5, 468, 456. 5, 953, 19 Revenue less expenses. Subtract line 21 from line 20. 5, 468, 456. 5, 953, 19 Revenue less expenses. Subtract line 21 from line 20. 5, 468, 456. 5, 953, 19 Revenue less expenses. Subtract line 21 from line 20. 5, 468, 456. 5,	⋖							7a		
8 Contributions and grants (Part VIII, line 1h).		b	Net ur	nrelated business taxable income from Form 990-T, Part I, line 11	<u></u>	. <u></u>		7b		
9 Program service revenue (Part VIII, line 2g). 179,357. 356 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d). 102,735. 103 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e). 122,537. 40 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12). 1,591,440. 2,408, 36 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 15,109. 36 14 Benefits paid to or for members (Part IX, column (A), lines 1-3). 15,109. 36 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10). 997,911. 1,000, 16a Professional fundraising fees (Part IX, column (A), line 25) NONE 16 Professional fundraising sexpenses (Part IX, column (A), line 25) 72,369. 17 Other expenses (Part IX, column (A), line 25) 72,369. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1,828,742. 1,993, 19 Revenue less expenses. Subtract line 18 from line 12. 20 Total assets (Part X, line 16) 6,513,745. 7,351, 1045,289. 1,397, 1046 1 Total liabilities (Part X, line 26) 1,045,289. 1,397, 1045,289					4		Prior Year		Current '	Year
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e). 122,537. 40 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12). 1,591,440. 2,408, 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 15,109. 36 14 Benefits paid to or for members (Part IX, column (A), line 4). NONE 15 Salaries, other compensation, employee benefits (Part IX, column (A), line 4). NONE 16a Professional fundraising fees (Part IX, column (A), line 11e). NONE 17 Other expenses (Part IX, column (D), line 25) ▶ 72,369. 17 Other expenses (Part IX, column (D), line 25) ▶ 72,369. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<u>o</u>	8	Contri	butions and grants (Part VIII, line 1h)			1,186,81	1.	1,908	3,967
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e). 122,537. 40 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12). 1,591,440. 2,408, 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 15,109. 36 14 Benefits paid to or for members (Part IX, column (A), line 4). NONE 15 Salaries, other compensation, employee benefits (Part IX, column (A), line 4). NONE 16a Professional fundraising fees (Part IX, column (A), line 11e). NONE 17 Other expenses (Part IX, column (D), line 25) ▶ 72,369. 17 Other expenses (Part IX, column (D), line 25) ▶ 72,369. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	enn	9	Progra	am service revenue (Part VIII, line 2g)			179,35	57.	35	6,119
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e). 122,537. 40 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12). 1,591,440. 2,408, 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 15,109. 36 14 Benefits paid to or for members (Part IX, column (A), line 4). NONE 15 Salaries, other compensation, employee benefits (Part IX, column (A), line 4). NONE 16a Professional fundraising fees (Part IX, column (A), line 11e). NONE 17 Other expenses (Part IX, column (D), line 25) ▶ 72,369. 17 Other expenses (Part IX, column (D), line 25) ▶ 72,369. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	Şe	10					102,73	35.	103	3,129
Total assets (Part X, line 16) Total assets (Part X, line 16) Total assets (Part X, line 16) Total assets (Part X, line 26) Total assets (Part X, line 26) Total liabilities (Part X, line 26) Total assets of fund balances. Subtract line 21 from line 20. Total liabilities (Part X, line 26) Total liabilities (Part X, line 26) Total assets of print, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and be true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Proper or print name and title Proper or print name and title Print/Type preparer's name Proper or print name and title Print/Type preparer's name Proper or print name and title Print/Type preparer's name Proper or print name and title Print/Type preparer's name Proper or print name and title Print/Type preparer's name Proper or print name and title Print/Type preparer's name Proper or print name and title Print/Type preparer's name Proper or print name and title Print/Type preparer's name Proper or print name and title Print/Type preparer's name Proper or print name and title Print/Type preparer's name Proper or print name and title Print/Type preparer's name Proper or print name and title Print/Type preparer's name Proper or print name and title Print/Type preparer's name Proper or print name and title Print/Type preparer's name Proper or print name and title Print/Type preparer's name Proper or print name and title Print/Type preparer's name Proper or print name and title Print/Type preparer's name Proper or print name and title Print/Type preparer's name Proper or print na	ш.	11	Other	revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		. L	122,53	37.	4	0,660
14 Benefits paid to or for members (Part IX, column (A), line 4) NONE 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 997, 911. 1,000, 16 Professional fundraising fees (Part IX, column (A), line 11e) NONE 17 Other expenses (Part IX, column (D), line 25) 72,369. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1,828,742. 1,993, 19 Revenue less expenses. Subtract line 18 from line 12 -237,302. 415, 20 Total assets (Part X, line 16) 6,513,745. 7,351, 21 Total liabilities (Part X, line 26) 1,045,289. 1,397, 22 Net assets or fund balances. Subtract line 21 from line 20. 5,468,456. 5,953, 21 Total liabilities of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and be true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Print/Type preparer's name		12	Total	revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u></u>		1,591,44	0.	2,408	3,875
Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10). 16 a Professional fundraising fees (Part IX, column (A), line 11e). 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e). 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25). 19 Revenue less expenses. Subtract line 18 from line 12. 20 Total assets (Part X, line 16). 21 Total liabilities (Part X, line 26). 22 Net assets or fund balances. Subtract line 21 from line 20. 33 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and be true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Paid Preparer Print/Type preparer's name Signature Block Print/Type preparer's name SHAWNELL LINOT Firm's pane Proparer's LIND Firm's pane Proparer's LIND Firm's pane Proparer's LIND Firm's Pane Print Type Pri		13	Grant	s and similar amounts paid (Part IX, column (A), lines 1-3)			15,10	9.	3	6,186
16 a Professional fundraising fees (Part IX, column (A), line 11e) NONE		14	Benef	its paid to or for members (Part IX, column (A), line 4)			NO	ONE		NON
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12. 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 31 Net assets or fund balances. Subtract line 21 from line 20. 32 Net assets or fund balances. Subtract line 21 from line 20. 33 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and be true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Print/Type preparer's name Preparer's signature Print/Type preparer's name SHAWNELL LINOT Firm's FIN Part A4-0160260	S	15	Salari	es, other compensation, employee benefits (Part IX, column (A), lines 5-10).			997,91	.1.	1,000	0,382
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12. 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 31 Net assets or fund balances. Subtract line 21 from line 20. 32 Net assets or fund balances. Subtract line 21 from line 20. 33 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and be true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Print/Type preparer's name Preparer's signature Print/Type preparer's name SHAWNELL LINOT Firm's FIN Part A4-0160260	use	16 a	Profes	ssional fundraising fees (Part IX, column (A), line 11e)			NO	ONE		NON
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12. 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 31 Net assets or fund balances. Subtract line 21 from line 20. 32 Net assets or fund balances. Subtract line 21 from line 20. 33 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and be true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Print/Type preparer's name Preparer's signature Print/Type preparer's name SHAWNELL LINOT Firm's FIN Part A4-0160260	xbe	l								
Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1,828,742. 1,993, Revenue less expenses. Subtract line 18 from line 12 -237,302. 415, Beginning of Current Year End of Year Subtract line 18 from line 12 -237,302. 415, Beginning of Current Year End of Year Current Year Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and be true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Print/Type preparer's name Preparer's signature Date SHAWNELL LINOT Firm's page Proparer Signature Firm's page Proparer S	Ш	17	Other				815,72	22.	950	6,652
19 Revenue less expenses. Subtract line 18 from line 12		18					1,828,74	2.	1,993	3,220
Beginning of Current Year End of Year							-237,30	2.		5,655
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and be true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here Print/Type or print name and title Preparer's signature SHAWNELL LINOT Preparer's signature SHAWNELL LINOT Firm's name FORMUS LILD FIRMUS LILD FIRMUS LILD FIRMUS LILD FIRM'S LIND FIRMUS LILD FIRMUS LILD FIRMUS LILD FIRMUS LILD FIRM'S LIND FIRMUS LILD FIRMUS LILD FIRM'S LIND FIRMUS LILD FIRM'S LIND FIRM'S LIND	o s			·						
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and be true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here Print/Type or print name and title Preparer's signature SHAWNELL LINOT Preparer's signature SHAWNELL LINOT Firm's name FORMUS LILD FIRMUS LILD FIRMUS LILD FIRMUS LILD FIRM'S LIND FIRMUS LILD FIRMUS LILD FIRMUS LILD FIRMUS LILD FIRM'S LIND FIRMUS LILD FIRMUS LILD FIRM'S LIND FIRMUS LILD FIRM'S LIND FIRM'S LIND	sets	20	Total a	assets (Part X, line 16)		_	6,513,74	5.	7,351	1,189
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and be true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here Print/Type or print name and title Preparer's signature SHAWNELL LINOT Preparer's signature SHAWNELL LINOT Firm's name FORMUS LILD FIRMUS LILD FIRMUS LILD FIRMUS LILD FIRM'S LIND FIRMUS LILD FIRMUS LILD FIRMUS LILD FIRMUS LILD FIRM'S LIND FIRMUS LILD FIRMUS LILD FIRM'S LIND FIRMUS LILD FIRM'S LIND FIRM'S LIND	ASS ABa	21				_	1,045,28	9.	1,39	 7,275
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and be true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here Print/Type or print name and title Preparer's signature SHAWNELL LINOT Preparer's signature SHAWNELL LINOT Firm's name FORMUS LILD FIRMUS LILD FIRMUS LILD FIRMUS LILD FIRM'S LIND FIRMUS LILD FIRMUS LILD FIRMUS LILD FIRMUS LILD FIRM'S LIND FIRMUS LILD FIRMUS LILD FIRM'S LIND FIRMUS LILD FIRM'S LIND FIRM'S LIND	E E									
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and be true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here Type or print name and title Print/Type preparer's name Preparer SHAWNELL LINOT Firm's name FORMIS LID FORMIS LID Form's page FORMIS LID FORMI		rt II								
Sign Here Signature of officer Type or print name and title Print/Type preparer's name SHAWNELL LINOT Firm's name FORMUS LID FIRMUS LID FIRM'S LID	Und	der pe	nalties o	of perjury, I declare that I have examined this return, including accompanying schedul	les and state	ements, a	and to the best of	my k	nowledge and I	belief, it is
Type or print name and title Print/Type preparer's name SHAWNELL LINOT Preparer Firm's name POPULS LID FIRM's name POPULS	true	e, corre	ct, and	complete. Declaration of preparer (other than officer) is based on all information of whic	ch preparer h	nas any ki	nowledge.			
Type or print name and title Print/Type preparer's name SHAWNELL LINOT Preparer Firm's name POPULS LID FIRM's name POPULS										
Type or print name and title Print/Type preparer's name Print/Type preparer's name SHAWNELL LINOT Firm's name FORMUS LILD FIRMUS			5	Signature of officer			Date			
Print/Type preparer's name Print/Type preparer's name Preparer Print/Type preparer's name Preparer's signature Date Check if PTIN self-employed P01663908 Firm's name FORMS LLD Firm's name FORMS LLD	Hei	re								
Paid Preparer SHAWNELL LINOT SIGNATURE SIN \$\infty \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			Ī	ype or print name and title						
Preparer SHAWNELL LINOT 10/21/22 self-employed P01663908			Print/	Type preparer's name Preparer's signature	Date		Check	if P	TIN	
Freparer Firm's name > FORVIS T.I.D Firm's name A4-0160260	Paid	ı	SHAT	WNELL LINOT Manual Sumato	10/2	1/22			P01663908	3
Hea Only Time teams F Total VID HELL				5/100	1 ± 0 / 2	/				
Use Only Firm's address ► 1551 N WATERFRONT PKWY, STE 300 WICHITA, KS 67206-6601 Phone no. 316-265-281	Use	Only			501					
May the IRS discuss this return with the preparer shown above? See instructions	Mav	/ the								No
For Paperwork Reduction Act Notice, see the separate instructions.							<u> </u>			

Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

	form, visit www.irs.gov/e-file-providers/e-file-f			inductions). For more deta	ilis on th	e electronic
Automatic	6-Month Extension of Time. Only submi	it original	(no copies needed).			
-	ons required to file an income tax return oth rm 7004 to request an extension of time to fil		•	20-C filers), partnerships	, REMIC	s, and trusts
Type or	Name of exempt organization or other filer, see in	structions.		Taxpayer identification num	ber (TIN)	
print File by the	QUIVIRA COUNCIL, BOY SCOUTS OF Number, street, and room or suite no. If a P.O. box			23-7147508		
due date for filing your return. See instructions.	3247 N OLIVER City, town or post office, state, and ZIP code. For WICHITA, KS 67220	a foreign ad	dress, see instructions.			
Enter the Re	turn Code for the return that this application	is for (file	a separate application fo	or each return)		0 1
Application		Return	Application			Return
Is For		Code	Is For			Code
	Form 990-EZ	01	Form 1041-A			08
Form 4720 (,	03	Form 4720 (other tha	n individual)		09
Form 990-PF		04	Form 5227			10
	(sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 990-1	(trust other than above)	06 07	Form 8870			12
Telephone If the orga If this is for	are in the care of ► KEITH HOWELL 3247 N OLIVER WI 2 No. ► 316 264-3386 Anization does not have an office or place of I are a Group Return, enter the organization's for E group, check this box a names and TINs of all members the extensi	ousiness in ur digit Gro it is for pa	Fax No. ► the United States, chec oup Exemption Number (GEN) 1761	. If t	his is
	st an automatic 6-month extension of time ur		11/15 , 202	2 , to file the exempt of	rganizat	ion return
▶ x	organization named above. The extension is calendar year 2021 or tax year beginning			, 20)	
C	hange in accounting period					
nonrefu	application is for Forms 990-PF, 990-T, undable credits. See instructions.			3	a \$	NONE
estimat	application is for Forms 990-PF, 990-T, sed tax payments made. Include any prior yea e due. Subtract line 3b from line 3a. Inc	r overpayn	nent allowed as a credit	. 3	b \$	NONE
using E	FTPS (Electronic Federal Tax Payment Systen	n). See inst	ructions.	3	c \$	NONE for normant
instructions.	u are going to make an electronic funds withdrawa	ai (direct de	DIL) WILLI LIUS FORM 8868,	See FUIII 6453-IE and Forn	1 8879-11	. ,

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8868** (Rev. 1-2022)

Pa	Part III Statement of Program Service Accomplishments	
		any line in this Part III
1	,	
	THE CORPORATION SHALL PROMOTE, WITHIN THE	
	CHARTER FROM TIME TO TIME GRANTED IT BY T	
	AND IN ACCORDANCE WITH THE CONGRESSIONAL	
_	AND REGULATIONS OF (CONTINUED ON SCHEDULE	
2	3 7 3 1 3	
	prior Form 990 or 990-EZ?	Yes X No
•	If "Yes," describe these new services on Schedule O.	and the second for the second section of the section of the second section of the second section of the second section of the section of the second section of the section of
3	5 · · · · · · · · · · · · · · · · · · ·	
	services?	res 🛕 NO
4	_	ents for each of its three largest program services, as measured by
-		e required to report the amount of grants and allocations to others,
	the total expenses, and revenue, if any, for each program serv	
4a	4a (Code:) (Expenses \$ 1,521,014. including g	rants of \$ 36,186.) (Revenue \$ 358,086.)
	COMPREHENSIVE CHARACTER DEVELOPMENT - MAI	
	FACILITIES AND PROVIDING SCOUTING AND OTH	
	WITHIN THE SOUTHEAST AND SOUTHCENTRAL KAN	
	INSTILL VALUES IN YOUNG PEOPLE, PREPARING	
	CHOICES. DURING 2021, COMPREHENSIVE CHARA	
	WERE DELIVERED TO PROGRAM BENEFICIARIES;	
	TRAINED IN YOUTH PROTECTION/LEADERSHIP TR	
4b	4b (Code:) (Expenses \$ including g	rants of \$) (Revenue \$)
_		
4c	4c (Code:) (Expenses \$including g	rants of \$) (Revenue \$)
4 ~1	Ad Other program carvings (Describe on Schodule O.)	
40	4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$
46	4e Total program service expenses 1 521 014) (independe ϕ

Form 990 (2021)

Page 3

Page 1

Part	Checklist of Required Schedules		V	NI-
	1 (1		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	X	
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	_		3.5
4	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			3.7
E	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5		5		3.7
6	assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	3		X
O	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	•		Λ
'	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</i> "Yes,"			
0	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			- 71
J	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
. •	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	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? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII.	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b		v
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	140		X
13	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	13		- 71
	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			- 21
••	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			-27
. •	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
-	If "Yes," complete Schedule G, Part III	19		Х
20 a	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

Page 4

Form 9	990 (2021)		F	⊃age 4
Part	Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	00		
23	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	X	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
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		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	250		37
h	transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	25a		Х
	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? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these	27		37
28	persons? If "Yes," complete Schedule L, Part III	27		X
20	Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? <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	20		37
31	conservation contributions? <i>If "Yes," complete Schedule M</i> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	30		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes,"</i>	31		21
-	complete Schedule N, Part II.	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34	X	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	000		21
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
D-	19? Note: All Form 990 filers are required to complete Schedule O	38	Х	
Part				
	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			
	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	X	

Form	990 (2021)		F	Page 5
Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 63			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
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		X
b	If "Yes," enter the name of the foreign country ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
ба	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	62		v
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or	6b		
7	gifts were not tax deductible?	UD		
7	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
а	and services provided to the payor?	7a	х	
h	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
·	required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
		7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders			
	Gross income from members or shareholders			
ь	against amounts due or received from them.)			
122	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	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			
14 a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any	47		
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		

Sect	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	-		
b	Enter the number of voting members included on line 1a, above, who are independent 1b 46			
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
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?	6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a	Χ	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b	Χ	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	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? If "Yes," provide the names and addresses on Schedule O	9		X
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	Χ	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	X	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	Χ	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe on Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	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		
	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website Upon request Other (explain on Schedule O)	•		
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of and financial statements available to the public during the tax year.	f inter	est p	olicy,
20	State the name, address, and telephone number of the person who possesses the organization's books and record KEITH HOWELL 3247 N OLIVER WICHITA, KS 67220	ls ▶		

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

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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.s
- 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.

Control per work Position Componential per work Position Component					(0	C)					
Column C	(A)	(B)			Pos	ition			(D)	(E)	(F)
OFFICE Post Provided Componentation Post Post	Name and title	Average	(do not check more than one					one	Reportable	Reportable	Estimated amount
Clistary Properties Prope			1 ' '						'	· ·	
(1) BRIAN NASTASE		1 '			_	_		ŕ			· ·
(1) BRIAN NASTASE		1 '	Indi or d	Insti	Offic	E _y	High	Fom		,	
(1) BRIAN NASTASE		related	/idua	tutic	ĕ	emp	lest	ner	1099-NEC)	1099-NEC)	related organizations
(1) BRIAN NASTASE		"	or tr	nal		loye	e 00 m				
(1) BRIAN NASTASE			ıste	trus		ě	pen				
(1) BRIAN NASTASE		451154 11115)	O O	ee			sate				
SCOUT EXECUTIVE											
C2 PAUL ATTWATER, III	(1) BRIAN NASTASE	60.00									
BOARD MEMBER	SCOUT EXECUTIVE	NONE			Х				167,467.	NONE	49,484.
Column C	(2) PAUL ATTWATER, III	4.00									
BOARD MEMBER	BOARD MEMBER	NONE	Х						NONE	NONE	NONE
CA DEREK CASEY	(3) BRADLY BECHTEL	4.00									
BOARD MEMBER/LEGAL COUNCIL NONE X X NONE NONE NONE	BOARD MEMBER	NONE	X						NONE	NONE	NONE
C5 BRETT CHUGG	(4) DEREK CASEY	4.00									
BOARD MEMBER	BOARD MEMBER/LEGAL COUNCIL	NONE	X		Х				NONE	NONE	NONE
Column	(5) BRETT CHUGG	4.00									
NONE	BOARD MEMBER	NONE	Х						NONE	NONE	NONE
A	(6) JULIE DALTON	4.00									
BOARD MEMBER	BOARD MEMBER	NONE	X						NONE	NONE	NONE
A	(7) JOHN DAVIS	4.00									
BOARD MEMBER/VP NOMINATING NONE X X NONE NONE NONE	BOARD MEMBER	NONE	X						NONE	NONE	NONE
MARK DOUGLASS	(8) JEFF DEGRAFFENREID	4.00									
BOARD MEMBER	BOARD MEMBER/VP NOMINATING	NONE	X		Х				NONE	NONE	NONE
(10) JAMES HAND 4.00 BOARD MEMBER NONE X (11) DEVIN HANSEN 4.00 BOARD MEMBER NONE X (12) WYATT HOCH 4.00 BOARD MEMBER NONE X (13) LYNETTE JURESIC 4.00 BOARD MEMBER/VP DISTRICT OPS. NONE X (14) WARREN MCCOSKEY 4.00 BOARD MEMBER/VP PROPERTIES NONE X NONE X NONE NONE NONE NONE	(9) MARK DOUGLASS	4.00									
BOARD MEMBER NONE X NONE NONE NONE (11) DEVIN HANSEN 4.00 X NONE	BOARD MEMBER	NONE	X						NONE	NONE	NONE
(11) DEVIN HANSEN 4.00 BOARD MEMBER NONE X (12) WYATT HOCH 4.00 BOARD MEMBER NONE X (13) LYNETTE JURESIC 4.00 BOARD MEMBER/VP DISTRICT OPS. NONE X (14) WARREN MCCOSKEY 4.00 BOARD MEMBER/VP PROPERTIES NONE X NONE X NONE NONE NONE NONE	(10) JAMES HAND	4.00									
BOARD MEMBER NONE X NONE NONE NONE (12) WYATT HOCH 4.00 X NONE	BOARD MEMBER	NONE	X						NONE	NONE	NONE
(12) WYATT HOCH 4.00 BOARD MEMBER NONE X NONE NONE <td>(11) DEVIN HANSEN</td> <td>4.00</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	(11) DEVIN HANSEN	4.00									
BOARD MEMBER NONE X NONE NONE NONE (13) LYNETTE JURESIC 4.00 BOARD MEMBER/VP DISTRICT OPS. NONE X X NONE NONE NONE (14) WARREN MCCOSKEY 4.00 BOARD MEMBER/VP PROPERTIES NONE X X NONE NONE NONE	BOARD MEMBER	NONE	X						NONE	NONE	NONE
(13) LYNETTE JURESIC 4.00 BOARD MEMBER/VP DISTRICT OPS. NONE X X NONE NONE NONE (14) WARREN MCCOSKEY 4.00 BOARD MEMBER/VP PROPERTIES NONE X X NONE NONE NONE	(12) WYATT HOCH	4.00									
BOARD MEMBER/VP DISTRICT OPS. NONE X X NONE NONE NONE (14) WARREN MCCOSKEY 4.00 BOARD MEMBER/VP PROPERTIES NONE X X NONE NONE NONE	BOARD MEMBER	NONE	X						NONE	NONE	NONE
(14) WARREN MCCOSKEY 4.00 NONE X X NONE NONE NONE	(13) LYNETTE JURESIC	4.00									
BOARD MEMBER/VP PROPERTIES NONE X X NONE NONE NONE	BOARD MEMBER/VP DISTRICT OPS.	NONE	Х		Х				NONE	NONE	NONE
	(14) WARREN MCCOSKEY	4.00									
	BOARD MEMBER/VP PROPERTIES	NONE	X		Х				NONE	NONE	

Form **990** (2021)

Name and title	Part VII Section A. Officers, Directors, (A)			رد.م.	(C)		9	(D)		· · · · · · · · · · · · · · · · · · ·
Double D										
Compensation Comp	rumo ana tito	1	(do ı				one			
Parkick Park		, ,			•					
15 PATRICK REILLY										•
15 PATRICK REILLY			di Vi	stitu	ffice	ighe mplo ev e	orm	_	(W-2/1099-MISC)	
15 PATRICK REILLY			dual	l tion	٦ ١	st co	4	(** 2,1000 **********************************		
15 PATRICK REILLY		line)	rtrus	a tr		omp				organizations
15 PATRICK REILLY			tee	uste		ensa				
BOARD MEMBER NONE X NONE N				0		ated				
16 CHRIS STEINCAMP	15) PATRICK REILLY	4.00								
BOARD MEMBER/PRESIDENT NONE X X NONE NONE NONE NONE NONE NONE	BOARD MEMBER	NONE	X					NONE	NONE	NONE
17) HEATHER BLANKINSHIP 4.00	16) CHRIS STEINCAMP	4.00								
BOARD MEMBER / COUNCIL COMMISS. NONE X X NONE NONE NONE NONE 18) BRIAN BURRUS 4.00 BOARD MEMBER NONE X NONE NONE NONE NONE NONE NONE NO	BOARD MEMBER/PRESIDENT	NONE	X		X			NONE	NONE	NONE
18 BRIAN BURRUS	17) HEATHER BLANKINSHIP	4.00								
BOARD MEMBER NONE X NONE NONE NONE 19) PAUL CLARK 4.00	BOARD MEMBER/COUNCIL COMMISS.	NONE	X		X			NONE	NONE	NONE
19) PAUL CLARK BOARD MEMBER NONE X NONE X NONE NONE NONE 20) ADAM DUNN 14.00 BOARD MEMBER NONE X NONE NONE NONE 21) ELAINE HARRINGTON BOARD MEMBER/VP MEMBERSHIP NONE X NONE NONE NONE 22) TIM NELSON BOARD MEMBER/VP MEMBERSHIP NONE X NONE NONE NONE 23) BEN CROUCH 24.00 BOARD MEMBER NONE X NONE NONE NONE 24) RICHARD EGELHOF BOARD MEMBER NONE X NONE NONE NONE 25) KEITH HAMILTON 16 NONE X NONE NONE NONE 25) KEITH HAMILTON 17 NONE X NONE NONE NONE 26 NONE 27 NONE NONE 28 NONE NONE 29 NONE NONE 29 NONE NONE 20 NONE NONE 20 NONE NONE 21 NONE NONE 22 NONE NONE 23 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual		4.00	_							
BOARD MEMBER			X					NONE	NONE	NONE
20) ADAM DUNN A . 00 BOARD MEMBER NONE X NONE NONE NONE 1) ELAINE HARRINGTON BOARD MEMBER/VP MEMBERSHIP NONE X NONE NONE NONE 22) TIM NELSON BOARD MEMBER/TREASURER NONE X NONE NONE NONE 3) BEN CROUCH BOARD MEMBER NONE X NONE NONE NONE 24, 100 BOARD MEMBER NONE X NONE NONE NONE 24) RICHARD EGELHOF BOARD MEMBER NONE X NONE NONE NONE BOARD MEMBER NONE X NONE NONE NONE 167,467. NONE 167,467. NONE 167,467. NONE 167,467. NONE 167,467.		+	-							
BOARD MEMBER NONE X NONE NONE NONE 21) ELAINE HARRINGTON 4 . 00 NONE X X NONE NONE NONE BOARD MEMBER/VP MEMBERSHIP NONE X X NONE NONE NONE 22) TIM NELSON 4 . 00 NONE X X NONE NONE NONE BOARD MEMBER/TREASURER NONE X X NONE NONE NONE BOARD MEMBER NONE X NONE NONE NONE BOARD MEMBER/VP DEVELOPMENT NONE X X NONE NONE NONE BOARD MEMBER/VP DEVELOPMENT NONE X X NONE NONE NONE BOARD MEMBER/VP DEVELOPMENT NONE X X NONE NONE NONE BOARD MEMBER/VP DEVELOPMENT NONE X X NONE NONE NONE BOARD MEMBER NONE NONE NONE NONE BOARD MEMBER NONE NONE NONE NONE BOARD MEMBER NONE NONE NONE BOARD MEMBER NONE NONE NONE BOARD MEMBER NONE NONE NONE NONE BOARD MEMBER NONE NONE NONE NONE BOARD MEMBER NONE NONE NONE NONE NONE BOARD MEMBER NONE NONE			X				-	NONE	NONE	NONE
21) ELAINE HARRINGTON 4.00 BOARD MEMBER/VP MEMBERSHIP NONE X X NONE NONE NONE NONE NONE 22) TIM NELSON 4.00 BOARD MEMBER/TREASURER NONE X X NONE NONE NONE NONE NONE NONE		+								
BOARD MEMBER/VP MEMBERSHIP NONE X X NONE NONE NONE 22) TIM NELSON 4.00 BOARD MEMBER/TREASURER NONE X X NONE NONE NONE NONE NONE NONE			X				+	NONE	NONE	NONE
22) TIM NELSON		+	1,,		,,			NONE	NONE	NONE
BOARD MEMBER / TREASURER NONE X X NONE NONE 23) BEN CROUCH 4.00 BOARD MEMBER NONE X NONE NONE NONE 24) RICHARD EGELHOF 4.00 BOARD MEMBER NONE X NONE NONE NONE BOARD MEMBER NONE X NONE NONE NONE BOARD MEMBER / VP DEVELOPMENT NONE X X NONE NONE NONE BOARD MEMBER / VP DEVELOPMENT NONE X X NONE NONE NONE C Total from continuation sheets to Part VII, Section A NONE NONE NONE d Total (add lines 1b and 1c) 167,467 NONE 49,484 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization of individual Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual Total number of individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual Total number of individual listed on line 1a receive or accrue compensation from any unrelated organization or individual			X		<u> </u>			NONE	NONE	NONE
23 BEN_CROUCH 4.00 NONE NONE NONE NONE		+			v			NONE	NTONIE	NONE
BOARD MEMBER NONE X NONE NONE NONE 24) RICHARD EGELHOF 4.00 BOARD MEMBER NONE X NONE NONE NONE NONE NONE NONE NO	22 / DEM CDOLIGII	4 00	Λ		^+		+	NONE	NONE	NONE
24) RICHARD EGELHOF 4.00 BOARD MEMBER NONE X NONE NONE NONE 25) KEITH HAMILTON 4.00 BOARD MEMBER/VP DEVELOPMENT NONE X X NONE NONE NONE 1b Sub-total 167,467. NONE 49,484. c Total from continuation sheets to Part VII, Section A NONE NONE NONE NONE NONE NONE NONE NO		+	v					NONE	NONE	NONE
BOARD MEMBER NONE X NONE NONE NONE 25) KEITH HAMILTON 4.00 BOARD MEMBER/VP DEVELOPMENT NONE X X NONE NONE NONE 16 Sub-total 167,467 NONE 49,484 16 Total from continuation sheets to Part VII, Section A NONE NONE NONE 16 Total (add lines 1b and 1c) 167,467 NONE 49,484 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 1 Yes No 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual			21					IVOIVE	NONE	NONE
25) KEITH HAMILTON 4.00 BOARD MEMBER/VP DEVELOPMENT NONE X X NONE NONE NONE 1b Sub-total C Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)		+	x					NONE	NONE	NONE
BOARD MEMBER/VP DEVELOPMENT NONE X X NONE NONE NONE 1b Sub-total c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c). Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 1 Yes No 1 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual								110112	1,01,1	
to Total from continuation sheets to Part VII, Section A Total (add lines 1b and 1c). Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual		+	X		x			NONE	NONE	NONE
total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual			1				_	167,467.		
d Total (add lines 1b and 1c). 167,467. NONE 49,484. Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 1 Yes No Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	c Total from continuation sheets to Part VII	I, Section A					•	NONE	NONE	NONE
reportable compensation from the organization ▶ 1 1 Yes No 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual							>	167,467.	NONE	49,484.
Yes No 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual			hose	listed	labo	ove) wh	o re	ceived more than	\$100,000 of	
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	reportable compensation from the organiza	ation >				1				
employee on line 1a? If "Yes," complete Schedule J for such individual										Yes No
 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual										
organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	employee on line 1a? If "Yes," complete Sch	nedule J for su	ch ina	lividu	al .					3
individual	4 For any individual listed on line 1a, is the	ne sum of rep	ortab	ole co	omp	ensatio	n a	nd other compens	sation from the	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual										
										4
										-

Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax

(A) Name and business address	(B) Description of services	(C) Compensation

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶

Part VII Section A. Officers, Directors, Tr	ustees, Ke	y En	plo	ye	es,	and I	lig	hest Compensat	ed Employees (d	continued)
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	١,,			sition			Reportable	Reportable	Estimated
	hours per week (list any	١,				e than o is both		compensation	compensation from	amount of other
	hours for					tor/trust		from the	related organizations	compensation
	related	Ind or a	Ins	Off	Kej	Hig em	For	organization	(W-2/1099-MISC)	from the
	organizations	ividu	titut	Officer	/ em	hes	Former	(W-2/1099-MISC)	,	organization
	below dotted line)	tor t	Institutional		Key employee	ee t cor				and related organizations
	,	Individual trustee or director	큠		/ee	npe				3
		e	trustee			Highest compensated employee				
(06) PPAD DATMONAUD	4 00					ed.				
(26) BRAD PAINCHAUD	4.00			3.7				NONE	NONE	NONE
BOARD MEMBER/VP MARKETING	NONE	X		X				NONE	NONE	NONE
(27) BRIAN WITHROW	4.00	3.7						NONE	NONE	NONE
BOARD MEMBER	NONE	X						NONE	NONE	NONE
(<u>28) ROGER DARROW</u> BOARD MEMBER/VP PROGRAM	<u>4.00</u> NONE	X		Х				NONE	NONE	NONE
(29) PAUL FOWLER	4.00	Λ		Λ				NONE	NONE	NONE
BOARD MEMBER	NONE	X						NONE	NONE	NONE
(30) SARAH HAMPTON	4.00	Λ.						NOINE	NONE	NONE
BOARD MEMBER	NONE	X						NONE	NONE	NONE
(31) KAIL DENISON	4.00	21						110111	110111	110111
BOARD MEMBER	NONE	X						NONE	NONE	NONE
(32) JOSH GORDON	4.00							1101112	110112	110111
BOARD MEMBER	NONE	Х						NONE	NONE	NONE
(33) TED VLAMIS	4.00									
BOARD MEMBER	NONE	Х						NONE	NONE	NONE
(34) REGINALD DAVIDSON	4.00									
BOARD MEMBER	NONE	Х						NONE	NONE	NONE
(35) JAMES GING	4.00									
BOARD MEMBER	NONE	X						NONE	NONE	NONE
(36) GERALD GRUNEWALD	4.00									
BOARD MEMBER	NONE	X						NONE	NONE	NONE
1b Sub-total							\blacktriangleright			
c Total from continuation sheets to Part VII, S	-		-				>			
d Total (add lines 1b and 1c)							>			
2 Total number of individuals (including but not		hose	liste	d al	bov	e) who	o re	eceived more than	\$100,000 of	
reportable compensation from the organizatio	n ▶									1 1
										Yes No
3 Did the organization list any former office	er, directo	or, or	tru	uste	e,	key e	emp	oloyee, or highes	t compensated	
employee on line 1a? If "Yes," complete Sched										3
4 For any individual listed on line 1a, is the	sum of rep	ortab	le d	com	per	satio	n a	nd other compens	sation from the	
organization and related organizations gr								•		
individual										4
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Y										5
Section B. Independent Contractors	es, comple	10 OCT	ieul	iie J	, 101	SUCII	ρei	ouii		
Complete this table for your five highest com	nensated i	ndene	ende	ent i	COn	tracto	rs t	that received more	than \$100 000 c	ıf
compensation from the organization. Report of										

year.

(A) Name and business address	(B) Description of services	(C) Compensation

² Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶

Part VII Section A. Officers, Directors,	Trustees, Ke	y En	nplo	ye	es,	and I	lig	hest Compensat	ed Employees (Page 8
(A)	(B)			((C)			(D)	(E)	(F)	
Name and title	Average	(4-			sition			Reportable	Reportable	Estimate	
	hours per week (list any	,				e than o is both		compensation from	compensation from related	amount of other	DΪ
	hours for	office	er and	dad	direc	tor/trust	ee)	the	organizations	compensat	
	related organizations	Individual trustee or director	Institutional	Officer	Key employee	Highest co employee	Former	organization	(W-2/1099-MISC)	from the organization	
	below dotted	ridua	tutio	ĕ	emp	est o	Jef	(W-2/1099-MISC)		and relate	
	line)	or tru	nal t		loye	e				organizatio	ons
		stee	trustee		0	bens					
			ee			compensated					
37) VENUS LEE	4.00										
BOARD MEMBER	NONE	X						NONE	NONE		NONE
38) CHRIS MADSEN	$ \frac{4.00}{}$	4									
BOARD MEMBER	NONE	X						NONE	NONE		NONE
39) MARK QUAYLE	$$ $\frac{4.00}{0}$	-									
BOARD MEMBER	NONE	X						NONE	NONE		NONE
40) JOSH WELLER	4.00										
BOARD MEMBER/ASST. TREASURER	NONE	X		Х				NONE	NONE	3	NONE
41) JOHN GARVEY	4.00										
BOARD MEMBER	NONE	X						NONE	NONE		NONE
42) CHARLES GRIER	$-\frac{4.00}{NONE}$	- ,,						NONE	1 1015		NONTE
BOARD MEMBER	NONE	X						NONE	NONE	1	NONE
43) WARNER HARRISON	4.00 NONE	- v						NONE	NONE		NT ONTE
BOARD MEMBER 44) ANTHONY MADRIGAL	4.00	X						NONE	NONE	1	NONE
BOARD MEMBER	NONE	X						NONE	NONE		NONE
BOARD MEMBER	NONE	- 1						NONE	I INOINE	-	11/01/1
	†	1									
		1									
1b Sub-total	1										
c Total from continuation sheets to Part VII	, Section A						•				
d Total (add lines 1b and 1c)											
2 Total number of individuals (including but n							o re	eceived more than	\$100,000 of		
reportable compensation from the organiza	tion >										
										Yes	No
3 Did the organization list any former o	fficer, directo	or, or	tru	ıste	e,	key e	mp	oloyee, or highes	t compensated		
employee on line 1a? If "Yes," complete Sch	edule J for su	ch ina	lividu	ual						3	X
4 For any individual listed on line 1a, is th	e sum of re	oortab	ole d	com	per	nsation	n a	nd other compens	sation from the		
organization and related organizations											
individual										4 X	
5 Did any person listed on line 1a receive											
for services rendered to the organization? If	"Yes," comple	te Scl	hedu	ıle J	J for	such	per	rson		5	X
Section B. Independent Contractors											
1 Complete this table for your five highest of											
compensation from the organization. Repo	π compensati	on for	r the	ca	ilen	ar ye	ar e	ending with or with	nin the organization	n's tax	
year.									I		
(A)								(B)		(C)	

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► NONE

Part VIII Statement of Revenue

		Check if Schedule O contains a response	onse or note to ar	ny line in this Part V	/		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts	1a	Federated campaigns 1a	88,135.				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues					
	С	Fundraising events 1c	659,283.				
	d	Related organizations 1d	21,987.				
<u>ia</u> i⊆	е	Government grants (contributions) 1e	274,996.				
Sin	f	All other contributions, gifts, grants,					
er S	-	and similar amounts not included above . 1f	864,566.				
ğğ	g	Noncash contributions included in	-				
at o	9	lines 1a-1f 1g	\$ 14,284.				
a C	h			1,908,967.			
		Total / No. 11 1 1 1 1 1 1 1 1 1	Business Code	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
ġ.	0-	CAMPING REVENUE	713990	289,134.	289,134.		
Program Service Revenue	2a	ACTIVITY REVENUE	713990	66,985.	66,985.		+
Sel	b	TOTTVITT REVENOE	713330	00,303.	00,303.		+
필	C						_
gra	d						+
o.	е						+
-	f	All other program service revenue		256 110			
	g	Total. Add lines 2a-2f		356,119.			
	3	Investment income (including dividends,	_	22.425			20.405
		other similar amounts)		31,496.			31,496.
	4	Income from investment of tax-exempt bon	•	NONE			
	5	Royalties		NONE			
		(i) Real	(ii) Personal				
	6a	Gross rents 6a					
	b	Less: rental expenses 6b					
	С	Rental income or (loss) 6c NON	NONE NONE				
	d	Net rental income or (loss)	<u> </u>	NONE			
	7a	Gross amount from (i) Securities	(ii) Other				
		sales of assets					
		other than inventory 7a 456,952	12,500.				
ā	b	Less: cost or other basis					
en		and sales expenses 7b 382,944	1. 14,875.				
Revenue	С	Gain or (loss) 7c 74,008	-2,375.				
	d	Net gain or (loss)	<u> </u>	71,633.			71,633.
Other	8a	Gross income from fundraising					
Ó		events (not including \$659,283.					
		of contributions reported on line					
		1c). See Part IV, line 18	697,375.				
	b	Less: direct expenses 8b					
	C	Net income or (loss) from fundraising events	•	-14,422.			-14,422.
	9a	Gross income from gaming					
	Ja	activities. See Part IV, line 19 9a	NONE				
	b	Less: direct expenses 9b					
	C	Net income or (loss) from gaming activities		NONE			
				-			
	10a	Gross sales of inventory, less returns and allowances 10a	1,967.				
	1		•				
	b	Less: cost of goods sold Net income or (loss) from sales of inventory	<u> </u>	1,967.	1,967.		
			Business Code	1,507.	1,507.		
Snc (COUNCIL GENERAL	900099	31,248.			31,248.
Miscellaneous Revenue	11a	- GENERAL	300033	51,248.			31,248.
Ver	b	-					+
Re	c		000000	01 055			0.7 0.5
Ĕ	d	All other revenue	900099	21,867.			21,867.
		Total Add lines 11a-11d		53,115.			
JSA	12	Total revenue. See instructions	<u> </u>	2,408,875.	358,086.		141,822.
1E105			06	. 155 000555	0005500		Form 990 (2021)
	14	77FM K932 10/19/2022 12:21:	26 V21-7.2F	155-0085690	-0085690		13

Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a response or note to any line in this Part IX									
	not include amounts reported on lines 6b, 7b, 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			g						
•	and domestic governments. See Part IV, line 21	NONE								
2	Grants and other assistance to domestic									
_	individuals. See Part IV, line 22	36,186.	36,186.							
3	Grants and other assistance to foreign									
	organizations, foreign governments, and									
	foreign individuals. See Part IV, lines 15 and 16	NONE								
4	Benefits paid to or for members	NONE								
5	Compensation of current officers, directors,									
	trustees, and key employees	216,952.	197,426.	19,526.						
6	Compensation not included above to disqualified									
	persons (as defined under section 4958(f)(1)) and									
	persons described in section 4958(c)(3)(B)	NONE								
7	Other salaries and wages	591,749.	424,609.	144,432.	22,708.					
8	Pension plan accruals and contributions (include	67,806.	49,235.	16,119.	2,452.					
	section 401(k) and 403(b) employer contributions)									
9	Other employee benefits	55,999.	37,526.	15,831.	2,642.					
10	Payroll taxes	67,876.	51,621.	14,259.	1,995.					
11	Fees for services (nonemployees):									
а	Management	NONE								
	Legal	NONE								
С	Accounting	48,694.		48,694.						
	Lobbying	NONE								
	Professional fundraising services. See Part IV, line 17	NONE								
f	Investment management fees	9,414.		9,414.						
g	Other. (If line 11g amount exceeds 10% of line 25, column									
	(A), amount, list line 11g expenses on Schedule O.)	31,562.	30,357.		1,205.					
12	Advertising and promotion	NONE								
13	Office expenses	152,876.	133,492.	15,704.	3,680.					
14	Information technology	NONE								
15	Royalties	NONE								
16	Occupancy	90,246.	77,565.	12,361.	320.					
17	Travel	61,181.	48,680.	12,376.	125.					
18	Payments of travel or entertainment expenses									
	for any federal, state, or local public officials	NONE								
19	Conferences, conventions, and meetings	18,082.	14,827.	2,625.	630.					
20	Interest	21,106.	16,252.	4,817.	37.					
21	Payments to affiliates	26,488.	26,488.							
22	Depreciation, depletion, and amortization	298,790.	239,759.	59,031.						
23	Insurance	47,778.	40,204.	7,409.	165.					
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	RECOGNITION AWARDS	42,133.	3,191.	6,047.	32,895.					
b	EQUIPMENT RENTAL & MAINTENAN	31,377.	27,314.	4,048.	<u> </u>					
С	CAMP & ACTIVITY FEES	36,187.	36,187.	NONE	NONE					
d										
е	All other expenses	40,738.	30,095.	7,143.	3,500.					
	Total functional expenses. Add lines 1 through 24e	1,993,220.	1,521,014.	399,837.	72,369.					
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									
_	following SOP 98-2 (ASC 958-720)									
		<u> </u>			Form 990 (2021)					

Part X Balance Sheet

I all A	Check if Schedule O contains a response or note to any line in this Pa	art X		
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	269,307.	1	971,921.
2	Savings and temporary cash investments	102,758.	2	119,081.
3	Pledges and grants receivable, net	294,538.	3	412,251.
4	Accounts receivable, net	5,736.	4	42,442
5	Loans and other receivables from any current or former officer, director,			
	trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons	NONE	5	NONI
6	Loans and other receivables from other disqualified persons (as defined			
	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).	NONE	6	NONI
<u>ح</u> ا	Notes and loans receivable, net	NONE		NON!
Assets	Inventories for sale or use	9,746.	8	11,598
AS 9	Prepaid expenses and deferred charges	46,223.	9	57,218
_	Land, buildings, and equipment: cost or other	10,225		37,7223
	basis. Complete Part VI of Schedule D 10a 9,735,905.			
h	Less: accumulated depreciation	4,526,294.	100	4,295,615.
11	Investments - publicly traded securities	1,259,143.	11	1,441,063.
12	Investments - other securities. See Part IV, line 11	NONE		NONE
13	Investments - program-related. See Part IV, line 11.	NONE		NONI
14		NONE		
15	Intangible assets	NONE		NONI
	Other assets. See Part IV, line 11			NONI
16	Total assets. Add lines 1 through 15 (must equal line 33)	6,513,745.	16	7,351,189.
17	Accounts payable and accrued expenses	84,814.	17	57,036
18	Grants payable	NONE		NONI
19	Deferred revenue	45,610.	19	93,593
20	Tax-exempt bond liabilities	NONE		NONI
21	Escrow or custodial account liability. Complete Part IV of Schedule D	NONE	21	NONI
Liabilities 22	Loans and other payables to any current or former officer, director,			
<u> </u>	trustee, key employee, creator or founder, substantial contributor, or 35%			
ja L	controlled entity or family member of any of these persons	NONE		NONI
23	Secured mortgages and notes payable to unrelated third parties	795,296.	23	1,134,858.
24	Unsecured notes and loans payable to unrelated third parties	NONE	24	NON
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	119,569.	25	111,788.
26	Total liabilities. Add lines 17 through 25	1,045,289.	26	1,397,275.
Sec	Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.			
<u>ह</u> 27	Net assets without donor restrictions	3,968,039.	27	4,043,087.
<u>n</u> 28	Net assets with donor restrictions	1,500,417.	28	1,910,827.
Lund Balances 27 28	Organizations that do not follow FASB ASC 958, check here ▶ and complete lines 29 through 33.			
Assets or 29 31	Capital stock or trust principal, or current funds		29	
30	Paid-in or capital surplus, or land, building, or equipment fund		30	
31	Retained earnings, endowment, accumulated income, or other funds		31	
ਦ 31 ਙ 32	Total net assets or fund balances	5,468,456.	32	5,953,914.
32 33	Total liabilities and net assets/fund balances	6,513,745.	33	7,351,189.
33	retar nabilities and not accord/fully buildiness, [] [] [] [] [] [] [] []	0,513,743.	JJ	Form 990 (2021)

orm 95	30 (2021)				Pa	ge IZ
Part	XI Reconciliation of Net Assets					$\overline{}$
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u> .			
1	Total revenue (must equal Part VIII, column (A), line 12)	1				875
2	Total expenses (must equal Part IX, column (A), line 25)	2		1,9	93,	220
3	Revenue less expenses. Subtract line 2 from line 1	3		4	15,	655
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		5,4	68,	456
5	Net unrealized gains (losses) on investments	5			79,	217
6	Donated services and use of facilities	6				
7	Investment expenses	7			-9,	414
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10		5,9	53,	914
Part						
	Check if Schedule O contains a response or note to any line in this Part XII					
	<u>_</u>				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," ex	plain	on			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.		[2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were con	npiled	or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audi					
	separate basis, consolidated basis, or both:					
	Separate basis X Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	ersiaht	of			
	the audit, review, or compilation of its financial statements and selection of an independent accounta	_		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, ex					
	Schedule O.	•				
3 <i>a</i>	As a result of a federal award, was the organization required to undergo an audit or audits as set for	th in t	the			
	Single Audit Act and OMB Circular A-133?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	erao 1	the			
~	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a	•		3b		

Form **990** (2021)

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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

empt charitable trust.	20 21					
ion.	Open to Public Inspection					
Employer identification number						

QUI	IVI	RA COUNCIL, BOY SCOU	UTS OF AMERIC	CA, INC.			23-7	147508	
Pai	rt I	Reason for Public Cha	rity Status. (All	organizations must o	complet	e this p	art.) See instruction:	S.	
The	orga	anization is not a private fou	ndation because it	is: (For lines 1 throug	jh 12, ch	eck only	one box.)		
1	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).								
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)							
3		A hospital or a cooperative	hospital service o	rganization described i	n sectio	n 170(b)	(1)(A)(iii).		
4		A medical research organiz	ation operated in	conjunction with a hos	pital de	scribed in	n section 170(b)(1)(A)	(iii). Enter the	
		hospital's name, city, and st	ate:						
5		An organization operated f	for the benefit of	a college or universit	y owned	d or ope	erated by a governme	ental unit described in	
		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, state, or local go	vernment or gove	rnmental unit describe	d in sect	ion 170(b)(1)(A)(v).		
7	X	An organization that norma	ally receives a sub	stantial part of its su	pport fro	om a go	vernmental unit or fro	om the general public	
		described in section 170(b)	(1)(A)(vi). (Compl	ete Part II.)					
8		A community trust describe	ed in section 170(b	o)(1)(A)(vi). (Complete	Part II.)				
9		An agricultural research org					l in conjunction with a	land-grant college	
		or university or a non-land-	grant college of ac	riculture (see instruct	ions). Eı	nter the	name, city, and state o	f the college or	
		university:							
10		An organization that norma	lly receives (1) mo	ore than 331/3 % of its	support	from cor	ntributions, membersh	ip fees, and gross	
		receipts from activities rela support from gross investm	ted to its exempt f	functions, subject to co	ertain ex	ceptions	s; and (2) no more than	n 331/3 % of its	
		acquired by the organizatio	n after June 30. 1	975. See section 509 (a)(2). (0	Complete	e Part III.)	Dusinesses	
11		An organization organized a							
12		An organization organized a	and operated exclu	sively for the benefit o	f, to perf	form the	functions of, or to car	ry out the purposes of	
		one or more publicly suppor	rted organizations	described in section 5	09(a)(1)	or sect i	ion 509(a)(2). See sec	tion 509(a)(3). Check	
		the box on lines 12a throug	h 12d that describ	es the type of suppor	ting orga	anization	and complete lines 1	2e, 12f, and 12g.	
а		Type I. A supporting orga	anization operated	, supervised, or contro	olled by	its supp	orted organization(s),	typically by giving	
		the supported organization	on(s) the power to	regularly appoint or el	ect a ma	ajority of	f the directors or truste	es of the	
		_ supporting organization. \	ou must complet	e Part IV, Sections A	and B.				
b			anization supervise	ed or controlled in co	nnection	with its	supported organizati	on(s), by having	
		control or management o	of the supporting o	rganization vested in	the sam	e persor	ns that control or mar	age the supported	
	_	_ organization(s). You must	complete Part IV	, Sections A and C.					
С		oxdot Type III functionally integ	grated. A supporti	ng organization opera	ted in co	onnectio	n with, and functiona	lly integrated with,	
	_	_ its supported organization	n(s) (see instruction	s). You must comple	te Part I	V, Sectio	ons A, D, and E.		
d	L	Type III non-functionally	integrated. A sup	porting organization o	perated	in conn	ection with its suppor	ted organization(s)	
		that is not functionally inte	egrated. The orgar	nization generally mus	t satisfy	a distrib	oution requirement and	d an attentiveness	
	_	$_{ m ar{}}$ requirement (see instructi	•	=					
е	L	oxdot Check this box if the orga					• • • • • • • • • • • • • • • • • • • •	II, Type III	
	_	functionally integrated, or		ionally integrated sup	porting c	organizat	tion.		
Ţ		ter the number of supported						• • • • • • • • • • • • • • • • • • • •	
g		ovide the following information		` ` `	6-A		(a) A	(vi) A	
	(I) IN	ame of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	` '	organization ur governing	(v) Amount of monetary support (see	(vi) Amount of other support (see	
				above (see instructions))		ment?	instructions)	instructions)	
					Yes	No			
(A)									
(B)									
(C)									
(C)									
(D)									
(E)									
Tota	al								
								1	

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

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

Sec	Section A. Public Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total		
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	913,888.	1,059,074.	1,305,863.	1,186,811.	1,908,967.	6,374,603.		
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						NONE		
3	The value of services or facilities furnished by a governmental unit to the organization without charge						NONE		
4	Total. Add lines 1 through 3	913,888.	1,059,074.	1,305,863.	1,186,811.	1,908,967.	6,374,603.		
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)						22,815.		
6	Public support. Subtract line 5 from line 4						6,351,788.		
Sec	tion B. Total Support								
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total		
7	Amounts from line 4	913,888.	1,059,074.	1,305,863.	1,186,811.	1,908,967.	6,374,603.		
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	17,005.	14,343.	20,861.	17,974.	31,496.	101,679.		
9	Net income from unrelated business activities, whether or not the business is regularly carried on						NONE		
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	36,727.	19,265.	38,840.	35,041.	53,115.	182,988.		
11	Total support. Add lines 7 through 10						6,659,270.		
12	Gross receipts from related activities, etc. (s	ee instructions) .				12	2,602,120.		
13	First 5 years. If the Form 990 is for organization, check this box and stop here.								
Sec	tion C. Computation of Public Supp	oort Percentag	ge						
14	Public support percentage for 2021 (lir	ne 6, column (f)	, divided by line	11, column (f))		14	95.38 %		
15	Public support percentage from 2020	Schedule A, Pa	rt II, line 14			15	94.70 %		
16a	331/3% support test - 2021. If the org	janization did n	ot check the box	x on line 13, an	d line 14 is 33	1/3 % or more, ch	neck this		
	box and stop here. The organization qu	ualifies as a pub	licly supported of	organization			▶ X		
b	331/3% support test - 2020. If the org	anization did no	ot check a box o	n line 13 or 16a	a, and line 15 is	s 331/3 % or mor	e, check		
	this box and stop here. The organization	on qualifies as a	publicly suppor	ted organizatior	١		▶ □		
17a	10%-facts-and-circumstances test - 2	021. If the org	anization did no	ot check a box	on line 13, 16a	a, or 16b, and lii	ne 14 is		
	10% or more, and if the organization	meets the fac	cts-and-circumst	ances test, che	ck this box ar	nd stop here. Ex	xplain in		
	Part VI how the organization meets t	he facts-and-c	ircumstances te	st. The organiz	ation qualifies	as a publicly su	ipported		
	organization						▶ □		
b	10%-facts-and-circumstances test - 2 15 is 10% or more, and if the organiz	-							
	in Part VI how the organization meets					-	-		
	organization			•	•				
18	Private foundation. If the organization								
	instructions								

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						
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
	tion B. Total Support		I	T	T	T	I
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6						
10 a	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	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on.						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First 5 years. If the Form 990 is for	-			•		` ` ` `
	organization, check this box and stop here						▶
	tion C. Computation of Public Supp		•				
15	Public support percentage for 2021 (line 8,		-			15	%
16	Public support percentage from 2020 Sche					16	%
	tion D. Computation of Investmen					T 1	
17	Investment income percentage for 2021 (lin					17	%
18	Investment income percentage from 2020 S					18	%
19 a	331/3% support tests - 2021. If the or						
	17 is not more than 331/3 %, check this	-	-	•		•	
b	331/3% support tests - 2020. If the orga						. \square
	line 18 is not more than $331/3$ %, check		•				H-1
20	Private foundation If the organization of	did not check :	a hox on line '	14 19a or 19h	check this ho	y and see instru	ictions

JSA 1E1221 1.000

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

lines 3b and 3c below.

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.
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).
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer

- **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.
- **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.
- 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.
- **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.
- 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.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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.**
- 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).
- **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).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
 - **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- 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.**
- 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.
 - **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.)

		Yes	No
g y			
	1		
is ed			
	2		
er	3a		
d e	0.1		
	3b		
3)	3с		
If	4a		
n n	4b		
n ed 3)	40		
	4c		
," N n;			
n	Ea		
y	5a		
,	5b		
	5с		
o d or			
	6		
or y	7		
е	8		
e			
	9a		
h	9b		
	30		
it	9с		
n d			
ю	10a		
	10b		

Page 5 Schedule A (Form 990) 2021

				<u> </u>
Part	Supporting Organizations (continued)		V	NI -
44	Lies the experimetion accepted a gift or contribution from any of the following persons?		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
а	11c below, the governing body of a supported organization?	11a		
h	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c,</i>	110		
•	provide detail in Part VI.	11c		
Section	on B. Type I Supporting Organizations			
			Yes	No
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.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Saction	on C. Type II Supporting Organizations			
occii	or or Type in oupporting Organizations		Yes	Nο
4	Were a majority of the organization's directors or tructoes during the tax year also a majority of the directors		103	140
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).	1		
Section	on 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	on 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 ins	tructi	ons).	
а	The organization satisfied the Activities Test. Complete line 2 below.		•	
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	e instr	uctions	s).
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
u	the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify</i>			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described 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.	2b		
•		20		
3	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
~	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3h		

Schedule A (Form 990) 2021

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations		rage U
1 Check here if the organization satisfied the Integral Part Test as a qualifying			in in Part VI). See
instructions. All other Type III non-functionally integrated supporting organ			
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 current year is the organization's first as a non-functiona	lly integra	ted Type III supporting	g organization
(see instructions).			

Schedule A (Form 990) 2021

Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)		
Sect	ion D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported		
	organizations, in excess of income from activity	2	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4	Amounts paid to acquire exempt-use assets	4	
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5	
6	Other distributions (describe in Part VI). See instructions.	6	
7	Total annual distributions. Add lines 1 through 6.	7	
8	Distributions to attentive supported organizations to which the organization is responsive		
	(provide details in Part VI). See instructions.	8	
9	Distributable amount for 2021 from Section C, line 6	9	
10	Line 8 amount divided by line 9 amount	10	

Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
_1	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2021			
a	From 2016			
b	From 2017			
С	From 2018			
d	From 2019			
е	From 2020			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2021 distributable amount			
i	Carryover from 2016 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2021 distributable amount			
С	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2021, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2021. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2022. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2017			
b	Excess from 2018			
С	Excess from 2019			
d	Excess from 2020			
е	Excess from 2021			

Schedule A (Form 990) 2021

Schedule A (Form 990 or 990-EZ) 2021

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

SCHEDULE A, PART II - OTHER INCOM	E					
DESCRIPTION	2017	2018	2019	2020	2021	TOTAL
OTHER INCOME	36,727.	19,265.	38,840.	35,041.	53,115.	182,988.
TOTALS ==	36,727.	19,265.	38,840.	35,041.	53,115.	182,988.

Schedule B (Form 990)

Schedule of Contributors

Schedule of Contributors

OMB No. 1545-0047

2021

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-PF.

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

Employer identification number Name of the organization QUIVIRA COUNCIL, BOY SCOUTS OF AMERICA, INC 23-7147508 Organization type (check one): Filers of: Section: X Form 990 or 990-EZ 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** 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 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).

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

Schedule B (Form 990) (2021)

Name of organization
QUIVIRA COUNCIL, BOY SCOUTS OF AMERICA, INC.

Employer identification number
23-7147508

Part I	Contributors (see instructions). Use duplicate copie	es of Part I if additional space is no	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_		\$\$55,319.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$\$.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

Department of the Treasury

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.

2021
Open to Public Inspection

OMB No. 1545-0047

► Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Internal Revenue Service Name of the organization Employer identification number QUIVIRA COUNCIL, BOY SCOUTS OF AMERICA, INC. 23-7147508 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 (b) Funds and other accounts 1 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? Yes Nο Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used 6 only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Yes No Conservation Easements. Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 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 a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 Held at the End of the Tax Year easement on the last day of the tax year. 2a 2b 2c Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Yes Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 and section 170(h)(4)(B)(ii)? 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. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 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. 1a 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: 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:

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

Schedule D (Form 990) 2021

a Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection terms (check all that apply): a Public achibition b Scholarly research c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?	Pa	rt III Organizations Maintaini	ng Collections o	f Art, Histor	ical Treas	ures, or	Other	Similar Assets (continued)	
a Public exhibition de		<u> </u>	n, accession, and	other record	s, check a	ny of the	follow	ing that make sig	nificant use	of its
b Scholarly research e Other Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No Part XI is Ecrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1b Beginning balance Additions during the year. C Beginning balance 1 1e		collection items (check all that app	ly):							
c	а	Public exhibition		d	Loan or e	exchange	progran	n		
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?	b	Scholarly research		е	Other	_				
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?	С		rations							
No Part V Excrow and Custodial Arrangements. Yes No No Part XI Excrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV. line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Yes No No If "Yes," explain the arrangement in Part XIII and complete the following table: Beginning balance Telegraph Teleg	4			ns and explai	n how they	v further	the ord	anization's exemi	ot purpose ir	n Part
Part IV Escrow and Custodial Arrangements Secrow and Custodial arrangement Secrow and Custodial Secrow and Custodial arrangement Secrow and Custodial arrangement Secrow and Custodial arrangement Secrow and Custodial Secrow and Custodial arrangement Secrow and Custodial arrangement Secrow and Custodial arrangement Secrow and Custodial Secrow and Custodial arrangement Secrow and Custodial arrangement Secrow and Custodial arrangement Secrow and Custodial Secrow and Custodial arrangement Secrow and Custodial arrangement Secrow and Custodial arrangement Secrow and Custodial Secrow and Custodial arrangement Secrow and Custodial arrangement Secrow and Custodial arrangement Secrow and Custodial Secrow and Custodial arrangement Secrow and Custodial arrangement Secrow and Custodial arrangement Secrow and Custodial Secrow and Custodial arrangement Secrow an					•	,		'		
Part IV Escrow and Custodial Arrangements Secrow and Custodial arrangement Secrow and Custodial Secrow and Custodial arrangement Secrow and Custodial arrangement Secrow and Custodial arrangement Secrow and Custodial Secrow and Custodial arrangement Secrow and Custodial arrangement Secrow and Custodial arrangement Secrow and Custodial Secrow and Custodial arrangement Secrow and Custodial arrangement Secrow and Custodial arrangement Secrow and Custodial Secrow and Custodial arrangement Secrow and Custodial arrangement Secrow and Custodial arrangement Secrow and Custodial Secrow and Custodial arrangement Secrow and Custodial arrangement Secrow and Custodial arrangement Secrow and Custodial Secrow and Custodial arrangement Secrow and Custodial arrangement Secrow and Custodial arrangement Secrow and Custodial Secrow and Custodial arrangement Secrow an	5		n solicit or receive	donations of	art. historic	al treasu	res or o	other similar		
Part V	•								Yes	No
Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance d Additions during the year. 1d	Pa			itamou do par	t or the org	amzanon	0 001100	aloni.		
Included on Form 990, Part X?		Complete if the organiza		es" on Form	n 990, Pari	t IV, line	9, or re	eported an amou	nt on Form	
Included on Form 990, Part X?	1a	Is the organization an agent, trus	tee, custodian or	other interme	ediary for o	contributi	ons or	other assets not		
b If "Yes," explain the arrangement in Part XIII and complete the following table: Complete February F		=			-				Yes	No
to Beginning balance	b									
c Beginning balance d Additions during the year. f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 3 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 3 Did the organization answered "Yes" on Form 990, Part IV, line 10. 2 Did the organization answered "Yes" on Form 990, Part IV, line 10. 2 Describe in Part XIII the intended uses of the organization that are held and administered for the organization by 3 Describe in Part XIII the intended uses of the organization in the possession of the organization that are held and administered for the organization by 4 Describe in Part XIII the intended uses of the organization selection and property 4 Describe in Part XIII the intended uses of the organization selection and property 4 Describe in Part XIII the intended uses of the organization's endowment funds. 2 Describe in Part XIII the intended uses of the organization's endowment funds. 2 Describe in Part XIII the intended uses of the organization's endowment funds. 2 Describe in Part XIII the intended uses of the organization's endowment funds. 2 Describe in Part XIII the intended uses of the organization's endowment funds. 2 Describe in Part XIII the intended uses of the organization's endowment funds. 2 Describe in Part XIII the intended uses of the organization's endowment funds. 2 Describe in Part XIII the intended uses of the organization's endowment funds. 3 Describe in Part XIII the intended uses of the organization's endowment funds. 3 Describe in Part XIII the intended uses of the organization's endowment funds. 4 Describe in Part XIII the intended uses of the organization's endowment funds. 5 Describe in Part XIII the intended u		, ,		•	3			Amoun	t	
d Additions during the year,	С	Beginning balance				1c				
e Distributions during the year	d									
f Ending balance	۰ و									
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No	_									
Describe Factor Part XII Check here if the explanation has been provided on Part XIII Part XII Endowment Funds.	_						lstodial :	account liability?	Ves	No
Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.		<u> </u>							—' ⊢	⊣ ''`
Complete if the organization answered "Yes" on Form 990, Part IV, line 10. A Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (a) Four years back (b) Four years back (c) Four years back (d) Three years back (d) Three years back (e) Four years back (e) F	$\overline{}$	· · · · · · · · · · · · · · · · · · ·	TT art Am. Oncor	nore ir the exp	nariation na	3 DCCII PI	Ovided	JIII ait Aii		
(a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (d) Three years back (e) Four years back (d) Three years back (e) Four years back (e) Four years back (d) Three years back (e) Four years (e)	ıα		ation answered "\	es" on Form	1 990 Par	t IV line	10			
1a Beginning of year balance 1,851,213. 1,753,473. 1,345,228. 1,363,924. 1,252,211. b Contributions 74. 2,500. 216,730. 151,627. 15,416. c Net investment earnings, gains, and losses 154,614. 104,148. 234,865. -138,774. 142,534. d Grants or scholarships 32,466. 37,774. 33,534. e Other expenditures for facilities and programs 8,908. 10,884. -6,225. 12,703. g End of year balance 2,005,901. 1,851,213. 1,753,473. 1,345,228. 1,363,924. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: 380ard designated or quasi-endowment ▶ 22.0700. % b Permanent endowment ▶ 77,9300. 77.9300. % c Term endowment ▶ 77.9300. 77.9300. % c Term endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations. (ii) Related organizations. (iii) Related organizations. (iii) Related organizations. (iii) Related organizations. 3a(ii) X b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?		Complete ii the organiza						(d) Three years back	(a) Four years	s back
b Contributions					, i	-				
c Net investment earnings, gains, and losses	1a									
and losses 154,614. 104,148. 234,865. -138,774. 142,534. d Grants or scholarships 32,466. 37,774. 33,534. e Other expenditures for facilities and programs 8,908. 10,884. -6,225. 12,703. g End of year balance 2,005,901. 1,851,213. 1,753,473. 1,345,228. 1,363,924. Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ 22.0700 % b Permanent endowment ▶ 77.9300 % c Term endowment ▶ 77.9300 % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations 3a(i) x x (ii) Related organizations 3a(ii) x x 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (c) Accumulated depreciation (d) Book value depreciation (c) Accumulated depreciation (d) Book value (investment) (d) Book value (d) Book value (d) Book value (e) Leasehold improvements 731,138. 7	b		74.	2	2,500.	216,7	/30.	151,627.	15,	416.
d Grants or scholarships	С	Net investment earnings, gains,								
e Other expenditures for facilities and programs		and losses	154,614.	104	1,148.	234,8	365.	-138,774.	142,	534.
and programs	d	Grants or scholarships				32,4	166.	37,774.	33,	534.
Fig. Administrative expenses B,908. 10,884. -6,225. 12,703.	е	Other expenditures for facilities								
g End of year balance		and programs								
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ 22.0700 % b Permanent endowment ▶ 77.9300 % c Term endowment ▶ % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations . 3a(ii) x (ii) Related organizations . 3a(ii) x b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? . 3b x 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (c) Accumulated depreciation (d) Book value depreciation (d) Book value depreciation (d) Book value depreciation (d) Book value (e) Buildings (c) Accumulated (e) Book value (e) Book	f	Administrative expenses		3	3,908.	10,8	384.	-6,225.	12,	703.
a Board designated or quasi-endowment ▶ 22.0700 % b Permanent endowment ▶ 77.9300 % c Term endowment ▶	g	End of year balance	2,005,901.	1,851	,213.	1,753,4	173.	1,345,228.	1,363,	924.
a Board designated or quasi-endowment ▶ 22.0700 % b Permanent endowment ▶ 77.9300 % c Term endowment ▶	2	Provide the estimated percentage	of the current year	r end balance	(line 1g, col	lumn (a))	held as:			
Term endowment ▶	а	Board designated or quasi-endown	nent ▶ <u>22.070</u>	0_%						
The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations. (ii) Related organizations. b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?. 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation depreciation (other) 1a Land. Description of property (a) Cost or other basis (cother) (investment) 731,138. 731,138. 5 Buildings 7,575,979 4,366,837 3,209,142. C Leasehold improvements d Equipment. 944,532 791,933 152,599 e Other Other	b	Permanent endowment ▶ 77.9	300_%							
Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations. (ii) Related organizations. (ii) Related organizations. (iii) Related organizations. (iii) Related organizations. (iii) Related organizations. (iiii) Related organizations. (iiii) Related organizations. (iiiii) X (iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	С	Term endowment ▶	.%							
organization by: (i) Unrelated organizations. (ii) Related organizations. (iii) Related organizations. (iv) Accumulated (c) Accumu		The percentages on lines 2a, 2b, a	and 2c should equa	l 100%.						
(i) Unrelated organizations (ii) Related organizations (iii) X (ivi) Related organizations (ivi) Related organizations (ivi) Related organizations (ivi) Related organizations (ivi) X (ivi) X (ivi) Related organizations (ivi) X (ivi) X (ivi) Related organizations (ivi) X (ivi) X (ivi) X (ivi) Related organizations (ivi) X (ivi) X (ivi) X (ivi) Related organizations (ivi) X (ivi) X (ivi) X (ivi) X (ivi) A (ivi) Related organizations (ivi) Related organizat	3a	Are there endowment funds not in	the possession of	the organizat	ion that are	held an	d admin	istered for the		
(ii) Related organizations		organization by:							Yes	No
(ii) Related organizations		(i) Unrelated organizations							3a(i)	Х
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?									3a(ii) X	
Describe in Part XIII the intended uses of the organization's endowment funds. Part VI	b									
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) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land 731,138. 731,138. 731,138. b Buildings 7,575,979. 4,366,837. 3,209,142. c Leasehold improvements 944,532. 791,933. 152,599. e Other 484,256. 281,520. 202,736.	_		•	•						
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land 731,138 731,138 731,138 b Buildings 7,575,979 4,366,837 3,209,142 c Leasehold improvements 944,532 791,933 152,599 e Other 484,256 281,520 202,736										
tall Land (investment) (other) depreciation b Buildings 7,575,979 4,366,837 3,209,142 c Leasehold improvements 944,532 791,933 152,599 e Other 484,256 281,520 202,736		Complete if the organize								0
1a Land 731,138. 731,138. b Buildings 7,575,979. 4,366,837. 3,209,142. c Leasehold improvements. 944,532. 791,933. 152,599. e Other 484,256. 281,520. 202,736.		Description of property							d) Book value	
b Buildings 7,575,979 4,366,837 3,209,142 c Leasehold improvements 944,532 791,933 152,599 e Other 484,256 281,520 202,736	1a	Land	,		,	_	асріс	25.0.001	731	138
c Leasehold improvements. 944,532. 791,933. 152,599. e Other 484,256. 281,520. 202,736.	_			+			4 36	56 837		
d Equipment. 944,532. 791,933. 152,599. e Other 484,256. 281,520. 202,736.		•		+	1,575	,,,,,,,,	1,30	50,057.	5,409,1	. 14.
e Other		-		+	Ω // //	1 522	7.0	01 032	1 5 7 1	500
	u			-						
	Tota			rm 990 Part V				01,540.		

Schedule D (Form 990) 2021

Schedule D (Form 990) 2021	Pogo 7
SCHEUUIE D (FOIII 990) ZUZ I	Page 3

· · · · · · · · · · · · · · · · · · ·		Part IV, line 11b. See Form 990, Part X, line
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
) Financial derivatives		
closely held equity interests		
) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
tal. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	>	
art VIII Investments - Program Related. Complete if the organization answe	red "Yes" on Form 990,	Part IV, line 11c. See Form 990, Part X, line
(a) Description of investment	(b) Book value	(c) Method of valuation:
		Cost or end-of-year market value
1)		
2)		
3)		
4)		
5)		
6)		
7)		
8)		
9)		
otal. (Column (b) must equal Form 990, Part X, col. (B) line 13.)	>	
Part IX Other Assets.	rod "Vos" on Form 000	Part IV, line 11d. See Form 990, Part X, line
	Description	(b) Book va
	Description	(b) book va
1)		
2)		
3)		
4)		
5)		
6)		
7)		
8)		
9)	D) line 15)	
otal. (Column (b) must equal Form 990, Part X, col. (b) lifte 13.)	
	red "Yes" on Form 990,	Part IV, line 11e or 11f. See Form 990, Part 2
	cription of liability	(b) Book va
Federal income taxes		
2)CUSTODIAN ACCOUNTS		111,
3)		
4)		
5)		
5)		
7)		
8)		
8) 9)		

JSA 1E1270 1.000 1477FM K932 10/19/2022 12:21:26 V21-7.2F 155-0085690-0085690 Schedule D (Form 990) 2021

29

Part 2	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.
1	Total revenue, gains, and other support per audited financial statements	1
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
	Net unrealized gains (losses) on investments	
	Donated services and use of facilities	-
	Definited convices and decent actions of the state of the	-
	Treesternes of prior year grante, it is in the second of t	-
	Carlot (Become art art Am)	2e
	Add lines 2a through 2d	3
	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
	Investment expenses not included on Form 990, Part VIII, line 7b	
	Other (Describe in Part XIII.)	
	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 2		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	
1	Total expenses and losses per audited financial statements	1
	Amounts included on line 1 but not on Form 990, Part IX, line 25:	
	Donated services and use of facilities	
	Prior year adjustments	-
	Other losses	-
	Other (Describe in Part XIII.)	-
	Add lines 2a through 2d	2e
	Subtract line 2e from line 1	3
	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
	Investment expenses not included on Form 990, Part VIII, line 7b 4a	
	Other (Describe in Part XIII.)	
	Add lines 4a and 4b	4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5
	XIII Supplemental Information.	
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; FXI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	
SEE S	SUPPLEMENTAL PAGE	

Part XIII Supplemental Information (continued)

SCHEDULE D, PART V, LINE 4

TO PROVIDE FINANCIAL SUPPORT FOR THE COUNCIL'S EXEMPT PURPOSE AND MAINTENANCE OF CAMP PROPERTIES.

SCHEDULE D, PART X, LINE 2

THE COUNCIL ASSESSES WHETHER IT IS MORE LIKELY THAN NOT THAT A TAX

POSITION WILL BE SUSTAINED UPON EXAMINATION OF THE TECHNICAL MERITS OR

THE POSITION, ASSUMING THE TAXING AUTHORITY HAS FULL KNOWLEDGE OF ALL

INFORMATION. IF THE TAX POSITION DOES NOT MEET THE MORE LIKELY THAN NOT

RECOGNITION THRESHOLD, THE BENEFIT OF THE TAX POSITION IS NOT RECOGNIZED

IN THE FINANCIAL STATEMENTS. THE COUNCIL RECORDED NO ASSETS OR

LIABILITIES FOR UNCERTAIN TAX POSITIONS OR UNRECOGNIZED TAX BENEFITS.

FEDERAL RETURNS FOR THE YEARS ENDED 2018 AND THEREAFTER REMAIN SUBJECT TO

EXAMINATION BY THE INTERNAL REVENUE SERVICE.

SCHEDULE G (Form 990)

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

Inspection

Name of the organization					Employer identification	on number
QUIVIRA COUNCIL, BOY SCOUTS O	F AMERICA, IN	rc.			23-714750	
Part I Fundraising Activities. Comp	lete if the organi	zation an	swered "	Yes" on Form 99	00, Part IV, line 1	7.
Form 990-EZ filers are not re	quired to comple	te this pa	rt.			
1 Indicate whether the organization rais	sed funds through a	any of the	following	activities. Check a	ıll that apply.	
a Mail solicitations	e	Solic	itation of	non-government g	rants	
b Internet and email solicitations	f			government grants		
c Phone solicitations	g			ising events		
d In-person solicitations	3			g		
2a Did the organization have a written o	r oral agreement w	ith any ind	dividual (in	icluding officers d	iractore truetaee	
or key employees listed in Form 990 b If "Yes," list the 10 highest paid indicompensated at least \$5,000 by the	, Part VII) or entity viduals or entities	in connec	tion with p	orofessional fundra	ising services?	Yes No fundraiser is to be
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	draiser have or control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Fotal			.			
List all states in which the organiza registration or licensing.	tion is registered o	r licensed	to solicit	contributions or	has been notified	it is exempt from

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

			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			POPCORN SALES	SPORTING CLAYS	2	(add col. (a) through
4			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	712,973.	129,425.	514,260.	1,356,658.
Ř	2	Less: Contributions Gross income (line 1 minus	246,976.	95,469.	316,838.	659,283.
		line 2)	465,997.	33,956.	197,422.	697,375.
	4	Cash prizes				
	5	Noncash prizes	3,466.		127,557.	131,023.
sesue	6	Rent/facility costs		6,330.	17,475.	23,805.
Direct Expenses	7	Food and beverages		17,393.	38,388.	55,781.
Direct	8	Entertainment			10,000.	10,000.
	9	Other direct expenses	465,996.	6,367.	18,825.	491,188.
	10	Direct expense summary. Add lin	es 4 through 9 in colu	mn (d)	>	711,797.
		Net income summary. Subtract li				-14,422.
Pa	rt l	Gaming. Complete if the org \$15,000 on Form 990-EZ, lin	anization answered " ne 6a.	Yes" on Form 990, I	Part IV, line 19, or	reported more than
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
)irect	4	Rent/facility costs				
_	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes% No	Yes% No	
	7	Direct expense summary. Add lin	es 2 through 5 in colu	mn (d)	>	
	8	Net gaming income summary. Su	ubtract line 7 from line	1, column (d)	>	
9 a k	ì	Enter the state(s) in which the org- ls the organization licensed to con lf "No," explain:		in each of these state		Yes No
10a k		Were any of the organization's gaming If "Yes," explain:	g licenses revoked, sus			. Yes No

12 Is the forme 13 Indica a The or b An ou	the organization conduct gaming activities with nonmembers?
forme 13 Indica a The or b An ou 14 Enter	d to administer charitable gaming?
13 Indicaa The orb An ou14 Enter	te the percentage of gaming activity conducted in:
a The orb An ou14 Enter	
b An ou14 Enter	ganization's facility
b An ou14 Enter	rganization's facility
	tside facility
100010	the name and address of the person who prepares the organization's gaming/special events books and ls:
Name	>
Addre	ss ►
	the organization have a contract with a third party from whom the organization receives gaming ue?
b If "Yes	s," enter the amount of gaming revenue received by the organization ▶ \$ and the
amou	nt of gaming revenue retained by the third party ▶ \$
c If "Yes	s," enter name and address of the third party:
Name	>
Addre	ss >
16 Gamir	ng manager information:
Name	>
Gamir	ng manager compensation ▶\$
Descr	iption of services provided ▶
D	irector/officer
17 Manda	atory distributions:
a Is the	organization required under state law to make charitable distributions from the gaming proceeds to
retain	the state gaming license?
b Enter	the amount of distributions required under state law to be distributed to other exempt organizations
	nt in the organization's own exempt activities during the tax year ▶ \$
Part IV	Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), and

SCHEDULE I (Form 990)

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

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

2021

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Attach to Form 990.

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

Name of the organization Employer identification number QUIVIRA COUNCIL, BOY SCOUTS OF AMERICA, INC. 23-7147508 Part I General Information on Grants and Assistance 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of valuation (book, FMV, appraisal, other) 1 (a) Name and address of organization (c) IRC section (d) Amount of cash (e) Amount of non-(g) Description of (b) EIN (h) Purpose of grant (if applicable) cash assistance noncash assistance or assistance or government grant (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)(11) (12)For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule I (Form 990) 2021 Schedule I (Form 990) (2021)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 registration	1,142	30,447.			
2uniforms & Literature	48	1,106.			
3 CAMPERSHIPS	71	4,633.			
4					
5					
6					
7					

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

SCHEDULE I, PART I, LINE 2

THE ORGANIZATION OFFERS CAMPERSHIP FOR HELP WITH CAMP FEES TO CAMP. EACH

HAS AN APPLICATION TO COMPLETE AND IS REVIEWED BY A COMMITTEE TO

DETERMINE THE AMOUNT OF THE CAMPERSHIP. THE ORGANIZATION ALSO PAYS FOR

UNIFORMS, REGISTRATION FEES AND LITERATURE REQUIREMENTS.

SCHEDULE J (Form 990)

Compensation InformationFor certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

QUIVIRA COUNCIL, BOY SCOUTS OF AMERICA, INC.

► Go to www.irs.gov/Form990 for instructions and the latest information. Employer identification number

23-7147508

Part	Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form			
	990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment			
	or reimbursement or provision of all of the expenses described above? If "No," complete Part III to			
_	explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			
	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line			
	1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the			
	organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study	1		
	Form 990 of other organizations Approval by the board or compensation committee	1		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:	1		
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any	1		
	compensation contingent on the revenues of:			
а	The organization?	5a		Х
b	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.	1		
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the net earnings of:			
а	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed	7		v
8	payments not described on lines 5 and 6? If "Yes," describe in Part III	'		X
o	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
	in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	3		
3	Regulations section 53 4958-6(c)?	a		

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

Schedule J (Form 990) 2021

Schedule J (Form 990) 2021 Page 2

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 a	nd/or 1099-MISC and/or	1099-NEC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
BRIAN NASTASE	(i)	162,307.	NONE	5,160.	5,204.	44,280.	216,951.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
16	(ii)							

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2021

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

QUIVIRA COUNCIL, BOY SCOUTS OF AMERICA, INC.

23-7147508

FORM 990, PART I, LINE I

THE CONGRESSIONAL CHARTER, BYLAWS, AND RULES AND REGULATIONS OF THE BOY SCOUTS OF AMERICA, THE SCOUTING PROGRAM OF PROMOTING THE ABILITY OF BOYS AND YOUNG MEN AND WOMEN TO DO THINGS FOR THEMSELVES AND OTHERS, TRAINING THEM IN SCOUTCRAFT, AND TEACHING THEM PATRIOTISM, COURAGE, SELF-RELIANCE, AND KINDRED VIRTUES, USING THE METHODS WHICH ARE NOW IN COMMON USE BY THE BOY SCOUTS OF AMERICA.

FORM 990, PART III, LINE I

THE BOY SCOUTS OF AMERICA, THE SCOUTING PROGRAM OF PROMOTING THE ABILITY OF BOYS AND YOUNG MEN AND WOMEN TO DO THINGS FOR THEMSELVES AND OTHERS, TRAINING THEM IN SCOUTCRAFT, AND TEACHING THEM PATRIOTISM, COURAGE, SELF-RELIANCE, AND KINDRED VIRTUES, USING THE METHODS WHICH ARE NOW IN COMMON USE BY THE BOY SCOUTS OF AMERICA.

FORM 990, PART VI, SECTION A, LINE 6

ACTIVE MEMBERS MAY ELECT THE MEMBERS OF THE GOVERNING BODY AND APPROVE SIGNIFICANT DECISIONS OF THE GOVERNING BODY.

FORM 990, PART VI, SECTION A, LINE 7A

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, SECTION A, LINE 7B

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

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number

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.

FORM 990, PART VI, SECTION B, LINE 11B

THE FORM 990 IS PREPARED AND REVIEWED BY AN INDEPENDENT ACCOUNTING FIRM. THE 990 IS THEN PROVIDED TO THE CONTROLLER AND THE SCOUT EXECUTIVE. ANY QUESTIONS OR CONCERNS THE CONTROLLER OR SCOUT EXECUTIVE HAVE ARE ADDRESSED AND ANY NECESSARY CHANGES ARE MADE PRIOR TO FILING THE 990. A COPY OF THE 990 IS AVAILABLE FOR BOARD MEMBERS IN THE CONTROLLER'S OFFICE.

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

THE CONFLICT OF INTEREST POLICY FOR STAFF IS MONITORED THROUGH THEIR WRITTEN AGREEMENT TO COMPLY WITH THE POLICY WHEN THEY ARE HIRED. THE POLICY IS THEN REVIEWED WITH THE STAFF EACH YEAR AND THEIR CONTINUED COMMITMENT TO COMPLY WITH THE POLICY IS REAFFIRMED. IN MARCH OF EACH YEAR, THE EXECUTIVE BOARD REVIEWS, APPROVES AND COMMITS TO THE CONFLICT OF INTEREST POLICY. WITH THE NEW 990, THE COUNCIL WILL SURVEY BOARD MEMBERS EACH YEAR TO BRING THE ISSUE TO THE FOREFRONT AND ENSURE THEIR COMPLIANCE. THE EXECUTIVE BOARD AND SCOUT EXECUTIVE DETERMINE IF AN ACTUAL CONFLICT OF INTEREST EXISTS, AND ANYONE WITH AN IDENTIFIED CONFLICT OF INTEREST IS PROHIBITED FROM VOTING ON ANY ISSUE RELATED TO THAT CONFLICT.

FORM 990, PART VI, SECTION B, LINE 15A

THE COMPENSATION FOR THE SCOUT EXECUTIVE IS CONSISTENT WITH THE BSA GUIDELINES WHICH WERE REVIEWED BY TOWERS PERRIN IN 2006. TOWERS

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer identification number

PERRIN SUGGESTED CHANGES TO THE COMPENSATION FOR THE SCOUT EXECUTIVE POSITION (WHICH WERE ADOPTED AND IMPLEMENTED). THE COMPENSATION IS DETERMINED BASED UPON THE SKILL SET NEEDED FOR A COUNCIL BASED UPON ITS BUDGET AND SCOPE OF PROGRAM DELIVERED, THE COST OF LIVING BASED ON GEOGRAPHY, THE VALUE OF THE SCOUT EXECUTIVE'S SKILL SET IN THE FOR-PROFIT WORLD AND PAY FOR SIMILAR NON-PROFIT EXECUTIVE DIRECTOR POSITIONS.

FORM 990, PART VI, SECTION C, LINE 19

DOCUMENTS MAY BE INSPECTED IN THE CONTROLLER'S OFFICE.

SCHEDULE R (Form 990)

Department of the Treasury

Related Organizations and Unrelated Partnerships

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

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

Internal Revenue Service Name of the organization

QUIVIRA COUNCIL, BOY SCOUTS OF AMERICA, INC.

► Attach to Form 990.

Open to Public Inspection **Employer identification number**

OMB No. 1545-0047

23-7147508

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Part I (c) Legal domicile (state (b) (e) End-of-year assets (f) Direct controlling Total income Name, address, and EIN (if applicable) of disregarded entity Primary activity or foreign country) entity (1) (2) (3) (4) (5) (6)

Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had Part II 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	Section 5	g) 512(b)(13) rolled tity?
						Yes	No
(1) BOY SCOUT TRUST FUND FOR QUIVIRA COUNCIL 48-0544569							
3247 N. OLIVER WICHITA, KS 67220	SUPPORT	KS	501(C)(3)	12A	SEE PART VI	Х	
(2) CAMP DEVELOPMENT TRUST FUND FOR QUIVIRA 48-1064343							
3247 N. OLIVER WICHITA, KS 67220	SUPPORT	KS	501(C)(3)	12A	SEE PART VI	х	
(3)							
(4)							
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2021

Schedule R (Form 990) 2021 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		(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of- year assets	Disprop	h) portionate ations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		General or managing		General or managing		General or managing		General or managing		(k) Percentage ownership
			Country)					Yes	No		Yes	No									
(1)																					
,		1																			
(2)																					
		1																			
(3)																					
]																			
(4)																					
(5)																					
(6)																					
·	·																				
(7)																					

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

				, ,				
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Section 512(b)(13) controlled entity?
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								

Schedule R (Form 990) 2021

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

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more	related organizations lis	sted in Parts II-IV?				
а	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)				1b		Χ
	Gift, grant, or capital contribution from related organization(s)				1c	Х	
d	Loans or loan guarantees to or for related organization(s)				1d		Х
	Loans or loan guarantees by related organization(s)				1e		Х
f	Dividends from related organization(s)				1f		Χ
g	Sale of assets to related organization(s)				1g		Χ
	Purchase of assets from related organization(s).				1h		Χ
i	Exchange of assets with related organization(s)				1i		Х
	Lease of facilities, equipment, or other assets to related organization(s)				1j		Х
•	, , , , , , , , , , , , , , , , , , , ,						
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		X
	Performance of services or membership or fundraising solicitations for related organization(s)				11		Х
	Performance of services or membership or fundraising solicitations by related organization(s)				1m		Х
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		Х
	Sharing of paid employees with related organization(s)				10		Х
·	onaling of para omproyees with relation organization (c)						
n	Reimbursement paid to related organization(s) for expenses				1p		Х
	Reimbursement paid by related organization(s) for expenses				1q		Х
ч	Trembursement paid by related organization(s) for expenses 1111111111111111111111111111111111						
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 the	this line. including cove	ered relationships and trans	action thre		 S.	
	(a)	(b)	(c)		(d)		
	Name of related organization	Transaction	Amount involved	Method	of dete		g
		type (a-s)		amou	ınt invo	ivea	
(1)							
` '							
(2)							
` '							
(3)							
(-,							
(4)							
. ,							
(5)							
\- <i>\</i>							
(6)							
٠٠,		I .	0-1		-	200\	

Schedule R (Form 990) 2021

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)	Predominant income (related, unrelated, excluded from tax under sections 512 - 514)		e) partners ction (c)(3) zations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				sections 512 - 514)	Yes	No			Yes	No	(1 01111 1000)	Yes	No	
(1)														
(2)														
(3)		-												
(4)		-												
(5)		-												
(6)		-												
(7)														
(8)														
(9)														
(10)														
(11)		_												
(12)														
(13)														
(14)														
(15)														
(16)														
<u>, -, -</u>		1												

 Schedule R (Form 990) 2021
 Page 5

Part VII Supplemental Information

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

SCHEDULE R, PART II, LINES 1 & 2, COLUMN F

QUIVIRA COUNCIL, BOY SCOUTS OF AMERICA, INC.