Quivira Council, Boy Scouts of America, Inc.

Return of Organization Exempt from Income Tax

December 31, 2019

Public Disclosure Copy



Form 8879-EO

IRS e-file Signature Authorization

lization		
19/1	71 10	

for an Exempt Organization For calendar year 2019, or fiscal year beginning 01/01 , 2019, and ending 12/31

OMR No. 1545-1878

Do not send to the IRS. Keep for your records. Department of the Treasury ► Go to www.irs.gov/Form8879EO for the latest information. Internal Revenue Service Name of exempt organization Employer identification number 23-7147508 QUIVIRA COUNCIL, BOY SCOUTS OF AMERICA, INC. BRIAN NASTASE, SCOUT EXECUTIVE Part I Type of Return and Return Information (Whole Dollars Only) Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return, If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. Form 990 check here ▶ X b Total revenue, if any (Form 990, Part VIII, column (A), line 12).... 1b 2,392,839. 2a Form 990-EZ check here ▶ 3a Form 1120-POL check here ▶ Form 990-PF check here b Tax based on investment income (Form 990-PF, Part VI, line 5). 4b Form 8868 check here ▶ **Declaration and Signature Authorization of Officer** Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2019 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal. Officer's PIN: check one box only X lauthorize BKD, LLP to enter my PIN as my signature Enter five numbers, but do not enter all zeros on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(les) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Officer's signature Certification and Authentication ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 8 0 1 0 2 I certify that the above numeric entry is my PIN, which is my signature on the 2019 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

Date > 9/18/20

ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see back of form.

Form 8879-EO (2019)

ERO's signature

EXTENSION GRANTED

Form **990**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

2019

▶ 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.

Open to Public Inspection

A I	For the	e 2019	calendar year, or tax year beginning	, 201	9, and ending				, 20	
ь.			C Name of organization			D	Employer ider	ntifica	ition number	
В (Check if ap		QUIVIRA COUNCIL, BOY S	COUTS OF AMERICA, IN	C.		23-7147	7508	8	
	Addre chang		Doing business as							
	Name	change	Number and street (or P.O. box if mail is n	not delivered to street address)	Room/suite	E	Telephone nur	nber		
	Initial	return	3247 N OLIVER			(316) 264	4 – 3	386	
	Final termin	return/ nated	City or town, state or province, country, ar	nd ZIP or foreign postal code						
	Amen return	nded	WICHITA, KS 67220			G	Gross receipts	\$	3,29	2,229.
		cation	F Name and address of principal officer:	BRIAN NASTASE		Н	(a) Is this a grou		rn for Ye	s X No
		ŭ	3247 N OLIVER, WICHITA	, KS 67220		н	(b) Are all subordi		ncluded? Ye	s No
ī	Tax-ex	empt st	atus: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1	I) or 527	7	If "No," atta	ach a l	ist. (see instruction	ns)
J	Websi	ite: 🕨	WWW.QUIVIRA.ORG			н	(c) Group exemp	tion n	umber >	1761
K	Form o	of organ	ization: X Corporation Trust	Association Other ►	L Year of	formation	n: 1924 M s	State	of legal domicil	le: KS
Р	art I	Su	mmary	<u> </u>			<u> </u>			
	1	Briefly	describe the organization's mission or	most significant activities: THE	CORPORATIO	ON SHA	ALL PROM	OTE	, WITHIN	THE
ė			RITORY COVERED BY THE CH							
and		BOY	SCOUTS OF AMERICA AND I	N ACCORDANCE WITH (C	ONTINUED (ON SCI	HEDULE O)		
/ern	2	Check	this box if the organization dis	scontinued its operations or dispo	sed of more that	n 25% of	f its net assets	S.		
Governance	3	Numb	er of voting members of the governing t	· ·			ı	3		45.
⋖ర			er of independent voting members of the					4		45.
ties			number of individuals employed in caler					5		78.
Activities			number of volunteers (estimate if necess					6		2,925.
Ac			unrelated business revenue from Part VII					7a		0.
			nrelated business taxable income from F					7b		
				,			Prior Year		Current	Year
_	8	Contri	butions and grants (Part VIII, line 1h)				1,059,07	4.	1,30	5,863.
nue	9		am service revenue (Part VIII, line 2g)				761,13	9.	57	4,951.
Revenue	10		ment income (Part VIII, column (A), line				46,88	_		4,743.
ď	11		revenue (Part VIII, column (A), lines 5, 6		T T		466,19	_		7,282.
			revenue - add lines 8 through 11 (must				2,333,28	_		2,839.
_			s and similar amounts paid (Part IX, colu				51,02	\rightarrow		0,236.
			its paid to or for members (Part IX, colun		T T			0.		0.
	4.5		es, other compensation, employee benef		Г		1,120,09	4.	1.22	9,810.
Expenses	16 a		ssional fundraising fees (Part IX, column		·			0.		0.
per	h	Total	fundraising expenses (Part IX, column (D	127.05	1.					
ŭ	17		expenses (Part IX, column (A), lines 11a				1,328,70	2.	1.17	1,732.
			expenses. Add lines 13-17 (must equal l		T T		2,499,81	_		1,778.
			nue less expenses. Subtract line 18 from				-166,52	_		8,939.
or		IXCVCI	rue less expenses. Cubitact line 10 from	1110 12		Beginnir	ng of Current Y	\rightarrow	End of \	
ets	20	Total	assets (Part X, line 16)				6,516,39	_		4,312.
Ass Bal	21		liabilities (Part X, line 26)				930,72	_		4,862.
Net Assets or Fund Balances	22		ssets or fund balances. Subtract line 21				5,585,67	_		9,450.
	art II		anature Block	110111111111111111111111111111111111111			-,,	1	-,	
			of perjury, I declare that I have examined this	s return including accompanying sche	edules and statem	nents and	to the best of	mv k	nowledge and	belief it is
			complete. Declaration of preparer (other than					, .		
Sig	jn	<u>s</u>	Signature of officer				Date			
He	re									
		Ī	ype or print name and title							
			Type preparer's name	Preparer's signature,	Date		Chaok	if F	PTIN	
Paid	d		NNELL LINOT	Sminil Numb	9/18/2	20	Check self-employe	"	P016639	908
Pre	parer		. DVD IID	JAMMU WIN					160260	
Use	Only		Traine P	PE 200 MIGHTEN VO (2001 CC)					265-2811	
N/10	v tha		address ▶1551 N WATERFRONT PKWY, ST iscuss this return with the preparer		c)		110110 110.			
_				·	٥)			• •		90 (2019)
ror	rape	I W OFK	Reduction Act Notice, see the separate	ะ เมอน นับนิบิทิธิ.					rorm 9	JU (∠U19)

Form **8868**

(Rev. January 2020)

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.

iling of this	form, visit www.irs.gov/e-file-providers/e-file-f	or-charities	-and-non-profits.	·				
Automatic	6-Month Extension of Time. Only subm	it original	(no copies needed).					_
	ons required to file an income tax return other			0-C filers), partnerships,	REI	MICs, a	and trusts	_
nust use Fo	orm 7004 to request an extension of time to f	ile income	tax returns.					
Гуре or	Name of exempt organization or other filer, see in	structions.		Taxpayer identification nu	mbe	(TIN)		_
orint	QUIVIRA COUNCIL, BOY SCOUTS O	F AMERIC	CA, INC.	23-7147508	8			
File by the due date for	Number, street, and room or suite no. If a P.O. bo	x, see instru	ctions.					_
iling your	3247 N. OLIVER							
eturn. See nstructions.	City, town or post office, state, and ZIP code. For WICHITA, KS 67220	a foreign ad	dress, see instructions.					
Enter the Re	eturn Code for the return that this application	is for (file	a separate application fo	or each return)			0 1	J
Application		Return	Application				Return	
s For	5 000 57	Code	Is For				Code	—
<u>-orm 990 oi</u> -orm 990-Bl	r Form 990-EZ	01 02	Form 990-T (corporat	ion)			07	—
orm 4720		02	Form 4720 (other tha	n individual)			09	—
Form 990-Pf	•	03	Form 5227	ii iiidividaai)			10	—
	(sec. 401(a) or 408(a) trust)	05	Form 6069				11	—
	(trust other than above)	06	Form 8870				12	
Telephone If the orga If this is for	e No. ► 316 264-3386 anization does not have an office or place of or a Group Return, enter the organization's foe group, check this box e names and TINs of all members the extens	business ir ur digit Gro f it is for pa	Fax No. ▶ the United States, checoup Exemption Number (GEN) 1761			nis is	
1 I reque	est an automatic 6-month extension of time u	ntil	11/16 , 20 2	o, to file the exempt	org	anizati	ion return	_
► X	organization named above. The extension is calendar year 20 19 or tax year beginning			,;	20_			
c	ax year entered in line 1 is for less than 12 m Change in accounting period				า			
	application is for Forms 990-BL, 990-PF, 9	90-T, 4720	o, or 6069, enter the	tentative tax, less any				_
	undable credits. See instructions.				3a	\$		0.
	application is for Forms 990-PF, 990-T,	-	•					^
	ted tax payments made. Include any prior yea be due. Subtract line 3b from line 3a. Include				3b	\$		0.
	ce due. Subtract line 3b from line 3a. Include onic Federal Tax Payment System). See instru		ent with this form, if re	quireu, by using EF1PS		¢	1	0.
-	onic rederal rax rayment System). See instru u are going to make an electronic funds withdrawa		it) with this Form 9969	oo Form 8453, EO and Form	3c			
nstructions.	u are going to make an electronic funds withdrawa	i (unect deb	и <i>)</i> with this ruill 0008, St	E I UIIII 0400-EU AIIU FOIII	1 00/	9-EO 10	or paymen	ı
	Act and Paperwork Reduction Act Notice, see insti	uctions			Form	8868	(Rev. 1-20	1201
,							,0	,

Page 2 Form 990 (2019)

Pa	art III	Statement of Program Serv		and III	77
_	- Priofly d	escribe the organization's mis	s a response or note to any line in this Pa	art III	X
•	-	•	SION. MOTE, WITHIN THE TERRITORY C	OVERED BY THE	
			GRANTED IT BY THE BOY SCOUT		
			CONGRESSIONAL CHARTER, BYL		
	AND RE	GULATIONS OF (CONTIN	UED ON SCHEDULE O)		
2	Did the	organization undertake any s	ignificant program services during the y	vear which were not listed on the	
		m 990 or 990-EZ? describe these new services of	an Schodulo O		Yes X No
3			eting, or make significant changes in	how it conducts any program	
	services'				Yes X No
4	expense	s. Section 501(c)(3) and 50	service accomplishments for each of 1(c)(4) organizations are required to re , for each program service reported.		
4a	(Code:		1,895,120. including grants of \$		2,347)
			SCOUTING AND OTHER ACTIVITIE		
			SOUTHCENTRAL KANSAS REGION I		
			COPLE, PREPARING THEM TO MAK		
	CHOICE	S. DURING 2019, COM	PREHENSIVE CHARACTER DEVELOP	MENT PROGRAMS	
	WERE I	ELIVERED TO PROGRAM	BENEFICIARIES; AND INDIVIDU	JALS WERE	
	TRAINE	D IN YOUTH PROTECTION	N/LEADERSHIP TRAINING.		
	(Code:	\ (Evnences \$	including grants of \$) (Rayanua \$	1
40	(Code) (Ελρείίδες ψ	micidding grants or \$) (Nevenue \$	
40	(Codo:) (Expenses \$	including grants of \$) (Revenue \$	\
46	(Code: _) (Εχρείισες φ	including grants or \$) (Nevenue \$	
44	Other n	ogram services (Describe on	Schedule ()		
→u	(Expens		g grants of \$	ue\$	
4e	<u> </u>	ogram service expenses	1,895,120.	, , , , , , , , , , , , , , , , , , ,	
JSA		22.1.00 0.4011000 P			Form 990 (2019)
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Form 990 (2019)
Page 3

Par	t W Checklist of Required Schedules		V	NI-
4	In the ergonization described in section E01(a)(2) or 4047(a)(1) (other than a private foundation)? If "Vec"		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
_	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		v
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			Х
9	complete Schedule D, Part III	8		
3	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	X	
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
C	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more	440		Х
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		Х
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
	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		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
I.	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	140		
. •	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on		37	
40	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	10		Х
20 -	If "Yes," complete Schedule G, Part III	19 20a		X
	old the organization operate one of more hospital radiities? It res, complete schedule in this return?	20a		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	_00		
	domestic government on Part IX column (A) line 12 If "Ves" complete Schedule I. Parts I and II.	21		Х

Form 990 (2019) Page 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			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	X	
2/2	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
24 a	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
		0.4-		Х
	through 24d and complete Schedule K. If "No," go to line 25a	24a		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
		00		Х
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II.	26		Λ
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV.	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
·	"Yes," complete Schedule L, Part IV	28c		Х
20		29	X	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	- 21	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			3.5
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
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		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34	Х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
	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		
-	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
27	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		
37		27		Х
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		71
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and		,,	
_	19? Note: All Form 990 filers are required to complete Schedule O.	38	X	
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 1a 3			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	Х	

Page 5 Form 990 (2019)

excess parachute payment(s) during the year?	Part	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
Statements, filed for the calendar year ending with or within the year covered by this return. 2a				Yes	No
Statements, filed for the calendar year ending with or within the year covered by this return. 2a	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines a land 2a is greater than 250, you may be required to effe (see instructions). 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 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 accountry). 5b If 'Yes,' and the foreign country (such as a bank account, securities account, or other financial accountry). 5c If 'Yes' to line for foreign country (such as a bank account, securities account, or other financial accountry). 5c If 'Yes' to line for foreign country (such as a bank account, securities account, or other financial accountry). 5c If 'Yes' to line for foreign country (such as a bank account, securities account, or other financial accountry). 5c If 'Yes' to line for foreign country (such as a bank account, securities account, or other financial accountry). 5c If 'Yes' and the foreign country (such as a bank account, securities account, or other financial accountry). 5c If 'Yes' and the foreign country to a prohibited tax sheler transaction at any time during the tax year? 5c If 'Yes' and the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that the accountry of the companization and partly for goods and services provided to the payor? 7c Organizations that may receive deductible contributions under section 170(c). 8 If 'Yes,' did the organization may appear the normal accountry of the organization and partly for goods and services provided to the payor? 9 If 'Yes,' did the organization may appear to experiment in experiment of the organization foreign and accountry of					
Note: if the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions). 3a	b		2b	X	
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b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O, we a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?. **A	3a		3a		X
4a A tany 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, seuch as a bank account, securities account, or other financial accountry. b If "Yes," enter the name of the foreign country ▶ Sa enistructions for filing requirements for FroCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), 5a Was the organization party to a prohibited tax shelter transaction at any time during the tax year? b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year? c If "Yes" to line 5a or 5b, did the organization file Form 8886-77. 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided? b If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization may exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? filed during the year c Did the organization and unring the year, pay premiums, directly or indirectly, on a personal benefit contract? 7 If Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-07. 1 If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-07. 1 If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-07. 1			3b		
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the organization is licensed to issue qualified health plans	b	·			
c Enter the amount of reserves on hand		· · · · · · · · · · · · · · · · · · ·			
14a Did the organization receive any payments for indoor tanning services during the tax year?	С				
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O			14a		X
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?			14b		
If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X		Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?		excess parachute payment(s) during the year?	15		X
is the organization an educational institution subject to the section 4900 excise tax on her investment income:		If "Yes," see instructions and file Form 4720, Schedule N.			
If "Yes," complete Form 4720, Schedule O.	16		16		X
		If "Yes," complete Form 4720, Schedule O.		000	

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Part VI

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

X

Sect	ion A. Governing Body and Management					
					Yes	No
1a	If there are material differences in voting rights among members of the governing body, or	1a	45			
L	if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	1b	45			
b	Enter the number of vetting members included on line 14, above, who are independent 1111					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relat		-	2	Х	
•	any other officer, director, trustee, or key employee?					
3	Did the organization delegate control over management duties customarily performed by or under			3		Х
	supervision of officers, directors, trustees, or key employees to a management company or other per			4		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed			5		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass			6	X	
6	Did the organization have members or stockholders?			_ <u> </u>		
7a	Did the organization have members, stockholders, or other persons who had the power to elec			7a	Х	
	one or more members of the governing body?					
b	Are any governance decisions of the organization reserved to (or subject to approval by			7b	Х	
	stockholders, or persons other than the governing body?					
8	the year by the following:	lakei	i during			
_				8a	Χ	
a b	The governing body? 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					
3	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.			9		Х
Secti	on B. Policies (This Section B requests information about policies not required by the Interr			Code	.)	
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a	Х	
	If "Yes," did the organization have written policies and procedures governing the activities of su					
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purp		-	10b	Χ	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filin			11a	Χ	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	Ū				
	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that		uld give			
	rise to conflicts?		_	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy	icy?	If "Yes,"			
	describe in Schedule O how this was done			12c	X	
13	Did the organization have a written whistleblower policy?			13	Х	
14	Did the organization have a written document retention and destruction policy?			14	Х	
15	Did the process for determining compensation of the following persons include a review and	арр	roval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation a	and d	ecision?		3.5	
а	The organization's CEO, Executive Director, or top management official			15a	X	37
b	Other officers or key employees of the organization			15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar a		_	4.0		X
	with a taxable entity during the year?			16a		Λ
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to					
	participation in joint venture arrangements under applicable federal tax law, and take steps to sa organization's exempt status with respect to such arrangements?			16b		
Sect	ion C. Disclosure			100		
	List the states with which a copy of this Form 990 is required to be filed ▶					
17 18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 99	an -	and aga T	(800	tion F	(01/2)
10	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website X Upon request Other (explain on Sche	y.		(Sec	11011 5	O I (C)
19	Describe on Schedule O whether (and if so, how) the organization made its governing docume	nts,	conflict o	f inte	est p	olicy,
	and financial statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's book	oks a	and record	s 🕨		

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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 instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unles	Pos neck ss pe	rson	e than construction is both construction. Highest compensated	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
			Õ			ated				
(1)BRIAN NASTASE SCOUT EXECUTIVE	60.00			Х				155,945.	0.	120,332.
(2) PAUL ATTWATER, III	4.00									
BOARD MEMBER	0.	X						0.	0.	0.
(3)BRADLY BECHTEL	4.00								•	
BOARD MEMBER	0.	X						0.	0.	0.
(4) ROYCE BOWDEN	4.00			3.7				_	0	
BOARD MEMBER/VP ENDOWMENT	4.00	Х		Х				0.	0.	0.
(5) DEREK CASEY BOARD MEMBER/LEGAL COUNCIL	0.	X						0.	0.	0.
(6) BRETT CHUGG	4.00	Λ						0.	0.	0.
BOARD MEMBER	0.	Х						0.	0.	0.
(7) JULIE DALTON	4.00	21						0.	<u> </u>	<u> </u>
BOARD MEMBER	0.	Х						0.	0.	0.
(8)JOHN DAVIS	4.00							0.		<u>.</u>
INTERNATIONAL REPRESENTATIVE	0.	Х						0.	0.	0.
(9) JEFF DEGRAFFENREID	4.00									
BOARD MEMBER/VP NOMINATING	0.	Х		Х				0.	0.	0.
(10) RAYMOND DONDLINGER	4.00									
BOARD MEMBER	0.	Х						0.	0.	0.
(11) MARK DOUGLASS	4.00									
BOARD MEMBER/PRESIDENT	0.	Х		Х				0.	0.	0.
(12) STEPHEN ENGLISH	4.00									
BOARD MEMBER	0.	Х						0.	0.	0.
(13) JOHN GARVEY	4.00									
BOARD MEMBER	0.	Х						0.	0.	0.
(14) CHARLES GRIER	4.00									
BOARD MEMBER	0.	X						0.	0.	0.

Form **990** (2019)

JSA

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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unles	Pos heck ss pe	erson	o th st han both Highest compensated e is or/trust	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	com fr org and	(F) stimated nount of other pensatic om the anization d related anization	on n
(15) JEFFREY GRIER	4.00					ğ.						
•	BOARD MEMBER	0.	Х						0.	0.			0
(16) JAMES HAND	4.00											
	BOARD MEMBER	0.	Х						0.	0.			0
(17) DEVIN HANSEN	4.00											
	BOARD MEMBER	0.	Х						0 .	0.			0
(18) WARNER HARRISON	4.00											
	BOARD MEMBER	0.	X						0 .	0.			0
(19) WYATT HOCH	4.00											
	BOARD MEMBER	0.	X						0 .	0.			0
(20) LYNETTE JURESIC	4.00											
	BOARD MEMBER	0.	X						0 .	0.			0
(21) ANTHONY MADRIGAL	4.00											
	BOARD MEMBER	0.	Х						0 .	0.			0
(22) WARREN MCCOSKEY	4.00											
	BOARD MEMBER/VP PROPERTIES	0.	X		Х				0 .	0.			0
(23) LEE PHILLIPS, III	4.00											
	BOARD MEMBER	0.	X						0 .	0.			0
(24) PATRICK REILLY	4.00											
	BOARD MEMBER	0.	X						0 .	0.			0
	25) CHRIS STEINCAMP	4.00											
	BOARD MEMBER/VP DEVELOPMENT	0.	Х		Х				0 .	0.			0
	1b Sub-total				_			\blacktriangleright	155,945.	0.	1	120,3	332.
	c Total from continuation sheets to Part VII, Se							\blacktriangleright	0.	0.			0.
	d Total (add lines 1b and 1c)							>	155,945.	0.	1	120,3	332.
	2 Total number of individuals (including but not li reportable compensation from the organization		nose I 1		d al	bove	e) who	o re	eceived more than	\$100,000 of			
												Yes	No
	3 Did the organization list any former office employee on line 1a? If "Yes," complete Schedu										3		Х
	4 For any individual listed on line 1a, is the s organization and related organizations gre individual.	ater than	\$15	0,0	00?) If	"Yes	3,"	complete Schedu	le J for such	4	X	
	5 Did any person listed on line 1a receive or a	accrue cor	mpen	sati	on f	fron	n any	un	related organization	on or individual	_		Y
	for services rendered to the organization? If "Ye	s," complet	e Sch	iedu	iie J	ı tor	sucn	per	son		5		X
	Section B. Independent Contractors	opposted !:	ndon -	. n al a	\n+	00=	tracts	ro t	hat raceived man	than \$100 000 -			
	 Complete this table for your five highest comp compensation from the organization. Report co 												

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 ▶

Form 990 (2019) Page 8 Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(C)

(D)

(E)

(B)

Name and title		Average	/-1			ition			Reportable	Reportable		stimated	
		hours per week (list any	٠,				e than o is both		compensation from	compensation from related		nount of other	İ
		hours for					tor/trust		the	organizations		pensation	on
		related	Ind or o	sul	Qf	Kej	Hig em	For	organization	(W-2/1099-MISC)		om the	
		organizations	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)			anizatio	
		below dotted line)	ual t	iona		oldt	t co	,				d related anizatior	
		iii ie)	trus	al tr		yee	m pe				orge	inzatioi	13
			tee	ets			sane						
				Ф			ated						
26) HEATHER BLANKINSHIP		4.00											
BOARD MEMBER/VP PROGRA	 AM	0.	Х		Х				0	0.			0
27) BRIAN BURRUS		4.00											
BOARD MEMBER		0.	Х						0	0.			0
28) PAUL CLARK		4.00								·			
BOARD MEMBER		0.	Х						0	0.			0
29) ADAM DUNN		4.00	21						0	. 0.			
BOARD MEMBER			37							0			0
		0.	X						0	0.			0
30) ELAINE HARRINGTON		4.00											_
BOARD MEMBER/VP MEMBER	RSHIP	0.	X		Х				0	0.			0
31) TIM NELSON		4.00							_	_			
BOARD MEMBER/TREASURE	R	0.	Х		Х				0	0.			0
32) BLAKE BARNARD		10.00											
COUNCIL COMMISSIONER		0.	X		Х				0	0.			0
33) DARRELL BRADEN		4.00											
BOARD MEMBER		0.	X						0	0.			0
34) BEN CROUCH		4.00											
BOARD MEMBER		0.	Х						0	0.			0
35) RICHARD EGELHOF		4.00											
BOARD MEMBER		0.	Х						0	0.			0
36) KEITH HAMILTON		4.00											
BOARD MEMBER		0.	Х						0	0.			0
1h Sub-total									0.	0.			0.
1b Sub-total c Total from continuation sheets	to Bart VII. Se	oction A		• •	• •								
		_				• •							
d Total (add lines 1b and 1c) 2 Total number of individuals (included)								2 50	asived mare than	\$100,000 of			
reportable compensation from the				iiste L	u ai	DOV	e) wiii	o ie	ceived more man	\$100,000 di			
- reportable compensation from the	ic organization											V	NI.
												Yes	No
3 Did the organization list any													37
employee on line 1a? If "Yes," co	mplete Schedu	ıle J for sud	ch ina	lividu	ual						3		X
4 For any individual listed on line	e 1a, is the s	sum of rep	ortab	ole c	com	per	satio	n ai	nd other compens	sation from the			
organization and related orga	anizations gre	eater than	\$15	50,0	00?	' If	"Yes	s,"	complete Schedu	le J for such			
individual											4	X	
5 Did any person listed on line 1													
for services rendered to the orga		es," comple	te Scl	nedu	ıle J	l for	such	per	son		5		Х
Section B. Independent Contractor	s												

1 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 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

(A)

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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)										
(A) Name and title	(B) Average hours per week (list any hours for	box,	unles	Pos heck ss pe	erson	e than on is both	an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
37) BILL MURPHY BOARD MEMBER	4.00	X						0	0.	0
38) BRAD PAINCHAUD	4.00									
BOARD MEMBER/VP MARKETING	0.	Х		Х				0	0.	C
39) BRIAN WITHROW	4.00									
BOARD MEMBER	0.	X						0	0.	C
40) ROGER DARROW	4.00									
BOARD MEMBER	0.	Х						0	0.	C
41) FRANK DEPENBUSCH	4.00									
BOARD MEMBER	0.	X						0	0.	C
42) PAUL FOWLER	4.00									
BOARD MEMBER	0.	Х						0	0.	(
43) SARAH HAMPTON	4.00									
BOARD MEMBER	0.	Х						0	0.	(
44) WENDY JOHNSON	4.00									
BOARD MEMBER	0.	Х						0	0.	(
45) MICHAEL POPP	4.00									
BOARD MEMBER	0.	Х						0	0.	(
46) WILLIAM THONI	4.00									
BOARD MEMBER	0.	Х						0	0.	(
1b Sub-total							\blacktriangleright	0.	0.	0 .
c Total from continuation sheets to Part VII, d Total (add lines 1b and 1c)	-						>			
Total number of individuals (including but no reportable compensation from the organization)	t limited to t	hose	liste	d a	bov		o re	eceived more than	\$100,000 of	
reportable compensation from the organization		-	L							Vaa Na
3 Did the organization list any former offi	cer directo	or or	· trı	iste	م	kev e	mr	alovee or highes	t compensated	Yes No
employee on line 1a? If "Yes," complete Sche										3 X
4 For any individual listed on line 1a, is the organization and related organizations g individual.	reater than	\$15	50,0	00?	? /:	f "Yes	s, "	complete Schedu	le J for such	4 X
5 Did any person listed on line 1a receive o	r accrue co	mpen	sati	on	fror	n any	un	related organizati	on or individual	5 X
for services rendered to the organization? <i>If "</i> Section B. Independent Contractors	res, comple	ie SCI	ieal	ııe .	, roi	such	per	SUII		5 X
	nnoncotod :	ndon	204	n+	000	trooto	rc t	that received man	than \$100 000 a	
 Complete this table for your five highest cor compensation from the organization. Report 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 ►

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Part VIII Statement of Revenue

		Check if Schedule O contains a respon		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue exclude from tax under sections 512-51
	1a	Federated campaigns 1a	102,315.				
	b	Membership dues					
	С	Fundraising events 1c	77,625.				
	d	Related organizations 1d	18,622.				
	е	Government grants (contributions) 1e					
	f	All other contributions, gifts, grants,					
		and similar amounts not included above . 1f	1,107,301.				
	g	Noncash contributions included in					
		lines 1a-1f 1g					
_	h	Total. Add lines 1a-1f		1,305,863.			
			Business Code				
	2a	CAMPING REVENUE	713990	416,566.	416,566.		
	b	ACTIVITY REVENUE	713990	158,385.	158,385.		
	С						
	d						
	е						
	f	All other program service revenue					
+	g	Total. Add lines 2a-2f		574,951.			
:	3	Investment income (including dividends,	′				
		other similar amounts)		20,861.			20,86
	4	Income from investment of tax-exempt bond		0.			
'	5	Royalties	(ii) Personal	0.			
	_		(II) Personal				
'	6a	Gross rents 6a					
	b	Less: rental expenses 6b					
	C .	Rental income or (loss) 6c					
١.	d –	Net rental income or (loss)		0.			
	7a	Gross amount from (i) Securities	(ii) Other				
		sales of assets					
		other than inventory 7a 350,315.					
	b	Less: cost or other basis and sales expenses 7h 316,433.					
		and saids expenses 1 1 1 1					
		Gain or (loss)		33,882.			33,88
	d	Net gain or (loss)		33,002.			33,00
	8a	Gross income from fundraising					
		events (not including \$\psi\$					
		of contributions reported on line	994,003.				
		1c). See Part IV, line 18	582,957.				
		Less: direct expenses		411,046.			411,04
١.	C n-	` '		111,010.			11170
'	9a	Gross income from gaming activities. See Part IV, line 19 9a	0.				
	L		0.				
	b C	Less: direct expenses	•	0.			
۱,		` ,					
''	0a	Gross sales of inventory, less returns and allowances	7,396.				
	b	Less: cost of goods sold 10b					
	C	Net income or (loss) from sales of inventory		7,396.	7,396.		
T		. , , , , , , , , , , , , , , , , , , ,	Business Code				
4.	1a	COUNCIL GENERAL	900099	34,568.			34,56
'				,,			1 , , ,
1	b						
	c d	All other revenue		4,272.			4,27
		Total. Add lines 11a-11d		38,840.			1,2,
1:		Total revenue. See instructions		2,392,839.	582,347.		504,62
				, , 2 •	/ / •		

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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									
Do	not include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising				
8b,	9b, and 10b of Part VIII.	rotal expenses	expenses	general expenses	expenses				
1	Grants and other assistance to domestic organizations								
	and domestic governments. See Part IV, line 21	0.							
2	Grants and other assistance to domestic								
	individuals. See Part IV, line 22	50,236.	50,236.						
3	Grants and other assistance to foreign								
	organizations, foreign governments, and foreign								
	individuals. See Part IV, lines 15 and 16	0.							
4	Benefits paid to or for members	0.							
5	Compensation of current officers, directors,								
	trustees, and key employees	215,195.	195,827.	19,368.					
6	Compensation not included above to disqualified								
	persons (as defined under section 4958(f)(1)) and								
	persons described in section 4958(c)(3)(B)	0.							
7	Other salaries and wages	806,584.	570,052.	193,259.	43,273.				
	Pension plan accruals and contributions (include								
	section 401(k) and 403(b) employer contributions)	39,975.	24,556.	12,494.	2,925.				
9	Other employee benefits	88,459.	59,024.	24,121.	5,314.				
10	Payroll taxes	79,597.	58,313.	17,790.	3,494.				
11	Fees for services (nonemployees):								
а	Management	0.							
	Legal	0.							
c	Accounting	69,245.		69,245.					
	Lobbying	0.							
е	Professional fundraising services. See Part IV, line 17.	0.							
f	Investment management fees	7,085.		7,085.					
g	Other. (If line 11g amount exceeds 10% of line 25, column								
	(A) amount, list line 11g expenses on Schedule O.)	47,140.	42,294.		4,846.				
12	Advertising and promotion	0.							
13	Office expenses	258,053.	239,929.	8,352.	9,772.				
14	Information technology	0.							
15	Royalties	0.							
16	Occupancy	118,758.	106,927.	7,544.	4,287.				
17	Travel	81,547.	63,290.	16,192.	2,065.				
18									
	for any federal, state, or local public officials	0.							
19	Conferences, conventions, and meetings	22,588.	17,669.	3,427.	1,492.				
20	Interest	31,346.	22,964.	7,789.	593.				
21	Payments to affiliates	24,979.	24,979.						
22	Depreciation, depletion, and amortization	305,896.	287,926.	16,212.	1,758.				
23	Insurance	67,183.	57,931.	9,027.	225.				
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.)								
-	RECOGNITION AWARDS	53,725.	8,722.	1,765.	43,238.				
b	EQUIPMENT RENTAL & MAINTENAN	51,907.	43,543.	6,366.	1,998.				
C	: <u> </u>								
d	I- <u>-</u>								
	All other expenses	32,280.	20,938.	9,571.	1,771.				
	Total functional expenses. Add lines 1 through 24e	2,451,778.	1,895,120.	429,607.	127,051.				
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs								
	from a combined educational campaign and								
	fundraising solicitation. Check here if	_							
_	following SOP 98-2 (ASC 958-720)	0.							
					Form 990 (2019)				

Form 990 (2019)

Part X Balance Sheet Check if Schedule O contains

		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	251,911.	1	204,567.
	2	Savings and temporary cash investments	139,929.	2	88,552.
	3	Pledges and grants receivable, net	144,721.	3	291,286.
	4	Accounts receivable, net	27,095.	4	15,747.
	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	0.	5	0.
	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).	0.	6	0
s	_	· · · · · · · · · · · · · · · · · · ·	0.	7	0
Assets	7	Notes and loans receivable, net	18,271.	8	16,386.
ΑS	8	Inventories for sale or use	39,095.		24,644.
	9	Prepaid expenses and deferred charges	39,093.	9	24,044.
	10 a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 9,634,618.	E 011 62F		4 550 050
		Less: accumulated depreciation			4,772,973.
	11	Investments - publicly traded securities	883,738.	11	1,170,157.
	12	Investments - other securities. See Part IV, line 11	0.	12	0.
	13	Investments - program-related. See Part IV, line 11	0.	13	0.
	14	Intangible assets	0.	14	0.
	15	Other assets. See Part IV, line 11	0.	15	0.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	6,516,397.	16	6,584,312.
	17	Accounts payable and accrued expenses	284,166.	17	71,030.
	18	Grants payable	0.	18	0.
	19	Deferred revenue	24,747.	19	85,681.
	20	Tax-exempt bond liabilities	0.	20	0.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.	0.	21	0.
Ś	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
į		controlled entity or family member of any of these persons	0.	22	0.
Ë	23	Secured mortgages and notes payable to unrelated third parties	512,125.	23	660,350.
	24	Unsecured notes and loans payable to unrelated third parties	0.	24	0.
	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	109,687.	25	97,801.
	26	Total liabilities. Add lines 17 through 25	930,725.	26	914,862.
	20	Organizations that follow FASB ASC 958, check here ► X	2007.201	20	311,002.
ces		and complete lines 27, 28, 32, and 33.			
a	27	Net assets without donor restrictions	4,425,757.	27	4,144,957.
Bal	28	Net assets with donor restrictions.	1,159,915.	28	1,524,493.
b	20	Organizations that do not follow FASB ASC 958, check here ▶	1,130,013.	20	1,321,133.
Ī		and complete lines 29 through 33.			
Assets or Fund Balances	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund.		30	
SS	31	Retained earnings, endowment, accumulated income, or other funds.		31	
٦	32	Total net assets or fund balances	5,585,672.	32	5,669,450.
Net	33	Total liabilities and net assets/fund balances	6,516,397.	33	6,584,312.
_	33	Total habilities and het assets/fully baldities, , , , , , , , , , , , , , , , ,	0,510,577.	<u> </u>	Form 990 (2019)

Form **990** (2019)

orm 9	90 (2019)				Pa	ge IZ
Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		2,3	92,8	339.
2	Total expenses (must equal Part IX, column (A), line 25)	2				778.
3	Revenue less expenses. Subtract line 2 from line 1	3				939.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4				572.
5	Net unrealized gains (losses) on investments	5		1	49,8	302.
6	Donated services and use of facilities	6				0.
7	Investment expenses	7			-7,(085.
8	Prior period adjustments	8				0.
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10		5,6	69,4	150.
Part						
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>			Щ
			r		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," e	xplain	in			
	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?		- 1	2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audi	ted o	na			
	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	_			v	
	the audit, review, or compilation of its financial statements and selection of an independent accounta		I	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, ex	xplain	on			
	Schedule O.					
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	rth in	the			v
	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	•	I	ا م		
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such at	udits .]	3b	000	(2019)
				rorm	JJU	(∠∪19)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047 Open to Public Inspection

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

Employer identification number 23-7147508

Pa	rt I	Reason for Public Cha	rity Status (All c	rganizations must c	omplete	e this pa	art) See instructions	
		anization is not a private four	<u> </u>			<u>'</u> _		···
1		A church, convention of chu		,	•	•	,	
2		A school described in section						
3		A hospital or a cooperative		•	•			
4	\vdash	A medical research organiz	•	=				Viii) Entar tha
4		-	· ·	conjunction with a not	spital de	scribed ii	ir section 170(b)(1)(A)	(III). Enter the
_		hospital's name, city, and st						
5		An organization operated f		a college of universit	y owner	a or ope	erated by a governme	entai unit described in
_		section 170(b)(1)(A)(iv). (C	•				// / / / / / / / / / / / / / / / / / /	
6		A federal, state, or local go	•				, , , , , ,	
7	X	An organization that norma	-		pport fro	om a go	vernmental unit or fro	om the general public
		described in section 170(b)		,				
8		A community trust describe						
9		An agricultural research org						
		or university or a non-land-	grant college of ag	griculture (see instruct	ions). Ei	nter the	name, city, and state o	f the college or
		university:						
10		An organization that norma receipts from activities rela support from gross investmacquired by the organizatio	ited to its exempt facent income and u	unctions - subject to on nrelated business tax	certain e able incc	xception me (les	is, and (2) no more tha s section 511 tax) from	n 331/3% of its
1		An organization organized a	and operated excl	usively to test for publi	c safety.	See sec	ction 509(a)(4).	
2		An organization organized a	and operated exclu	usively for the benefit	of, to pe	erform th	ne functions of, or to o	carry out the purposes
		of one or more publicly su	pported organizati	ons described in sec t	ion 509	(a)(1) or	r section 509(a)(2). S	See section 509(a)(3).
		Check the box in lines 12a t	hrough 12d that d	escribes the type of s	upporting	g organiz	zation and complete li	nes 12e, 12f, and 12g.
а		$oxedsymbol{oxed}$ Type I. A supporting orga	anization operated	, supervised, or contr	olled by	its supp	orted organization(s),	typically by giving
		the supported organization	on(s) the power to	regularly appoint or e	lect a m	ajority of	f the directors or truste	es of the
		supporting organization. \	You must complet	e Part IV, Sections A	and B.			
b		Type II. A supporting org				with its	supported organizati	on(s), by having
		control or management of	•					
		organization(s). You must						
С		Type III functionally integ	-		ited in co	onnectio	n with, and functional	lly integrated with.
		its supported organization						,,
d		Type III non-functionally		· ·				ted organization(s)
_	_	that is not functionally inte			-			- ' '
		requirement (see instructi			-		•	a an attentiveness
е		Check this box if the orga	•	-				I Type III
·		functionally integrated, or						ii, Type iii
f	Fn	ter the number of supported					don.	
g		ovide the following information						
		ame of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Amount of monetary	(vi) Amount of
	(,,		(, =	(described on lines 1-10	listed in yo	ur governing	support (see	other support (see
				above (see instructions))	Yes	nent?	instructions)	instructions)
					162	NO		
A)								
B)								
C)								
D)								
E)								
	_							
Γota	ai						1	

Page 2 Schedule A (Form 990 or 990-EZ) 2019

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,208,510.	1,007,905.	913,888.	1,059,074.	1,305,863.	5,495,240.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	1,208,510.	1,007,905.	913,888.	1,059,074.	1,305,863.	5,495,240.
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).						43,768.
6	Public support. Subtract line 5 from line 4						5,451,472.
	tion B. Total Support				1		
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	1,208,510.	1,007,905.	913,888.	1,059,074.	1,305,863.	5,495,240.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	19,948.	22,769.	17,005.	14,343.	20,861.	94,926.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) ATCH. 1	52,720.	49,553.	36,727.	19,265.	38,840.	197,105.
11	Total support. Add lines 7 through 10						5,787,271.
12	Gross receipts from related activities, etc. (s	ee instructions) .				12	3,444,495.
13	First five years. If the Form 990 is forganization, check this box and stop here						
Sec	tion C. Computation of Public Sup						0.4.00
14	Public support percentage for 2019 (lin		•		ĺ	14	94.20%
15	Public support percentage from 2018					15	92.86 %
16a	331/3% support test - 2019. If the org	=					
	box and stop here. The organization qu						
b	331/3% support test - 2018. If the org						
	this box and stop here. The organization	•		_			
17a	10%-facts-and-circumstances test - 2						
	10% or more, and if the organization						•
	Part VI how the organization meets the			•	•		
	organization						
b	10%-facts-and-circumstances test - 2	-					
	15 is 10% or more, and if the orga						-
	Explain in Part VI how the organization				_	•	
	supported organization						▶ □
18	Private foundation. If the organization						
	instructions					ahadula A /Farm 00	

Schedule A (Form 990 or 990-EZ) 2019 Page 3

Support Schedule for Organizations Described in Section 509(a)(2) Part III

(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						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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						
. u	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						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support			'		•	•
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6						
	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						
40							
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 five years. If the Form 990 is for	r the organiza	tion's first seco	and third fourth	or fifth tax v	ear as a section	n 501(c)(3)
14	organization, check this box and stop here .	· ·	•		•		` ^ `
Sec	tion C. Computation of Public Supp						
15	Public support percentage for 2019 (line 8,		•	ımn (f))		15	%
16	Public support percentage from 2018 Sched					16	% %
	tion D. Computation of Investment					10	/0
	-			13 column (f))		17	%
17	Investment income percentage for 2019 (lin						<u>%</u> %
18	Investment income percentage from 2018 S					18	
туа	331/3% support tests - 2019. If the org	-					
	17 is not more than 331/3%, check this	-		•		•	
b	331/3% support tests - 2018. If the orga						
20	line 18 is not more than 331/3%, check		-	•			

Schedule A (Form 990 or 990-EZ) 2019 Page 4

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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) and (c) below. 3a	
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) and (c) below. 3a	
(b) and (c) below.	
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination. 3b	
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) 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. 4b	
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	
Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) 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? 5b	
c Substitutions only. Was the substitution the result of an event beyond the organization's control?	
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 or 990-EZ).	
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ). 8	
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described	
in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI. b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which	

| 10b | | | Schedule A (Form 990 or 990-EZ) 2019

9b

9c

10a

determine whether the organization had excess business holdings.)

supporting organizations)? If "Yes," answer 10b below.

the supporting organization had an interest? If "Yes," provide detail in Part VI.

c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit

b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

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

Schedule A (Form 990 or 990-EZ) 2019 Page 5

				- 3
Part l	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	44.		
h	below, the governing body of a supported organization? A family member of a person described in (a) above?	11a 11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	on B. Type I Supporting Organizations	110		
	7. 2. Type i Capper mig Cigamizations		Yes	No
	Did the disasters twisters or membership of any or more comparted exeminations have the necessity			
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's 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 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.			
Soction	on C. Type II Supporting Organizations	2		
occii	organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
•	or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control</i>			
	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			ı
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		Yes	No
•	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	•		
2	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), 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		
	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	structi	ons).	
a	The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below.			
b C	The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instru	ctions)	
•			Yes	
2	Activities Test. Answer (a) and (b) below.			
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) 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	۵.		
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI	20		
b	trustees of each of the supported organizations? <i>Provide details in Part VI.</i> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3a		
D	of its supported organizations? If "Yes" describe in Part VI the role played by the organization in this regard	3h		

Schedule A (Form 990 or 990-EZ) 2019

Page 6 Schedule A (Form 990 or 990-F7) 2019

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nization	e	. age 🗸
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 organization			
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 1-1/2% 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 .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 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-functionall	y integra	ted Type III supporting	g organization (see
instructions).			

Schedule A (Form 990 or 990-EZ) 2019

Page 7 Schedule A (Form 990 or 990-EZ) 2019

Concac	ne / (1 01111 330 01 330 EZ) 2013			i ago i	
Part	V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	ions (continued)		
Sect	Section D - Distributions				
1	Amounts paid to supported organizations to accomplish e	xempt purposes			
2	Amounts paid to perform activity that directly furthers exe	mpt purposes of support	ed		
	organizations, in excess of income from activity				
3	Administrative expenses paid to accomplish exempt purpo	oses of supported organia	zations		
4	Amounts paid to acquire exempt-use assets				
5	Qualified set-aside amounts (prior IRS approval required)				
6	Other distributions (describe in Part VI). See instructions.				
7	Total annual distributions. Add lines 1 through 6.				
8	Distributions to attentive supported organizations to which				
	(provide details in Part VI). See instructions.				
9	Distributable amount for 2019 from Section C, line 6				
10	Line 8 amount divided by line 9 amount				
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019	
1	Distributable amount for 2019 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2019				
	(reasonable cause required - explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2019				
а	From 2014				

		Pre-2019	Amount for 2019
1	Distributable amount for 2019 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2019		
	(reasonable cause required - explain in Part VI). See		
	instructions.		
3	Excess distributions carryover, if any, to 2019		
а	From 2014		
b	From 2015		
C	From 2016		
d	From 2017		
е	From 2018		
f	Total of lines 3a through e		
g	Applied to underdistributions of prior years		
h	Applied to 2019 distributable amount		
i	Carryover from 2014 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.		
4	Distributions for 2019 from		
	Section D, line 7: \$		
а	Applied to underdistributions of prior years		
b	Applied to 2019 distributable amount		
c	Remainder. Subtract lines 4a and 4b from 4.		
5	Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h		
	and 4b from line 1. For result greater than zero, explain in		
	Part VI. See instructions.		
7	Excess distributions carryover to 2020. Add lines 3j		
	and 4c.		
8	Breakdown of line 7:		
a	Excess from 2015		
b	Excess from 2016		
C	Excess from 2017		
d	Excess from 2018		
е	Excess from 2019		

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019 Page 8

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.)

	•			,	,	
					ATTACHMENT 1	
SCHEDULE A, PART II -	OTHER INCOM	<u>C</u>				
DESCRIPTION	2015	2016	2017	2018	2019	TOTAL
OTHER INCOME	52,720.	49,553.	36,727.	19,265.	38,840.	197,105.
						
TOTALS	52,720.	49,553.	36,727.	19,265.	38,840.	197,105.

Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

2019

Employer identification number

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** [X] 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 or 990-EZ), 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, 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, 990-EZ, or 990-PF), 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, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

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

Employer identification number 23-7147508

Part I	Contributors (see instructions). Use duplicate copie	s of Part I if additional space is ne	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$66,065.	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.)

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

Employer identification number 23-7147508

art II	Noncash Property	(see instructions)). Use duplicate co	pies of Part II if addition	al space is needed.
--------	-------------------------	--------------------	---------------------	-----------------------------	---------------------

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Name of o	organization QUIVIRA COUNCIL, BOY SC	OUTS OF AMERICA, INC		Employer identification number 23-7147508	
Part III	Exclusively religious, charitable, etc., of (10) that total more than \$1,000 for the the following line entry. For organization contributions of \$1,000 or less for the Use duplicate copies of Part III if addition	ne year from any one con ns completing Part III, ente year. (Enter this informatio	tributor. Com r the total of <i>e</i> :	d in section 501(c)(7), (8), or plete columns (a) through (e) and xclusively religious, charitable, etc.	
(a) No. from	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held	
Part I					
		(e) Transfer of gift			
	Transferee's name, address, and	ZIP + 4	Relationship	o of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held	
		(e) Transfer of gift			
	Transferee's name, address, and		Relationship	o of transferor to transferee	
(a) No					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held	
		(e) Transfer of gift			
		(c) Transier or gini			
	Transferee's name, address, and	ZIP + 4	Relationship of transferor to transferee		
	-				
(a) Na					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held	
	-				
		(e) Transfer of gift			
	Transferee's name, address, and		Relationship	o of transferor to transferee	
			<u> </u>		
	- I	1			

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

► Attach to Form 990.

OMB No. 1545-0047 Open to Public

Department of the Treasury ► 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 No Yes **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 а 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 6 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. 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

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

Schedule D (Form 990) 2019

▶ \$

▶ \$

following amounts required to be reported under FASB ASC 958 relating to these items:

Page 2 Schedule D (Form 990) 2019

Pa	rt III Organizations Maintaini	ng Collections of	Art, Historical Tre	asures, or	Other S	Similar Assets (d	continued))
3	Using the organization's acquisition	n, accession, and c	ther records, check	c any of the	followin	ng that make sigr	nificant use	of its
	collection items (check all that app	ly):						
а	Public exhibition		d Loan o	or exchange	program			
b	Scholarly research		e Other					
С	Preservation for future gene	rations						
4	Provide a description of the organ		and explain how t	hey further	the orga	anization's exemp	t purpose	in Part
	XIII.		·	,	J	•		
5	During the year, did the organization	on solicit or receive d	onations of art, histo	orical treasu	res, or ot	her similar		
	assets to be sold to raise funds rath					_	Yes	No
Pa	rt IV Escrow and Custodial A		·	<u> </u>				
	Complete if the organiza 990, Part X, line 21.	•	s" on Form 990, F	Part IV, line	9, or rep	oorted an amour	nt on Form	า
1a	Is the organization an agent, truste	e, custodian or othe	er intermediary for c	ontributions	or other a	assets not		
	included on Form 990, Part X?						Yes	No
b	If "Yes," explain the arrangement i	n Part XIII and comp	lete the following tak	ole:				
		·	· ·			Amount		
С	Beginning balance			1c				
d	Additions during the year							
е	Distributions during the year							
f	Ending balance							
2a	Did the organization include an am				stodial a	ccount liability?	Yes	No
	If "Yes," explain the arrangement i					_		
	rt V Endowment Funds.		<u> </u>					
	Complete if the organiza	ation answered "Ye	s" on Form 990, F	Part IV, line	10.			
	, ,	(a) Current year	(b) Prior year	(c) Two year		(d) Three years back	(e) Four year	ars back
1.0	Paginning of year halance	1,345,228.	1,363,924.	1,252		1,215,789.		4,375.
1a	Beginning of year balance Contributions	216,730.	151,627.		,416.	11,320.		1,375
b			•					
С	Net investment earnings, gains, and losses	234,865.	-138,774.	142	,534.	55,644.	-3	4,683.
		32,466.	37,774.		,534.	14,725.		3,860
	Grants or scholarships	. ,			,	,		
е	Other expenditures for facilities							
	and programs	10,884.	-6,225.	12	,703.	15,817.	4	1,418
	Administrative expenses	1,753,473.	1,345,228.	1,363		1,252,211.		5,789
g	End of year balance					1,101,111.		
2 a	Provide the estimated percentage Board designated or quasi-endown	nent ▶ 17.7900	end balance (line 1g, _%	column (a))	neid as:			
	Permanent endowment ► 82.2							
С	Term endowment ▶	%	200/					
_	The percentages on lines 2a, 2b, a							
3a	Are there endowment funds not in	the possession of th	e organization that	are neid and	a adminis	sterea for the	Ye	o No
	organization by:							
	(i) Unrelated organizations						3a(i)	X
	(ii) Related organizations						3a(ii) X	
b	If "Yes" on line 3a(ii), are the relate	•	•				3b X	
4	Describe in Part XIII the intended u							
Pa	rt VI Land, Buildings, and Equ Complete if the organize	ווpment. ation answered "Ye	es" on Form 990 I	Part IV line	11a Se	e Form 990 Pa	rt X line 1	10
	Description of property	(a) Cost or		or other basis	(c) Accur) Book value	
		(invest	ment) (o	ther)	depred			120
1 a	Land			731,138.	2 2 5	2 2 4 2		,138.
b	Buildings		7,5	67,809.	3,89	3,842.	3,673	,967.
С	Leasehold improvements							
d	Equipment			363,666.		2,837.		,829.
e	Other			172,005.		4,966.		,039.
Tota	II. Add lines 1a through 1e. (Column	(d) must equal Forn	n 990, Part X, columi	n (B), line 10	c.)	▶	4,772	,973.

Schedule D (Form 990) 2019

Page 3 Schedule D (Form 990) 2019

Part VII Investments - Other Securities. Complete if the organization answered	d "Yes" on Form 990	D, Part IV, line 11b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) . Part VIII Investments - Program Related.		
	d "Yes" on Form 990	0, Part IV, line 11c. See Form 990, Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
<u>(4)</u>		
<u>(5)</u>		
<u>(6)</u>		
<u>(7)</u>		
(8) (9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)		
Part IX Other Assets.		
	d "Yes" on Form 990	0, Part IV, line 11d. See Form 990, Part X, line 15.
(a) De	escription	(b) Book value
(1)		
(2)		
(3)		
(4)		
_(5)		
<u>(6)</u>		
<u>(7)</u>		
(8)		
_(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B)	line 15.)	<u></u> ▶
	d "Yes" on Form 990	0, Part IV, line 11e or 11f. See Form 990, Part X,
line 25. 1. (a) Descrip	ption of liability	(b) Book value
(1) Federal income taxes	otion of hability	(S) Book value
(2) CUSTODIAN ACCOUNTS		97,801.
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	97,801.
2. Liability for uncertain tax positions. In Part XIII, provide the		
organization's liability for uncertain tax positions under FASB		

Schedule D (Form 990) 2019 Page 4

Part	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 ago 1
1 2 a b c	Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12: Net unrealized gains (losses) on investments	1	
e 3 4 a	Add lines 2a through 2d	2e 3	
b c 5 Part	Other (Describe in Part XIII.)	4c 5 Irn.	
1 2 a b c d e	Total expenses and losses per audited financial statements	1 2e	
3 4 a b c	Subtract line 2e from line 1 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 Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).	3 4c 5	
Provid 2; Part	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; F XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform PAGE 5	Part V,	line 4; Part X, line

Schedule D (Form 990) 2019 Page **5**

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 2015 AND THEREAFTER REMAIN SUBJECT TO

EXAMINATION BY THE INTERNAL REVENUE SERVICE.

SCHEDULE G (Form 990 or 990-EZ)

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.

OMB No. 1545-0047 Open to Public

Department of the Treasury ► 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 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. 1 Mail solicitations Solicitation of non-government grants а Internet and email solicitations f Solicitation of government grants Phone solicitations Special fundraising events C g In-person solicitations d Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, 2a or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (iii) Did fundraiser have (vi) Amount paid to (i) Name and address of individual (iv) Gross receipts (or retained by) custody or control of (or retained by) (ii) Activity or entity (fundraiser) from activity fundraiser listed in organization contributions? col. (i) Yes No 1 2 3 6 8 9 10 Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

Schedule G (Form 990 or 990-EZ) 2019

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

		events with gross receipts gre	eater than \$5,000.			
			(a) Event #1 POPCORN SALES	(b) Event #2 SPORTING CLAYS	(c) Other events	(d) Total events (add col. (a) through
е			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	952,223.	102,807.	16,598.	1,071,628
R	2	Less: Contributions		66,825.	10,800.	77,625
	3	Gross income (line 1 minus line 2)		35,982.	5,798.	994,003
	4	Cash prizes				
	5	Noncash prizes		9,092.		9,092
Direct Expenses	6	Rent/facility costs		23,901.	5,579.	29,480
t Expe	7	Food and beverages				
Direc	8	Entertainment				
	9	Other direct expenses	538,549.	5,303.	533.	544,385
	10	Direct expense summary. Add line	es 4 through 9 in colu	mn (d)		582,957
	11	Net income summary. Subtract lin	ne 10 from line 3, colu	ımn (d)	<u> </u>	411,046
Pa	rt I			Yes" on Form 990, F	Part IV, line 19, or	reported more than
4		\$15,000 on Form 990-EZ, lin	e ba.	(h) Doll to be for event		(d) Total gaming (add
enue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c)
Revenue	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Jirect	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes% No	Yes% No	
	7	Direct expense summary. Add line	es 2 through 5 in colu	mn (d)	▶	
	8	Net gaming income summary. Su	ubtract line 7 from line	1, column (d)		
9 a b	l	Enter the state(s) in which the orgals the organization licensed to con If "No," explain:	anization conducts ga duct gaming activities	in each of these state	es?	Yes No
10a b		Were any of the organization's gaminous fi "Yes," explain:				Yes No

SCHEDULE I (Form 990)

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

2019

OMB No. 1545-0047

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization						Employer identification	on number
QUIVIRA COUNCIL, BOY SCOUTS OF AME	RICA, INC	C.				23-714750	8
Part I General Information on Grants and	Assistanc	е				•	
 Does the organization maintain records to su the selection criteria used to award the grants Describe in Part IV the organization's proced 	s or assistand	e?					X Yes No
Part II Grants and Other Assistance to De Part IV, line 21, for any recipient the		•					es" on Form 990,
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
_(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
2 Enter total number of section 501(c)(3) and g 3 Enter total number of other organizations list For Paperwork Reduction Act Notice, see the Instruction	ed in the line	1 table				>	

JSA

0F1288 1 000

Schedule I (Form 990) (2019)

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	1,296.	26,569.			
2 UNIFORMS	40.	1,645.			
3 CAMPERSHIPS	240.	22,022.			
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 REQUIRMENTS.

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.

► 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

QUIVIRA COUNCIL, BOY SCOUTS OF AMERICA, INC.

Inspection 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 réimbursement 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	_		
J	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			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
а	organization or a related organization: Receive a severance payment or change-of-control payment?	4a		Х
a b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
C	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
·	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	70		
	The to any of miles at 8, not the persons and provide the applicable amounts for each from in rate in.			
	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			
	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.			
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		Х
b	Any related organization?	6b		Х
	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			
	payments not described on lines 5 and 6? If "Yes," describe in Part III.	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject			
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
	in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2019

Schedule J (Form 990) 2019

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 o	f W-2 and/or 1099-MI	SC 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)	149,579.	0.	6,366.	87,745.	32,587.	276,277.	0.
1SCOUT EXECUTIVE	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
_ 2	(ii)							
	(i)							
3	(ii)							
	(i)							
4	(ii)							
	(i)							
5	(ii)							
	(i)							
6	(ii)							
	(i)							
7	(ii)							
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

SCHEDULE M (Form 990)

Noncash Contributions

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

Attach to Form 990.

BOY SCOUTS OF AMERICA, INC.

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

OMB No. 1545-0047

2019

Open to Public

Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

QUIVIRA COUNCIL,

Employer identification number

23-7147508

Par	Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method of noncash cont			
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household							
·	goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC,							
••	or trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation							
	contribution - Historic							
	structures							
14	Qualified conservation							
	contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts.							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ►(ATCH 1)		10.	27,422.				
26	Other ►(ATCH 1) Other ►()							
27	Other ►()							
28	Other ►(
29	Number of Forms 8283 received	by the org	anization during the tax y	ear for contributions for				
	which the organization completed F	-			29			
							Yes	No
30a	During the year, did the organizat	ion receive	by contribution any prope	rty reported in Part I, line	s 1 through			
	28, that it must hold for at least the	hree years f	rom the date of the initial	contribution, and which is	sn't required			
	to be used for exempt purposes for	the entire h	olding period?			30a		X
b	If "Yes," describe the arrangement i	n Part II.						
31	Does the organization have a	gift accep	tance policy that require	es the review of any i	nonstandard			
	contributions?					31	Х	
32a	Does the organization hire or use					J		
	contributions?					32a		X
b	If "Yes," describe in Part II.							
33	If the organization didn't report an describe in Part II.	amount in o	column (c) for a type of pro	perty for which column (a)	is checked,			

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

Schedule M (Form 990) 2019

Schedule M (Form 990) (2019) Page **2**

Part II

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

FORM 990, SCHEDULE M, PART I, LINE 25B

AMOUNT REPORTED IN COLUMN B REPRESENTS THE NUMBER OF CONTRIBUTIONS

RECEIVED.

Schedule M (Form 990) (2019) Page **2**

Part II Supplem

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

ATTACHMENT 1

SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

DESCRIPTION	(A) CHECK	(B) NUMBER OF CONTRIBUTIONS	(C) REVENUES REPORTED	(D) METHOD OF DETERMINING
RECRUITMENT HANDOUTS	Х	4.	19,795.	COST
AWARENESS CAMP SUPPLIES	Х	3.	4,886.	COST
MISCELLANEOUS	Х	3.	2,741.	COST
TOTALS	_	10.	27,422.	

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

2019

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.

QUIVIRA COUNCIL, BOY SCOUTS OF AMERICA, INC.

Employer identification number 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 2

CHARLES GRIER AND JEFF GRIER HAVE A FAMILY RELATIONSHIP AND HAVE A BUSINESS RELATIONSHIP.

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

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

Employer identification number

23-7147508

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

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

Employer identification number

23-7147508

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

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)

Related Organizations and Unrelated Partnerships

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

► Attach to Form 990.

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047
2019
Open to Public Inspection

Name of the organization

QUIVIRA COUNCIL, BOY SCOUTS OF AMERICA, INC.

Employer identification number

23-7147508

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	conti	g) 512(b)(13) rolled ity?
						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	X	
(2) CAMP DEVELOPMENT TRUST FUND FOR QUIVIRA 48-1064343							
3247 N. OLIVER WICHITA, KS 67220	SUPPORT	KS	501(C)(3)	12A	SEE PART VI	X	
(3)							
(4)							
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2019

Schedule R (Form 990) 2019

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign 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)	Gene	j) eral or aging ner?	(k) Percentage ownership
		oounity)					Yes	No		Yes	No	
(1)												
(2)												
(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	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13 controlled entity?
(1)								Yes No
(2)								
(3)								
(4) (5)								
(6)								
(7)								

Schedule R (Form 990) 2019

Page 3 Schedule R (Form 990) 2019

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

1	During the tax year, did the organization engage in any of the following transactions with one or more related organization	ganizations listed	in Parts II-IV?				
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		X
	Gift, grant, or capital contribution to related organization(s)				1b		X
	Gift, grant, or capital contribution from related organization(s)				1c	X	
	Loans or loan guarantees to or for related organization(s)				1d		X
e	Loans or loan guarantees by related organization(s)				1e		X
·	25an 5 on 15an guaran 1655 by 15lates organization (6)						
f	Dividends from related organization(s)				1f		Х
	Sale of assets to related organization(s)				1g		X
					1h		X
n	Purchase of assets from related organization(s)				1i		X
!	Exchange of assets with related organization(s)						X
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		
							3.5
	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		X
m	Performance of services or membership or fundraising solicitations by related organization(s).				1m		X
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		X
	Sharing of paid employees with related organization(s)				10		X
р	Reimbursement paid to related organization(s) for expenses				1p		X
	Reimbursement paid by related organization(s) for expenses				1q		X
٦							
r	Other transfer of cash or property to related organization(s)				1r		Х
S	Other transfer of cash or property from related organization(s).				1s		X
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, in	ncludina coverec	relationships and transac	tion thres			
_	(a)	(b)	(c)				
	Name of related organization Trai	nsaction	Amount involved	Method o			g
	typ	pe (a-s)		amou	nt invo	ved	
(4)							
(1)							—
رم،							
(2)							—
(3)							
(4)							
(5)							
(6)							
SA	•	•	Sche	dule R (F	orm 9	90) 2	019
-··							

Yes No

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

Schedule R (Form 990) 2019

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	income (related, unrelated, excluded from tax under	Are all sec 501 organiz	e) partners ction (c)(3) zations?	(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)	Gene mana parti	i) eral or aging ner?	(k) Percentage ownership
			sections 512-514)	Yes				Yes	No	(1 01111 1000)	Yes	No	
(1)													
(2)													
(3)													
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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.



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.

¹ Certain information within an application for exemption can be withheld from public inspection if public availability would adversely affect the organization, e.g., information relating to a trade secret, patent, process, style of work or apparatus of the organization.

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 BKD advisor if you have questions about these rules.

BKD TAX506 9-11

Public Disclosure Rules