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# EXTENDED TO AUGUST 17, 2015

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury Internal Revenue Service

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

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Α	For the	2014 calendar year, or tax year beginning and	ending					
В	Check If applicable	C Name of organization WINNEBAGO COUNCIL BOY SCOUTS OF AMERIC	CA	D Employer identific	cation number			
	Addres change	s   #173						
	Name change	Doing business as		42-0	985053			
	□ Initial □ return □ Final	Number and street (or P 0 box if mail is not delivered to street address) 2929 AIRPORT BLVD.	Room/suite	E Telephone number	234–2867			
_	return/ termin-			G Gross receipts \$	1,574,995.			
	ated □Amend retµm	City or town, state or province, country, and ZIP or foreign postal code WATERLOO, IA 50703						
늗	⊒retµm ∏Applica ∐tion	F Name and address of principal officer: TODD A. WORDEL		H(a) Is this a group re for subordinates				
L.,	tion pendin	2929 AIRPORT BLVD. WATERLOO, IA 50703		H(b) Are all subordinates in				
_			or 527	1				
		mpt status: X 501(c)(3) 501(c) ( ) (insert no ) 4947(a)(1) e: ► WWW.WINNEBAGOBSA.ORG	UI 321	1	list. (see instructions)			
		organization	I Vear	H(c) Group exemption	State of legal domicile IA			
		Summary	L Teal	or tottilation. 1971 i	State of legal doffliche TA			
		Briefly describe the organization's mission or most significant activities: PROM	OTING	THE BOY SCO	UTS OF			
Activities & Governance	1 ' 3	AMERICA PROGRAM IN 17 COUNTIES WITHIN TH	E STAT	E OF TOWA.				
nar	-	Check this box If the organization discontinued its operations or dispose			eote			
Š	-	Number of voting members of the governing body (Part VI, line 1a)	sed of filore	3	48			
Ĝ	1	Number of independent voting members of the governing body (Part VI, line 1b)		4	48			
<b>ತ</b>		Fotal number of individuals employed in calendar year 2014 (Part V, line 2a)		5	58			
ij		Fotal number of volunteers (estimate if necessary)		6	1471			
÷	1	Total unrelated business revenue from Part VIII, column (6); line 12		7a	0.			
Ă		Net unrelated business taxable income from Form 990-T, line 3RECE!\/FI		7b	0.			
_	<del></del>			Prior Year	Current Year			
	8	Contributions and grants (Part VIII, line 1h)	2-03C	113,833.	361,572.			
nue		Contributions and grants (Part VIII, line 1h)  Program service revenue (Part VIII, line 2g)	<b>7</b>   ₩	442,317.	233,015.			
Revenue		nvestment income (Part VIII, column (A), lines 3, 4, and 7d) OGDEN, UT	, ~>   —	1,004,739.	93,765.			
æ	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and T1e)		308,406.	274,982.			
		Fotal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,869,295.	963,334.			
_	T	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	8,845.	2,639.				
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.			
<b>'</b> A	1	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		616,975.	546,457.			
Se	162	Professional fundraising fees (Part IX, column (A), line 11e)	, , , , , , , , , , , , , , , , , , , ,					
Expenses	, oa ,	Fotal fundraising expenses (Part IX, column (D), line 25)	81.	0.	0.			
Ä	17 (	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<del></del>	553,807.	373,156.			
		Fotal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1	1,179,627.	922,252.			
		Revenue less expenses Subtract line 18 from line 12	-	689,668.	41,082.			
or es	<del> </del>	terende less expenses outstact line to north line 12	Re	ginning of Current Year	End of Year			
ets	20	Fotal assets (Part X, line 16)	1 20	3,207,147.	3,284,800.			
Ass	21	Fotal liabilities (Part X, line 26)		173,691.	224,199.			
Net Assets or Fund Balances	22	Net assets or fund balances. Subtract line 21 from line 20	<u> </u>	3,033,456.	3,060,601.			
	art II	Signature Block			7			
_		ties of perjury, Declare that I have examined this return, including accompanying schedule	s and statem	ents, and to the best of my	knowledge and belief, it is			
		, and complete Deglaration of preparet (other than officer) is based on all information of wi			1			
		I delle la		108/29	12015			
Sig	n I	Signature of officer		Date /	()013			
He	1	TODD A. WORDEL, SCOUT EXECUTIVE						
		Type or print name and title		<del></del>	<del></del>			
		Print/Type preparer's name Preparer's signature		Date Check	PTIN			
Pai	a k	STEVE SCHWEIZER SSS		5-20-15 of self-employe	P01238619			
_	parer	Firm's name DENMAN & COMPANY, LLP	Firm's EIN 42-0794029					
	Only	Firm's address 1601 22ND STREET, SUITE 400			<del></del>			
		WEST DES MOINES, IA 50266-1453		Phone no 51	5-225-8400			
Ma	y the IF	S discuss this return with the preparer shown above? (see instructions)		1	X Yes No			
	001 11-07		ons.		Form <b>990</b> (2014)			

4d	Other program services (D	escribe in Schedule O.)		
	(Expenses \$	including grants of \$	) (Revenue \$	)

640,619.

432002 11-07-14

4e \_Total program service expenses

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# Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		.,	
_	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	_		٠,
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			.,
_	during the tax year? If "Yes," complete Schedule C, Part II	4_		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		v
_	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			v
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		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," complete	_		v
_	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?	_		v
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent		v	
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
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,		v	
	Part VI	11a	X	
D	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	445	Х	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Λ.	
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			Х
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
a	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in		Х	
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
'	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	Х	
102	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	111		
120	Schedule D, Parts XI and XII	12a	х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	120		
	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
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
-	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
•	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
		Form	990 (	(2014

Note. All Form 990 filers are required to complete Schedule O

	rt IV Checklist of Required Schedules (continued)	<del>, , , , , , , , , , , , , , , , , , , </del>		aye ¬
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	<u> </u>
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	1	ļ	
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a	ļ	X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	ļ	
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X_
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	ļ		
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete		ļ	
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"	İ		
	complete Schedule L, Part II	26		X_
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial		<u> </u>	
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27	ļ	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		28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			v
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			l 🐷
• •	contributions? If "Yes," complete Schedule M	30	<del> </del>	X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			v
~~	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	20		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		-
33	sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	100	<del></del> -	<del></del> -
<b>-</b>	Part V, line 1	34	ļ	X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	-	X
	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity		<u> </u>	<del> </del> -
_	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35ь		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
_	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			

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Form	990 (2014) #173 42-0985	<u>053</u>	P	age <b>5</b>
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	, ,,,,,		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			l
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			1
	(gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return . 2a 58			ĺ
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	1
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country:			i
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			ĺ
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			1
	were not tax deductible?	_6b		<u></u>
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		ļ
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			l
	to file Form 8282?	7c	ļ	X
d	If "Yes," indicate the number of Forms 8282 filed during the year			İ
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<u>7</u> e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u> </u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		<b></b>
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		<u> </u>
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9ь	ļ.,.,	
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders			ı
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	ļ	
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			Į
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	<u> </u>		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			v
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		<u>X</u>
<u> </u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
		rom	ココリ	(2014)

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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 in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part Vi			X		
Sec	tion A. Governing Body and Management					
			Yes	No		
1a	Enter the number of voting members of the governing body at the end of the tax year 48					
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O					
ь	Enter the number of voting members included in line 1a, above, who are independent  1b  48					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other					
_	officer, director, trustee, or key employee?	2		Х		
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision					
-	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х		
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X		
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X		
6	Did the organization have members or stockholders?	6		Х		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or					
	more members of the governing body?	7a		Х		
ь	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or					
	persons other than the governing body?	7b		Х		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following					
а	The governing body?	8a	X			
	Each committee with authority to act on behalf of the governing body?	8b	X			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the					
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)					
			Yes	No		
10a	Did the organization have local chapters, branches, or affiliates?	10a	Х			
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,					
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10ь	X			
11a	11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?					
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990.						
12a Did the organization have a written conflict of interest policy? If "No," go to line 13						
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		X		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe					
	in Schedule O how this was done	12c		_X		
13	Did the organization have a written whistleblower policy?	13	_X_			
14	Did the organization have a written document retention and destruction policy?	14	X			
15	Did the process for determining compensation of the following persons include a review and approval by independent					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official	15a	X			
b	Other officers or key employees of the organization	15b	X	ļ		
	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 arrangement with a					
	taxable entity during the year?	16a		X		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's					
	exempt status with respect to such arrangements?	16b				
	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed NONE	<del></del>		<del></del>		
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) and 990-T (	vallab	le			
	for public inspection. Indicate how you made these available. Check all that apply.					
	Own website Another's website X Upon request Other (explain in Schedule O)					
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	finan	cial			
	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 books and records:					
	TODD A. WORDEL - 319-234-2867					
	2929 AIRPORT BLVD., WATERLOO, IA 50703		_			

432006 11-07-14

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organize (A)  Name and Title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					one han	(D)  Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations	
(1) SEE ATTACHED SCHEDULE	0.00	х						0.	0.	0	
(2) TODD WORDEL SCOUT EXECUTIVE	40.00			х				91,131.	0.	76,015	
						_					
		_									

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Par	t VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, an	d Hi	ighe	st C	Compensated Employe	es (continued)			
	(A)	(B)			(0	C)			(D)	(E)		(F)	
	Name and title	Average	Position (do not check more than one					one	Reportable	Reportable		Estima	ted
		hours per	box	, unle	ss pe	erson	ıs bot	h an	compensation	compensation	;	amour	t of
		week	<del></del>	Cer ar	load	Irecto	or/trus	tee)	trom trom related			othe	
		(list any hours for	ğ			ļ	L		the	organizations	co	mpens	
		related	5	8			Safed		organization (W-2/1099-MISC)	(W-2/1099-MISC)	٦	from t	
		organizations	fuste	E E		8	mber I		(44-2/1099-141130)		ı ı	rganiza and rela	
		below	Individual frustee or director	Institutional frustee	 	Key employee	oyee oyee	<b>a</b>				ganiza	
	<u></u>	line)	<u></u>	Insti	Officer	Ş	Highest compensated employee	Former					
												-	
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		<u> </u>	_				ļ	ļ					
			1		1								
						<u> </u>			01 121		-	7.	115
-	Sub-total							<b>•</b>	91,131.	0		76,0	015.
	Total from continuation sheets to Part V	II, Section A							0.	0		76	0.
	Total (add lines 1b and 1c)				<del></del>			<u> </u>	91,131.	0	•	76,	015.
2	Total number of individuals (including but r	not limited to th	ose	liste	ed a	bove	e) wh	no r	eceived more than \$100	,000 of reportable			^
	compensation from the organization								<del> </del>	<del></del>		Yes	0
_	D. 146										·····	res	No
3	Did the organization list any former officer,		ıste	е, ке	y er	npic	oyee,	, or	highest compensated ei	mployee on		1	v
_	line 1a? If "Yes," complete Schedule J for s										3		<u> </u>
4	For any individual listed on line 1a, is the si								•	the organization	١.	х	
_	and related organizations greater than \$15			-						dual & a	4	$+^{\Delta}$	<del> </del>
5	Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com	•				•		eiai	ed organization or indivi	dual for services	_		X
Sec	tion B. Independent Contractors	ipiete oci ledali	501	01 30	<i>7</i> (11	pers	2011				5	_1	A
1	Complete this table for your five highest co	mpensated inc		ende	nt c	ont	racto	ore t	hat received more than	\$100,000 of compa	neation	from	
•	the organization. Report compensation for										.catioi		
	(A)	THE SELECTION Y		•		*****	<u> </u>	Ï	(B)	, Juli		(C)	
	Name and business	address	NO	NC	3				Description of s	ervices		ensatı	on
		-						Ī					
			_										
	<del>-</del>								· ———				
												<u> </u>	
													_
		<u> </u>											
										<b>f</b>			
		<del></del>										<del></del>	
2	Total number of independent contractors (	_	ot li	mıte	d to		_	stec	d above) who received m	ore than			
	\$100,000 of compensation from the organi	zation >					0						<del></del>
											Form	ი 990	(2014)

			2014) #1/3		<del></del>			42-0963	Page 9
Pa	π.	X II							
			Check if Schedule O cont	ains a response		e in this Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1	b d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contribut All other contributions, grfts, gran similar amounts not included abo Noncash contributions included in lines	its, and uve 1f	23,805. 337,767.	261 572			·
0 8		h	Total. Add lines 1a-1f		Business Carls	361,572.			:
Program Service Revenue	2	a b c	SUMMER CAMPS OTHER SCOUTING MISCELLANEOUS I		8usiness Code 713990 713990 900099	150,106. 63,022. 19,887.			
Po		e f	All other program service reve	2016					
	g Total. Add lines 2a-2f				. •	233,015.	-	•	
	3	3	Investment income (including other similar amounts)		<b>&gt;</b>	33,725.			33,725.
	4 5		Income from investment of ta Royalties		, <b>b</b>				
	6	a b c	Gross rents Less' rental expenses Rental income or (loss)	(i) Real	(ii) Personal				
		d	Net rental income or (loss)		<b>&gt;</b>	1 1 4 4 1 7			
	7		Gross amount from sales of assets other than inventory Less: cost or other basis	(i) Securities 216,669.	(ii) Other 7,709.				***************************************
		c	and sales expenses Gain or (loss) Net gain or (loss)	164,338. 52,331.	0. 7,709. ►	60,040.			60,040.
Other Revenue	8		Gross income from fundraisin including \$ contributions reported on line Part IV, line 18	of 1c). See a	36,665.				
ਰੋ			Less: direct expenses	b	15,926.	20,739.			20,739.
	9		Net income or (loss) from fund Gross income from gaming ad Part IV, line 19			20,137.		., ,.	20,739.
		þ	Less: direct expenses	b					
			Net income or (loss) from gan	-	. •				
	10		Gross sales of inventory, less and allowances Less: cost of goods sold	а	685,640. 431,397.				
			Net income or (loss) from sale		<b>&gt;</b>	254,243.	254,243.		
			Miscellaneous Revenu		Business Code				
	11	a							<del></del>
		b c							
		d	All other revenue						
		e	Total. Add lines 11a-11d		<b>•</b>				
	12	<u>.                                    </u>	Total revenue. See instructions		<b>&gt;</b>	963,334.	487,258.	0.	114,504.

Part IX Statement of Functional Expenses

	Check if Schedule O contains a respons				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments See Part IV, line 21				
2	Grants and other assistance to domestic	2 620	2 620		
_	individuals. See Part IV, line 22	2,639.	2,639.		., , , , , , , , , , , , , , , , , , ,
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
•	trustees, and key employees	91,131.	80,195.	8,202.	2,734.
6	Compensation not included above, to disqualified	· · · · · · · · · · · · · · · · · · ·	,		_,
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	338,493.	189,178.	78,678.	70,637.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	80,420.	51,469.	19,301.	9,650.
10	Payroll taxes	36,413.	25,214.	7,466.	3,733.
11	Fees for services (non-employees):				
а	Management .				
	Legal				
	Accounting				
	Lobbying				
	Professional fundraising services See Part IV, line 17		-		
f	Investment management fees Other. (If line 11g amount exceeds 10% of line 25,				
y	column (A) amount, list line 11g expenses on Sch O)				
12	Advertising and promotion				
13	Office expenses	68,734.	65,610.	679.	2,445.
14	Information technology		,		
15	Royalties				<del></del>
16	Occupancy	57,123.	49,286.	5,225.	2,612.
17	Travel	40,930.	30,151.	5,742.	5,037.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	16,233.	12,839.	1,794.	1,600.
20	Interest	280.	179.	67.	34.
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	44,780.	41,006.	2,516.	1,258.
23	Insurance .	26,636.	19,060.	5,051.	2,525.
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	PROFESSIONAL FEES	23,215.	10,923.	3,693.	8,599.
b	RENT & MAINTENANCE OF E	22,190.	14,756.	4,299.	3,135.
c	CHARTER FEES	20,938.	20,938.		
d	PRINTING & PUBLICATION	14,302.	9,498.	107.	4,697.
е	All other expenses	37,795.	17,678.	4,832.	15,285.
25	Total functional expenses. Add lines 1 through 24e	922,252.	640,619.	147,652.	133,981.
26	Joint costs. Complete this line only if the organization			T	
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				
	Check here If following SOP 98-2 (ASC 958-720)				

432010 11-07-14

Form 990 (2014)
Part X Balance Sheet

Ра	πX	Sharker Sheet	<del> </del>		
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash non-interest-bearing	1,367,365.	1	813,951.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	36,812.	3	39,877.
	4	Accounts receivable, net	33,637.	4	2,445.
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			,
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
ets		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
•	8	Inventories for sale or use	18,327.	8	12,934.
	9	Prepaid expenses and deferred charges	9,784.	9	12,106.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D  Less: accumulated depreciation  10a 1,749,759.  10b 1,164,377.			
	b	Less: accumulated depreciation 10b 1,164,377.	494,342.	10c	585,382.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11	1,073,470.	12	1,648,433.
	13	Investments · program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	173,410.	15	169,672.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	3,207,147.	16	3,284,800.
	17	Accounts payable and accrued expenses .	24,725.	17	58 <b>,</b> 247.
	18	Grants payable		18	
	19	Deferred revenue .	1,479.	19	2,987.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ies	22	Loans and other payables to current and former officers, directors, trustees,			
Liabilities		key employees, highest compensated employees, and disqualified persons.			
<u>e</u> .		Complete Part II of Schedule L		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	00.050
	24	Unsecured notes and loans payable to unrelated third parties		24	20,253.
	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	147 407		140 710
		Schedule D	147,487.		142,712. 224,199.
	26	Total liabilities. Add lines 17 through 25	173,691.	26	224,199.
		Organizations that follow SFAS 117 (ASC 958), check here ► X and			
ces		complete lines 27 through 29, and lines 33 and 34.	2 200 045		2 202 772
<u>la</u>	27	Unrestricted net assets	2,388,945.	27	2,392,772.
Ba	28	Temporarily restricted net assets	269,691. 374,820.	28	289,299.
בַ	29	Permanently restricted net assets	3/4,020.	29	378,530.
Ę		Organizations that do not follow SFAS 117 (ASC 958), check here			
S S	22	and complete lines 30 through 34.	}	.	
set	30	Capital stock or trust principal, or current funds		30	
As	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds	2 022 456	32	2 060 601
_	33	Total net assets or fund balances	3,033,456.	33	3,060,601.
	34	Total liabilities and net assets/fund balances	3,207,147.	34	3,284,800.

WINNEBAGO COUNCIL BOY SCOUTS OF AMERICA

Forn	990 (2014) #173	42-09	85053	Pa	ge <b>12</b>
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			34.
2	Total expenses (must equal Part IX, column (A), line 25)	2	922	2,2	52.
3	Revenue less expenses. Subtract line 2 from line 1	3			82.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,033		
5	Net unrealized gains (losses) on investments	5	-13	3,9	37.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9	_		0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,		_		
	column (B))	10	3,060	,6	01.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedu	e 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 compiled or reviewed	ed on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	ite basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the second	he audit,		- 1	
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sc	nedule O.			
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S	ingle Audit			
	Act and OMB Circular A-133?	÷	3a	]	<u>X</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	uired audit			

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

# **SCHEDULE A**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Inspection

Name of the organization

WINNEBAGO COUNCIL BOY SCOUTS OF AMERICA #173

**Employer identification number** 42-0985053

<u></u>			<u>,                                      </u>					2-0903033	
Pa	rt I	Reason for Public	Charity Status	All organizations must c	omplete th	ns part.) S	ee instructions.		
The	organ	ızation ıs not a private found							
1	닏	A church, convention of ch			d in sectio	on 170(b)(1	I)(A)(ī).		
2	닏	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)							
3	닏	A hospital or a cooperative					•		
4	Ш	A medical research organiz	zation operated in co	onjunction with a hospita	d describe	d ın <b>sectic</b>	n 170(b)(1)(A)(iii). Enter	the hospital's name,	
		city, and state:							
5		An organization operated f		ollege or university owne	d or opera	ted by a g	overnmental unit describ	oed in	
		section 170(b)(1)(A)(iv). (0	•						
6		A federal, state, or local go							
7	X	An organization that norma	ally receives a substa	antial part of its support	from a gov	ernmental/	unit or from the general	public described in	
		section 170(b)(1)(A)(vi). (C	•						
8	$\square$	A community trust describ							
9		An organization that norma							
		activities related to its exer							
		income and unrelated busi	ness taxable income	e (less section 511 tax) fi	rom busine	esses acqu	ired by the organization	after June 30, 1975.	
		See <b>section 509(a)(2).</b> (Co	mplete Part III.)						
10	닏	An organization organized		•	•		, , , ,		
11	Ш	An organization organized							
		more publicly supported or						Check the box in	
		lines 11a through 11d that					_		
а		<b>Type I.</b> A supporting organic							
		the supported organizati			a majority	of the dire	ctors or trustees of the s	supporting	
		organization. You must o	-						
b	<u> </u>	Type II. A supporting org						-	
		control or management of			same perso	ons that co	ontrol or manage the sup	ported	
	·	organization(s). You mus	-						
С	L	Type III functionally inte						ed with,	
	_	its supported organization		•			•		
d		Type III non-functionally							
		that is not functionally in						iveness	
	r	requirement (see instruct		-					
е	Щ.	Check this box if the orga					Type I, Type II, Type III		
	_	functionally integrated, o	= *	nally integrated support	ing organi	zation.			
f		r the number of supported	•					L	
g		ide the following information			(in) la tha a	raanization	(4) 4	() A	
	,,	) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9	(iv) Is the d	n vour	(v) Amount of monetary support (see	(vi) Amount of	
		=- <b>3</b>		above or IRC section		document?	Instructions)	other support (see Instructions)	
			-	(see instructions))	Yes	No	· · · · · · · · · · · · · · · · · · ·		
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<b>r</b>									
Total			F	ł	E .	3 1			

LHA For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ. 432021 09-17-14

Schedule A (Form 990 or 990-EZ) 2014

Schedule A (Form 990 or 990-EZ) 2014 #173

42-0985053 Page 2

Part II Support Schedule for	r Organizations	Described in	Sections 170	(b)(1)(A)(iv) and	d 170(b)(1)(A)(v	/i)
(Complete only if you check	ed the box on line 5	5, 7, or 8 of Part I o	or if the organizatio	n failed to qualify	under Part III. If the	organization
fails to qualify under the tes	ts listed below, plea	ase complete Part	III.)			
Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and	***	, ,			<b>V</b> -7 · · ·	
membership fees received. (Do not						
include any "unusual grants.")	563,932.	383,664.	277,226.	110,480.	361,572.	1696874.
2 Tax revenues levied for the organ-						
ızatıon's benefit and either paid to						
or expended on its behalf						
3 The value of services or facilities		,				
furnished by a governmental unit to	-					
the organization without charge						
4 Total. Add lines 1 through 3	563,932.	383,664.	277,226.	110,480.	361,572.	1696874.
5 The portion of total contributions			, , , , , , , , , , , , , , , , , , , ,			
by each person (other than a						
governmental unit or publicly						
supported organization) included						
on line 1 that exceeds 2% of the						
amount shown on line 11,						
column (f)						
6 Public support. Subtract line 5 from line 4		·				1696874.
Section B. Total Support						
Calendar year (or fiscal year beginning in)		<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4	563,932.	383,664.	277,226.	110,480.	361,572.	1696874.
8 Gross income from interest,						
dıvıdends, payments received on	į					
securities loans, rents, royalties						
and income from similar sources	54,301.	70,268.	59,672.	88,376.	86,056.	<u>358,673.</u>
9 Net income from unrelated business	<b>;</b>					
activities, whether or not the						
business is regularly carried on						
10 Other income. Do not include gain						
or loss from the sale of capital						
assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						2055547.
12 Gross receipts from related activities						,060,183.
13 First five years. If the Form 990 is for		s first, second, thir	d, fourth, or fifth ta	ex year as a sectio	n 501(c)(3)	
organization, check this box and sto		4				<b>&gt;</b> L
Section C. Computation of Pub					<del></del>	
14 Public support percentage for 2014		•	column (f))		14	82.55 %
15 Public support percentage from 201					15	86.49 %
16a 33 1/3% support test - 2014. If the				14 is 33 1/3% or n	nore, check this bo	
stop here. The organization qualifies						<b>▶</b> X
b 33 1/3% support test - 2013. If the				line 15 is 33 1/3%	or more, check th	is box
and stop here. The organization qua				10 10 10	10 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	. ▶∟
17a 10% -facts-and-circumstances te						
and if the organization meets the "fa	ıcıs-ano-cırcumstan	ces test, check th	nis dox and stop h	ere. Explain in Pai	τ vi now the organ	ization

meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10% -facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the

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

(Complete only if you checked the box on line 9 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	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	ınclude any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, 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 bus-						
	iness under section 513				ļ		
4	Tax revenues levied for the organ-						
·	ization's benefit and either paid to			İ			
	or expended on its behalf						
_	The value of services or facilities						
3	furnished by a governmental unit to						
	, •						
_	the organization without charge					<del> </del>	
	Total. Add lines 1 through 5		-		· · · · · -	<del> </del>	
7 8	Amounts included on lines 1, 2, and						
	3 received from disqualified persons	<u> </u>					
	Amounts included on lines 2 and 3 received from other than disqualified persons that						1
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
(	Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6)	<u>i</u>	1		1	<u> </u>	
	ction B. Total Support		r	<u> </u>	<del></del>	1	ī
	ndar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Amounts from line 6			<del> </del>		ļ	
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties	1					
	and income from similar sources						
Ŀ	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975		L				
(	: Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital						
13	assets (Explain in Part VI.)  Total support. (Add lines 9, 10c, 11, and 12)			<u> </u>		-	
	First five years. If the Form 990 is for	r the ergenization	a first second the	rd fourth or fifth t	toy year as a sectu	on 501(c)/3) organi	zation
	check this box and stop here	the organization	s mst, second, tm	ia, ioartii, or iiitii i	lax year as a section	on soricito) organi	Lation,
Se	ction C. Computation of Publ	ic Support Pe	ercentage				
	Public support percentage for 2014 (			column (fl)		15	9
	Public support percentage from 2013			Column (i))		16	9
	ction D. Computation of Inve					1-10-1	· · · · · · · · · · · · · · · · · · ·
						17	9
17				ne 15, column (I))	•	18	
18	Investment income percentage from			an line 44 ===4+	د علا محمد علا م		
198	33 1/3% support tests - 2014. If the						
	more than 33 1/3%, check this box a	·	•	, -	• • • •		. ▶∟.
1	33 1/3% support tests - 2013. If the	_					
	line 18 is not more than 33 1/3%, che			•		-	▶⊨
20	Private foundation. If the organization	on did not check a	box on line 14, 19	3a, or 19b, check t	this box and see in	structions	▶∟_

# Part IV | Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in **Part Vi**how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) 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.
- 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 VIwhat 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 11a or 11b 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.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part Vi**what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) 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 (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- B 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).
- 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 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
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	3c		
	4a		
	4b		
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00	10b	0-EZ	2014

# WINNEBAGO COUNCIL BOY SCOUTS OF AMERICA

Schedule A (Form 990 or 990-EZ) 2014 #173			42-0985053 Page 6
Part V Type III Non-Functionally Integrated 509(a)(3) Su	pporting Organ	izations	
1 Check here if the organization satisfied the Integral Part Test as	a qualifying trust on I	Nov. 20, 1970. <b>See inst</b> i	ructions. All
other Type III non-functionally integrated supporting organization	s must complete Se	ctions A through E.	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			-
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instruction	s) 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 a	mount,		
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	Cont. 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	
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			
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-	functionally-integrate	d Type III supporting ord	ganization (see

Schedule A (Form 990 or 990-EZ) 2014

instructions).

WINNEBAGO COUNCIL BOY SCOUTS OF AMERICA 42-0985053 Page 7 Schedule A (Form 990 or 990-EZ) 2014 #173 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required) Other distributions (describe in Part VI). See instructions. Total annual distributions. Add lines 1 through 6. 7 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. Distributable amount for 2014 from Section C, line 6 10 Line 8 amount divided by Line 9 amount (iii) **Excess Distributions Underdistributions** Distributable Section E - Distribution Allocations (see instructions) Pre-2014 Amount for 2014 1 Distributable amount for 2014 from Section C, line 6 Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions) 3 Excess distributions carryover, if any, to 2014: b d e From 2013 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2014 distributable amount i Carryover from 2009 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from 3f. 4 Distributions for 2014 from Section D. line 7: a Applied to underdistributions of prior years b Applied to 2014 distributable amount c Remainder. Subtract lines 4a and 4b from 4. Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions). 6 Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions) Excess distributions carryover to 2015. Add lines 3j and 4c. 8 Breakdown of line 7: ь

Schedule A (Form 990 or 990-EZ) 2014

d Excess from 2013
e Excess from 2014

THE T	Complement	)·EZ) 2014 #17	- D		5	h. 40 D	U t. 4= **	12-09850	JJ Fa
art VI		al Information	<b>n.</b> Provide the ex	xplanations req	ured by Part II	, line 10; Part	II, line 17a or 13	7b; and Part III,	line 12.
	Also complete t	his part for any ac	iditional Informat	tion. (See instru	ctions).				
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# **SCHEDULE D**

Department of the Treasury

Internal Revenue Service

(Form 990)

Supplemental Financial Statements

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

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

WINNEBAGO COUNCIL BOY SCOUTS OF AMERICA #173

**Employer identification number** 42-0985053

Pa	rt I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds or	Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line		·
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised fu	nds
	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor a	•	
	for charitable purposes and not for the benefit of the donor of		
	impermissible private benefit?	a device devices, or los any exiles perpode define	Yes No
Pa		panization answered "Yes" to Form 990. Part IV	
1	Purpose(s) of conservation easements held by the organizati	•	,,,,,,
	Preservation of land for public use (e.g., recreation or e	`'` ''	ly important land area
	Protection of natural habitat	Preservation of a certified I	· ·
	Preservation of open space		notono otroctaro
2	Complete lines 2a through 2d if the organization held a qualif	ed conservation contribution in the form of a	conservation easement on the last
	day of the tax year.		onservation described on the lest
	,,,		Held at the End of the Tax Year
а	Total number of conservation easements		2a
ь	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic stri	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a		
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the orga	
	year ►		
4	Number of states where property subject to conservation eas	sement is located >	
5	Does the organization have a written policy regarding the per		
	violations, and enforcement of the conservation easements it	· · ·	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation easements during	<del></del>
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?	, , , , , , , , , , , , , , , , , , , ,	Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense state	ement, and balance sheet, and
	include, if applicable, the text of the footnote to the organizat	•	· · · · · · · · · · · · · · · · · · ·
	conservation easements.		•
Pa	t III Organizations Maintaining Collections of	f Art, Historical Treasures, or Other	Similar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (AS	C 958), not to report in its revenue statement a	and balance sheet works of art,
	historical treasures, or other similar assets held for public exh		
	the text of the footnote to its financial statements that descri		
b	If the organization elected, as permitted under SFAS 116 (AS	C 958), to report in its revenue statement and	balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed		
	relating to these items:	•	,
	(i) Revenue included in Form 990, Part VIII, line 1		<b>▶</b> \$
	(ii) Assets included in Form 990, Part X		<b>▶</b> \$
2	If the organization received or held works of art, historical trea	asures, or other sımılar assets for financial gaın	, provide
	the following amounts required to be reported under SFAS 1	_	•
а	Revenue included in Form 990, Part VIII, line 1	· •	<b>▶</b> \$
b	Assets included in Form 990, Part X	·	<b>&gt;</b> \$
		•	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 432051 10-01-14

Schedule D (Form 990) 2014

#173 42-0985053 Page 2 Schedule D (Form 990) 2014 Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets(continued) 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply): Public exhibition Loan or exchange programs Scholarly research Other Preservation for future generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included Yes \_\_ No on Form 990, Part X? If "Yes," explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance 1c d Additions during the year 1d e Distributions during the year 1e f Ending balance 1f 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance 1,276,754. 1,419,747 1,413,107 1,591,231 1,385,151. **b** Contributions 9,139. 12,000. 1,100 1,394. 170,035. -3,738. -35,046 c Net investment earnings, gains, and losses -34,929. 134,444 36,045. Grants or scholarships Other expenditures for facilities and programs 53,519. 95,280. 123,934 24,784. f Administrative expenses 22 729. 4,970. g End of year balance 1,205,907. 1,276,754. 1,419,747. 1,413,107 1,591,231. Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: 54.50 a Board designated or quasi-endowment Permanent endowment Temporarily restricted endowment ▶ The percentages in lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization No Х (i) unrelated organizations 3a(i) Х (ii) related organizations 3a(ii) b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? Describe in Part XIII the intended uses of the organization's endowment funds Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other (b) Cost or other (d) Book value (c) Accumulated basis (investment) basis (other) depreciation 161,868. 161,868. 1a Land . 1,133,590. 865,320 268,270. **b** Buildings 95,968. 51,000 44,968. c Leasehold improvements 196,104. 142,595 53,509. d Equipment 162,229. 105,462 56,767. e Other

Schedule D (Form 990) 2014

585,382.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

	1	7	2
#	Τ	1	3

hedule D	(Form 990) 2014	#1/3	· <del></del>	42-0985053
Sart VIII	Investmente	- Other Securities		

Schedule D (Form 990) 2014 #1/3			4	2-0963033 Page 3
Part VII Investments - Other Securities.				
Complete if the organization answered "Yes" to	to Form 990, Part IV, <b>(b)</b> Book value			and of year modern value
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of	valuation. Cost or e	end-of-year market value
(1) Financial derivatives (2) Closely held equity interests			<del></del>	
(3) Other				
(A) MONEY MARKET FUNDS	105,98	END-OF-Y	EAR MARKE	T VALUE
(B) CORPORATION BONDS	207,39		EAR MARKE	
(C) EQUITIES	1,335,06		EAR MARKE	T VALUE
(D)				
(E)				
(F)				
(G)				
(H)				
Total (Col (b) must equal Form 990, Part X, col (B) line 12 ) ▶	1,648,43	33.		
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes" t				
(a) Description of investment	(b) Book value	(c) Method of v	valuation: Cost or e	end-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				<del></del>
(8) (9)				
Total. (Coi (b) must equal Form 990, Part X, coi (B) line 13 )		1		<del>, , , , , , , , , , , , , , , , , , , </del>
Part IX Other Assets.				
Complete if the organization answered "Yes" t	to Form 990, Part IV,	line 11d. See Form 990,	Part X, line 15.	
	Description	· · · · · · · · · · · · · · · · · · ·		(b) Book value
(1) BENEFICIAL INTEREST IN TRU	UST			169,672.
(2)				
(3)			· ·	
(4)				
(5)				
(6)				
(8)				
(9)		4 10		160 672
Total. (Column (b) must equal Form 990, Part X, col. (B) line  Part X Other Liabilities.	<del>)</del> 15)			169,672.
<del></del>	to Form 000 Bod IV	han 11a ar 116 Can Farr	- 000 Dart V bas (	ne .
Complete if the organization answered "Yes" 1  (a) Description of liability	to Form 990, Part IV,	(b) Book value	n 990, Part A, line 2	2 <b>3.</b>
(1) Federal income taxes		(b) Book value	-	
(2) CUSTODIAN ACCOUNTS		142,712.	-	
(3)		210,720		
(4)		<del></del>	1	
(5)			1	
(6)			1	
(7)			1	
(8)			]	
(9)			]	
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25.)	142,712.		

<sup>2.</sup> Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X Schedule D (Form 990) 2014

		WINNEBAGO	COUNCIL BOY	SCOUTS OF	AMERICA	42 0005052	_
Schedule D	Supplemental In	#173 formation (continued)				42-0985053	Page 5
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400055						Schedule D (Form 9	990) 2014

432055 10-01-14

## **SCHEDULE G** (Form 990 or 990-EZ)

**Supplemental Information Regarding Fundraising or Gaming Activities** 

Complete if the organization answered "Yes" to Form 990, Part IV, lines 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 Inspection

Department of the Treasury Internal Revenue Service

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

Schedule G (Form 990 or 990-EZ) 2014

lame of the organization WINNEBA #173	GO COUNCIL BOY SCO	OUTS	OF.	AMERICA		1910 <b>y</b> er 1 <b>de</b> 2–0985	053
Part 1 Fundraising Activities required to complete this par	Complete if the organization answert.	ered "Y	es" to	Form 990, Part IV, I	ine 17. Fo	orm 990-EZ	filers are not
Indicate whether the organization rais  Mail solicitations  Internet and email solicitations  Phone solicitations  In-person solicitations  Did the organization have a written of	sed funds through any of the following Solicitates f Solicitates g Special Special Special Part VII) or entity in connection with policiduals or entities (fundraisers) pursi	tion of i tion of g fundra (includ	non-g gover ising of ing of onal f	ovemment grants nment grants events fficers, directors, true undraising services?	stees or	Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundra have cu or cont contribu	stody rol of	(iv) Gross receipts from activity	to (or re- func	ount paid tained by) traiser in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
			-				
		-					
Total  3 List all states in which the organization or licensing.	on is registered or licensed to solicit of	contribi	utions	or has been notified	d it is exe	mpt from re	egistration
		_					

432081 08-28-14

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

WINNEBAGO COUNCIL BOY SCOUTS OF AMERICA 42-0985053 Page 2 Schedule G (Form 990 or 990-EZ) 2014 #173 Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events NONE (add col. (a) through GOLF OUTING AUCTION col. (c)) (event type) (event type) (total number) Revenue 36,665 36,665. Gross receipts 2 Less: Contributions 36,665 36,665. Gross income (line 1 minus line 2) Cash prizes Noncash prizes Direct Expenses Rent/facility costs 7 Food and beverages Entertainment 15,926. 15,926 Other direct expenses 15,926. 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Garning. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo Revenue (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) Gross revenue Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses Yes Yes Volunteer labor No Direct expense summary. Add lines 2 through 5 in column (d) Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities: a is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b if "Yes," explain:

432082 08-28-14

Schedule G (Form 990 or 990-EZ) 2014

	WINNEBAGO COUNCIL BOY SCOUTS OF AMERICA		
Sch	edule G (Form 990 or 990-EZ) 2014 #173	<u>2-098505</u>	3 Page 3
	Does the organization conduct gaming activities with nonmembers?	Yes	☐ No
	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	☐ No
12	Indicate the percentage of gaming activity conducted in:		
	The organization's facility	13a	%
	An outside facility	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	:	
	Name		
	Address >		
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	. Yes	☐ No
ŧ	o If "Yes," enter the amount of gaming revenue received by the organization 🕨 💲 and the amount	t	
	of gaming revenue retained by the third party > \$		
(	If "Yes," enter name and address of the third party:		
	Name ►		
	Address		
16	Gaming manager information:		
	Name ▶		
	Gaming manager compensation ► \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
	Mandatory distributions:		
â	a is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	L No
t	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in t	the	
	organization's own exempt activities during the tax year ▶ \$		
P	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Par	t III, lines 9, 9b,	10b, 15b,
	15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).		
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Schedule G (Form 990 or 990-EZ)	<u>#</u> 173		UTS OF AMERIC	42-0985053 Page 4
Schedule G (Form 990 or 990 EZ) Part IV Supplemental I	nformation (continued)			rugo 4
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SCHEDULE (Form 990)

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

OMB No 1545-0047 Open to Public 2014 Inspection **2** 

**Employer identification number** 42-0985053 X Yes Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ► Attach to Form 990. WINNEBAGO COUNCIL BOY SCOUTS OF AMERICA General Information on Grants and Assistance criteria used to award the grants or assistance? Name of the organization Department of the Treasury Internal Revenue Service Part

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part

recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	\$5,000. Part II can	be duplicated if additi	onal space is need	ed.	/A Mothed of		
<ul> <li>1 (a) Name and address of organization or government</li> </ul>	<u>Z</u> ( <b>6</b> )	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
	and government or	ganizations listed in the	listed in the line 1 table	:			
Enter total number of other organizations listed in the line 1 table     LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.	s listed in the line , see the instructi	table ons for Form 990.					Schedule I (Form 990) (2014)
·							7

Page 2

42-0985053

#173

Schedule I (Form 990) (2014)

Part III

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

(f) Description of non-cash assistance MEMBERSHIP/CAMP/OTHER PROGRAMS REQUIRED FOR PARTICIPATION IN REDUCTION OR ELIMINATION REGISTRATION FEES FOR SET MEMBERSHIP AND CAMP (e) Method of valuation (book, FMV, appraisal, other) EES CHARGED TO OTHER Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. OF. 2 639 MEMBERS ELIMINATION (d) Amount of non-cash assistance OR ö (c) Amount of cash grant NON-CASH ASSISTANCE: REDUCTION 105 (b) Number of recipients REGISTRATION DUES FOR MEMBERS WITH A PINANCIAL WINNEBAGO COUNCIL BOY SCOUTS OF AMERICA PAYS (a) Type of grant or assistance NEED WHO APPLY FOR ASSISTANCE. OF (F) DESCRIPTION Part IV

REGISTRATION FEES FOR MEMBERSHIP/CAMP/OTHER PROGRAMS REQUIRED FOR

SCOUTS PROGRAMS THROUGH THE COUNCIL. PARTICIPATION IN BOY

SEE PART IV FOR COLUMN (F) DESCRIPTIONS

432102 10-15-14

Schedule I (Form 990) (2014)

## SCHEDULE J (Form 990)

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

Attach to Form 990.

2014

Open to Public Inspection

Name of the organization

**Questions Regarding Compensation** 

Department of the Treasury

► Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

WINNEBAGO COUNCIL BOY SCOUTS OF AMERICA Employ
#173

Employer identification number 42-0985053

Schedule J (Form 990) 2014

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in 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	1		
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
-	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1ь	•	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,	<del></del>		
	trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2	•	
		<del></del>		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations  X Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Х	
	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed in 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		<u>X</u>
b	Any related organization?	5b		X
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
	The organization?	6a		<u>X</u>
b	Any related organization?	6b		X
_	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments			
_	not described in lines 5 and 6? If "Yes," describe in Part III	7		<u>X</u>
8	Were any amounts reported in 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		<u>X</u>
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4058-6/s/2			

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

# 42-0985053 WINNEBAGO COUNCIL BOY SCOUTS OF AMERICA #173

Part if Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. Schedule J (Form 990) 2014

For each individual whose compensation must be reported in 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 are not listed on Form 990, Part VII.

Page 2

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.

other deferred benefits (B)(0-(D) compensation compensation 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.			(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
Name and line         Compensation         Incentive         reportable           (i)         91,131         0         0         63,757         12,258         167,146           (i)         0         0         0         0         0         0         0           (i)         0 <td< th=""><th></th><th></th><th>(i) Base</th><th>(ii) Bonus &amp;</th><th>(iii) Other</th><th>other deferred</th><th></th><th></th><th>in column (B)</th></td<>			(i) Base	(ii) Bonus &	(iii) Other	other deferred			in column (B)
0   91,131.   0   0   63,757   12,258   167,146     0   0   0   0   0   0   0   0     0   0	(A) Name and Ittle		compensation	incentive	reportable compensation				in prior Form 990
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WINNEBAGO COUNCIL BOY SCOUTS OF AMERICA #173

Schedule J (Form 990) 2014

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

	OUT EXECUTIVE, IS SET BY THE EXECUTIVE	THE NATIONAL BOY SCOUT COUNCIL.
	COUT EXE	Σ
PART I, LINE 3:	COMPENSATION FOR TODD WORDEL, SCO	SOARD USING SALARY GUIDELINES FRO

TODD WORDEL IS A PARTICIPANT IN A PENSION PLAN SET UP FOR SCOUT EXECUTIVES. THERE WAS A \$56,559 INCREASE IN THE ACTUARIAL VALUE OF THE PENSION IN 2014.

PART I, LINE 4B:

Schedule J (Form 990) 2014

38

### **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.

**Open to Public** 

Inspection

OMB No 1545-0047

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. WINNEBAGO COUNCIL BOY SCOUTS OF AMERICA

**Employer identification number** 42-0985053

#173 FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: SELF-RELIANCE, AND TO PREPARE THEM TO MAKE ETHICAL CHOICES OVER THEIR LIFETIME AND ACHIEVE THEIR FULL POTENTIAL USING THE METHODS WHICH ARE NOW IN COMMON USE BY THE BOY SCOUTS OF AMERICA. FORM 990, PART VI, SECTION B, LINE 11: THE 990 WAS REVIEWED AT A BOARD MEETING WITH THE EXECUTIVE BOARD AND VOTED ON FOR APPROVAL, PRIOR TO FILING. FORM 990, PART VI, SECTION B, LINE 15: THE EXECUTIVE BOARD USES SALARY GUIDELINES FROM THE NATIONAL BOY SCOUT COUNCIL TO SET AND APPROVE THE SCOUT EXECUTIVE'S SALARY. FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST, AT THE COUNCIL OFFICE. FORM 990, PART XII, LINE 2C: THE ORGANIZATION HAS A COMMITTEE THAT ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUNTANT AND THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

	2014-15 B	oard Member Listing	20	14-15 Boa	rd Member Listing (Cont.)
FN	LN <sup>c</sup>	Position		Adv	isory Committee
Rich	Adolfs	VP Council Solutions	Kenneth	Ailbaugh	t
Linda	Allen		Mark	Collett	
Joe	Barber	VP Outdoor Programs	Austin	Fernow	
James	Brockhohn		Dave	'Greene	
Mark	Buffington		Casey	McLaughlin	!
Perry	Buffington		Arlene	Oelberg	1
Heather	Carroll			1	
Stephen	Carroll	Council Commissioner		1	1
Steven	Davis				!
Ryan	Dohmen	Council Treasurer		1	
Albert	Duroe				
Jim	Ehmen		1		<u> </u>
Paul	Empie			<del> </del>	1
Paul	Farmer	VP Financial Development	<del>                                     </del>	7	
E.J.	Gallagher,III			<u> </u>	
Janelle	Ewing	VP Legal	-[	1	
John	Henry		-	1	1
Jeremy	Heyer			<del> </del>	
Aaron	Hobart			-	
James	Hughes			<u> </u>	•
Herbert	Jones		1 :	Ţ	
Merritt	Jones				!
Daniel	Kadrlık		1 1	Additio	nal Non-Board Positions
Christie	Kangas		Jeremy	Heyer	Twin Rivers District Chairman
Daniel	King	VP Administration	Jim	Ehmen	Wabuha District Chairman
Gary	Kinseth		Perry	Buffington	Lakeland District Chairman
Wendy	Knapp		Cy	Nelson	Twin Rivers District Commissioner
Daniel	Levi		Chris	Schoentag	Wabuha District Commissioner
Sherman	Lundy		Cathy	Nicholas	Sun Rivers District Commissioner
Wayne	Magee		James	Brockhohn	Lakeland District Commissioner
Steven	McFarlane				
Sharon	McRae				
Edward	Narigon		<del>                                     </del>		
Larry	Pump		-		Staff
Steven	Schmitt	Council President	Sue	Kempf	Busine'ss Manager
Marvin	Schumacher		'Chris	Kangas	DE - Twin Rivers
Micheal	Schweizer		Keely	Kangas	DE - Lakeland
Walt	Senchina		Whitney	Jackley	DE - River Valley
Steven	Sesterhenn		Angie	Boreman	Administrative Assistant
Bret	Spaulding		7	Doremon	, Administrative Assistante
Gary	Stattler		<del> </del>		
Harry	Sullivan		<del> </del>		
Tony	Thompson	VP Marketing	<del> </del>		
Scott	Toppin	vi ividi ketiliğ	-		
Jan	VanNote		<del> </del>		
David	Wieland		<del> </del>	·	
John	Winter	VB Stratogic Planning	<del> </del>		
Todd	Wordel	VP Strategic Planning	<del></del>		
Tout	worder	Council Secretary/Scout Executive	<u> </u>		

## Form **8868**

(Rev. January 2014)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868

OMB No. 1545-1709

	u are filling for an Automatic 3-Month Extension, comple	-				► <u>[X]</u>
	u are filing for an <b>Additional (Not Automatic) 3-Month Ex</b>			-		
	complete Part II unless you have already been granted					
Electro	onic filing (e-file). You can electronically file Form 8868 if	you need a	a 3-month automatic extension of tir	ne to file (	6 months for a corp	poration
require	d to file Form 990-T), or an additional (not automatic) 3-mo	nth extens	sion of time. You can electronically t	ile Form 8	868 to request an	extension
of time	to file any of the forms listed in Part I or Part II with the ex	ception of	Form 8870, Information Return for	Transfers	Associated With C	ertain
Person	al Benefit Contracts, which must be sent to the IRS in pag	er format	(see instructions). For more details	on the ele	ctronic filing of this	form,
visit w	w.irs.gov/efile and click on e-file for Charities & Nonprofits	S				
Part	Automatic 3-Month Extension of Time	e. Only s	submit original (no copies ne	eded).		
A corpo	pration required to file Form 990-T and requesting an autor	matic 6-mo	onth extension - check this box and	complete		
Part I o	nly			•		▶ □
All othe	r corporations (including 1120-C filers), partnerships, REM	IICs, and t	rusts must use Form 7004 to reque	st an exter	nsion of time	
to file ii	come tax returns.			Enter file	er's identifying nu	ımber
Туре о	Name of exempt organization or other filer, see instru	ctions.		1	r identification num	
print	WINNEBAGO COUNCIL BOY SCOU		AMERICA	' '		
	#173		42-09850	53		
File by the		ee Instruc	tions.	Social se	ecurity number (SS	N)
filing your return See 2929 AIRPORT BLVD.						• •,
City, town or post office, state, and ZIP code. For a foreign address, see instructions.  WATERLOO, IA 50703						
			·			•
Enter th	ne Return code for the return that this application is for (file	e a separa	ite application for each return)			0 1
	• • • • • • • • • • • • • • • • • • • •	•	,			L.J
Applica	ition	Return	Application			Return
Is For		Code	Is For			Code
Form 9	90 or Form 990-EZ	01	Form 990-T (corporation)			07
Form 9		02	Form 1041-A			08
	720 (individual)	03	Form 4720 (other than individual)			09
Form 9		04	Form 5227			10
	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
	90-T (trust other than above)	06	Form 8870			12
	TODD A. WORDEL		1.00.0		<del></del> -	
• The	books are in the care of ▶ 2929 AIRPORT BI	LVD.	- WATERLOO, IA 507	0.3		
	ohone No. ► 319-234-2867		Fax No. ▶			· · · · · ·
	e organization does not have an office or place of business	s in the Lir				• 🗆
	s is for a Group Return, enter the organization's four digit			lf this is fo	r the whole group	check this
box ▶	. If it is for part of the group, check this box					
	request an automatic 3-month (6 months for a corporation				DETS THE EXTENSION I	3 101.
			tion return for the organization name		The extension	
 IS	for the organization's return for:	t Organiza	mon return for the organization mann	ed above.	THE EXTERISION	
	X calendar year 2014 or					
	tax year beginning	an	d ending			
-	Lax your beginning	, a.,	d ending		<del></del> ·	
2 If	the tax year entered in line 1 is for less than 12 months, c	hock ross	on: Initial return	Final retur		
	Change in accounting period	ileck reas	on miliar return	rillai letui	11	
3a If	this application is for Forms 990-BL, 990-PF, 990-T, 4720,	or 6060	anter the tentature tay lean any		·	
		, 07 0009,	enter the tentative tax, less any	_ ا	💂	٥
	onrefundable credits. See instructions.			3a	\$	0.
	this application is for Forms 990-PF, 990-T, 4720, or 6069			<u>.</u> .	۱ .	^
	stimated tax payments made. Include any prior year overp			3ь	\$	0.
	alance due. Subtract line 3b from line 3a. Include your pa	-	•		_	Λ
	y using EFTPS (Electronic Federal Tax Payment System).			3c	\$	0.
Instruct	<ul> <li>If you are going to make an electronic funds withdrawal ions.</li> </ul>	(airect de	Dπ) with this Form 8868, see Form 8	453·EO aı	nd Form 8879-EO f	or payment

40

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

LHA

Form 8868 (Rev. 1-2014)