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DLN: 93493320051246

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

2015

OMB No 1545-0047

Inspection

Department of the Internal Revenue Service foundations)

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

▶ Information about Form 990 and its instructions is at <u>www IRS gov/foim990</u>

Open to Public

A F	or the 2	2015 ca	lendar year, or tax year begin	ning 01-01-2015 , and ending 12-31-20)15					
3 Che	eck ıf ap	plicable	C Name of organization GREAT SALT LAKE COUNCIL - BS/	Δ		D Empl	oyer i	dentification number		
	ddress ch	nange	CREATI SILE BIRE COOTICLE BS/	·		87-0	2124	160		
_	ame cha	-	Doing business as							
FII In	ıtıal retu nal	irn				F Talani	one n	umher		
eturn/	termina nended r		Number and street (or P O box i 525 SOUTH FOOTHILL BLVD	f mail is not delivered to street address) Room/s	uite	E Telephone number e (801) 582-3663				
		pending	City or town, state or province, c SALT LAKE CITY, UT 84113	ountry, and ZIP or foreign postal code						
			· ·			G Gross	receip	ts \$ 8,770,914		
			F Name and address of prin Mark Griffin	cipal officer	H(a)	Is this a grou				
			525 SOUTH FOOTHILL BL			subordinates [*] No	,	☐ Yes 🗸		
. Ta		nt status	SALT LAKE CITY, UT 8411		Н(b)	Are all subord	linate	Yes No		
[la:	x-exemp	pt status	▼ 501(c)(3)	◀ (insert no)		included? If "No," attac	h a lis	st (see instructions)		
ı w	ebsite:	:► ww	W GSLC-BSA ORG		H(c)	•		number ▶ 1761		
(Forr	n of orga	anızatıon	✓ Corporation Trust Asso	ociation Other ►	L Ye	ar of formation 1	913	M State of legal domicile U		
Pa	rt I	Sum	mary							
		efly des	scribe the organization's miss	ion or most significant activities						
	<u>TO</u>	PROM	OTE THE SCOUTING PROG	RAM OF THE BOY SCOUTS OF AMERI	CA					
ည	_									
<u> </u>										
le/	2 C	heck th	ıs box ▶ ┌ ıf the organızatıon	discontinued its operations or disposed	of more	than 25% of it	s net	assets		
Governance			ı	·						
	3 N	umber o	of voting members of the gove	rnıng body (Part VI, lıne 1a)			3	14		
Activities &	4 N	umber o	of independent voting member	s of the governing body (Part VI, line 1b)		4	14		
	5 Te	otal nun	nber of individuals employed i	n calendar year 2015 (Part V , line 2a)			5	585		
J CI	6 Te	otal nun	nber of volunteers (estimate i	fnecessary)			6	32,223		
•	7a ⊤∈	otal unr	elated business revenue from	Part VIII, column (C), line 12			7a	241,567		
	b Ne	t unrela	ited business taxable income	from Form 990-T, line 34			7b	-9,844		
						Prior Year		Current Year		
	8	Contri	butions and grants (Part VIII		7,046	,817	4,096,001			
Ē	9	Progra	ım service revenue (Part VIII	, line 2g)		3,596	,156	3,725,778		
Rəvenuə	10	Invest	ment income (Part VIII, colu	mn (A), lines 3, 4, and 7d)		126	222,590			
æ	11	Other	revenue (Part VIII, column (A	A), lines 5, 6d, 8c, 9c, 10c, and 11e)		468	473,221			
	12		revenue—add lines 8 through	11 (must equal Part VIII, column (A), lı	ne	11,238	,160	8,517,590		
	13	12)	and similar amounts haid (P:	art IX, column (A), lines 1-3)		24	,237	445,892		
	14		, ,	rt IX, column (A), line 4)		27	0	445,052		
	15		·	oyee benefits (Part IX, column (A), lines						
83	15	5-10)		by the belief to a fear, column (A), filles		4,063	4,084,562			
Expenses	16a		- '	IX, column (A), line 11e)	•	9	,850	4,500		
ጃ	b		ndraising expenses (Part IX, column							
	17), lines 11a-11d, 11f-24e)	• —	3,245		3,238,365		
	18		·	must equal Part IX, column (A), line 25)		7,343		7,773,319		
(2)	19	Reven	ue less expenses Subtract lii	ne 18 from line 12	-	3,895	,015	744,271		
Net Assets or Fund Balances					Begin	nning of Current	Year	End of Year		
Sec.	20	Totala	assets (Part X, line 16)			14,254	.059	14,547,536		
A B	21					2,641		2,166,791		
ž Ę	22			act line 21 from line 20	` <u></u>	11,612		12,380,745		
	(111)		ature Block			•	,	, ,		
ny ki	nowled	Ities of p	perjury, I declare that I have o	examined this return, including accompa omplete Declaration of preparer (other	, -			•		
	T	****	* *			2016 11 14				
Sign			ature of officer			2016-11-14 Date				
dere		MARI	K GRIFFIN SCOUT EXECUTIVE							
			or print name and title							
			rint/Type preparer's name	Preparer's signature	Date	Check I if	PTIN			
Paid	t	L R	ichard Scoresby	Richard Scoresby		self-employed	P00	573067		
	- pareı	r ⊢	ırm's name ► CBIZ MHM LLC			Firm's EIN ▶	34-187	78512		
	Only	1 1	ırm's address ► 175 S WEST TEMPLE	STE 650		Phone no (80	1) 364	1-9300		
<i>-</i> 30	ini	י	SALT LAKE CITY, UT	84101						

the total expenses, and revenue, if any, for each program service reported

) (Expenses \$

(Code

2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section $501(c)(3)$ and $501(c)(4)$ organizations are required to report the amount of grants and allocations to others

Page 2

3,723,978)

SEE SCHEDULE OTRAL	THONAL SCOULIN	G - IN THE BSA, :	SCOUTING IS C	ONSTDEKED IO	BE ONE MOVE	EMIENI MATIH	FOUR MAIN P	RUGRAMS	COB SCOUTIN	G IS THE
LARGEST OF THE FOUL	R PROGRAMS, AVA	ALABLE TO BOYS I	FROM FIRST TO	FIFTH-GRADE	OR 7 TO 10 1/	/2 YEARS TH	E PROGRAM	IS DESIGNEI	O TO PURSUE	THE AIMS
OF CHARACTER DEVEL	OPMENT, CITIZEN	ISHIP TRAINING,	AND PERSONAL	FITNESS CUB	SCOUTING IS	DIVIDED INTO	O AGE-BASED	LEVELS OF	TIGER CUBS, V	VOLF
CUBS, BEAR CUBS AND	WEBELOS SCOUT	FS BOY SCOUTIN	G IS THE FLAGS	HIP PROGRAM	OF THE BSA FO	OR BOYS AGE	S 10 1/2 TO	18 IT USES	OUTDOOR ACT	TIVITIES
SUCH AS CAMPING, AC	QUATICS AND HIK	ing to achieve ¹	THE AIMS OF C	HARACTER, CIT	IZENSHIP AND	PERSONAL F	ITNESS TRAI	NING VARSE	TY SCOUTING :	IS A SUB-
DIVISION OF BOY SCO	UTING AVAILABLE	TO BOYS AGES 14	TO 18, IT ADD	S A PROGRAM	OF HIGH ADVE	NTURE AND	SPORTING AC	TIVITIES T	HE ORDER OF	THE
ARROW IS THE BOY SO	COUTING NATIONA	AL HONOR SOCIET	Y FOR EXPERIE	NCED CAMPER	S, BASED ON A	AMERICAN IN	DIAN TRADIT:	IONS AND IS	DEDICATED T	O THE
IDEAL OF CHEERFUL S	ERVICE AND BROT	THERHOOD VENT	URING IS A PRO	OGRAM FOR YO	UNG MEN AND	WOMEN 14	(AND WHO H	AVE COMPLE	TED THE EIGH	ITH
GRADE) THROUGH 20	YEARS OF AGE VE	ENTURING'S PURI	POSE IS TO PRO	VIDE POSITIVE	EXPERIENCES	TO HELP YO	UNG PEOPLE	MATURE AN	D TO PREPARE	THEM TO
BECOME RESPONSIBLE	AND CARING ADU	JLTS IN TRADITION	ONAL BOY SCOL	IT AND TOTAL N	1EMBERSHIP, 1	THE GREAT S	ALT LAKE CO	UNCIL IS ON	E OF THE LAR	GEST OUT
OF THE NEARLY 272 B	OY SCOUT COUNC	ILS IN THE COUN	TRY WITH TOTA	AL MEMBERSHI	P OF 73,156 T	THE COUNCIL	IS ONE OF T	HE LARGEST	VOLUNTEER	
ORGANIZATIONS IN TH	IE STATE OF UTAH	I WITH 32,223 VC	LUNTEERS THE	E COUNCIL OPE	RATES 5 CAMP	PING FACILIT	IES WITH 9 S	EPARATE CA	MPING PROGR	AMS AND
HAD 21,165 YOUTH AT	TEND VARIOUS CA	AMPS DURING 20	15 IN 2015 TH	E COUNCIL AWA	ARDED 1,874 E	EAGLE SCOUT	AWARDS TH	IE SERVICE	PROJECTS FOR	R THOSE
EAGLE SCOUT AWARDS	S AND OTHERS PR	OJECTS CONTRIE	SUTED OVER 30	0,261 SERVICE	HOURS TO TH	IE COMMUNΠ	TY THE ANNU	IAL SCOUTIN	IG FOR FOOD	DRIVE
GENERATED 688,547 L	BS OF FOOD WITH	THE HELP OF 17	,883 VOLUNTER	ERS						

6,771,079 including grants of \$

434,910) (Revenue \$

(Code 110,682 including grants of \$ 192) (Revenue \$ 4b) (Expenses \$ SEE SCHEDULE OLearning for Life/Exploring programs - Learning for Life offers seven programs designed to support schools and community-based organizations in seven programs focus on character development and career education Learning for Life programs help youth develop social and life skills, assist in character and career development, and help youth formulate positive personal values. It prepares youth to make ethical decisions that will help them achieve their full potential young men and women who are 14 (and have completed the eighth grade) through 20 years old Exploring's purpose is to provide experiences that help young people mature and to prepare them to become responsible and caring adults. Explorers are ready to investigate the meaning of interdependence in their personal organizations initiate a specific Explorer post by matching their people and program resources to the interests of young people in the community. The result is a life skills, citizenship, character education and leadership experience. The Exploring Program has 72 participants in 2 posts

their efforts to prepare youth to successfully handle the complexities of contemporary society and to enhance their self-confidence, motivation and self-esteem. The The Learning for Life Program served 5,062 children in 2015 Exploring is a worksite-based program. It is part of Learning for Life's career education program also for relationships and communities Exploring is based on a unique and dynamic relationship between youth and the organizations in their communities. Local community program of activities that help youth pursue their special interest, grow, and develop Exploring programs are based on five areas of emphasis career opportunities 4c (Code) (Expenses \$ 47,644 including grants of \$ 10,790) (Revenue \$ The Scout Reach program brings the Scouting programs to "at-risk inner city youth," giving them values-based and ethical decision making skills in a traditional Scouting experience after school and as an alternative to the adverse influences they are faced with every day. This program has been particularly successful in the Hispanic/Latino and refugee communities and currently serves 496 Scouts in 27 units 4d Other program services (Describe in Schedule O)

(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses ▶ 6,929,405 4e Form 990 (2015)

Form	990 (2015)			Page 3
Par	t 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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
	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		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III **	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	Yes	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 뉯	10	Yes	
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			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Yes	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11 c		No
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 2	11 d	Yes	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 2	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If</i> "Yes," complete Schedule F, Parts II and IV	15		No
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		No
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? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)	17		No
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	Yes	
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		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Form	990 (2015)			Page 4
Par	t IV Checklist of Required Schedules (continued)			<u>=</u>
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		No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
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	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24 c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
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		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?	25b		No

26

27

28a

28b

28c

29

30

31

32

33

34

35a

35b

36

37

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Yes

Yes

Yes

Yes

Yes

Yes

Form 990 (2015)

Νo

Nο

Nο

Nο

Nο

Nο

Νo

Νo

Nο

Nο

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

instructions for applicable filing thresholds, conditions, and exceptions)

29

31

or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?

Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial

contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M .

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified

33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled

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*Did the organization complete Schedule O and provide explanations in Schedule O for Part VI. lines 11b and 19?

an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV . . .

Par		Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this l		V			_
		check if Schedule o contains a response of note to any line in this	rait	<u>v</u>	• •	Yes	No No
1a	Enter th	ne number reported in Box 3 of Form 1096 Enter -0- if not applicable	1 a	29			
b	Enterth	ne number of Forms W-2G included in line 1a Enter -0 - if not applicable	1b	0			
c		organization comply with backup withholding rules for reportable payments to (gambling) winnings to prize winners?	vend •	dors and reportable	1 c		
2a	Enter th Tax Sta	tements, filed for the calendar year ending with or within the year covered return	2a	585			
b	If at lea	st one is reported on line 2a, did the organization file all required federal emp the sum of lines 1a and 2a is greater than 250, you may be required to e-file		ent tax returns?	2b	Yes	
3a	Did the	organization have unrelated business gross income of \$1,000 or more during	the	year?	3a	Yes	
b	If "Yes,"	has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation	n in S	Schedule O	3b	Yes	
4a	over, a f	time during the calendar year, did the organization have an interest in, or a significancial account in a foreign country (such as a bank account, securities account?)?			4a		No
b	If "Yes, See inst (FBAR)	" enter the name of the foreign country ▶_ tructions for filing requirements for FinCEN Form 114, Report of Foreign Bank	and	Financial Accounts			
5a	Was the	e organization a party to a prohibited tax shelter transaction at any time durin	g the	tax year?	5a		No
b	Did any	taxable party notify the organization that it was or is a party to a prohibited t	ax sh	elter transaction?	5b		No
c	If"Yes,	" to line 5a or 5b, did the organization file Form 8886-T? \cdot . \cdot . \cdot . \cdot					
6a		e organization have annual gross receipts that are normally greater than \$10		•	5c 6a		No
b	If "Yes,	ation solicit any contributions that were not tax deductible as charitable cont " did the organization include with every solicitation an express statement th t tax deductible?	at su	ch contributions or gifts	6b		
7		ations that may receive deductible contributions under section 170(c).					
а		organization receive a payment in excess of \$75 made partly as a contribution of the payor?		d partly for goods and	7a	Yes	
		" did the organization notify the donor of the value of the goods or services pr			7b	Yes	
	file Forn	organization sell, exchange, or otherwise dispose of tangible personal proper n 8282?	•		7 c		No
		" indicate the number of Forms 8282 filed during the year	7d				
е	Did the	organization receive any funds, directly or indirectly, to pay premiums on a p	erson	al benefit contract?	7e		No
		organization, during the year, pay premiums, directly or indirectly, on a perso			7 f		No
g	If the or required	rganization received a contribution of qualified intellectual property, did the oi	rganız • •	zation file Form 8899 as	7 g		
h		rganization received a contribution of cars, boats, airplanes, or other vehicles	, dıd •	the organization file a	7h		
8	Did a do	ing organizations maintaining donor advised funds. Onor advised fund maintained by the sponsoring organization have excess bus he year?	ines:	s holdings at any time	8		
9a	Did the	sponsoring organization make any taxable distributions under section 49667			9a		
b	Did the	sponsoring organization make a distribution to a donor, donor advisor, or rela	ted p	erson?	9 b		
10	Section	501(c)(7) organizations. Enter					
а	Initiatio	on fees and capital contributions included on Part VIII, line 12	10a				
b	Gross re facilities	eceipts, included on Form 990, Part VIII, line 12, for public use of club s	10b				
11	Section	501(c)(12) organizations. Enter		•			
		ncome from members or shareholders	11a				
b		ncome from other sources (Do not net amounts due or paid to other sources amounts due or received from them)	11b				
12a	Section	4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990	ın lıe	u of Form 1041?	12 a		
b	If"Yes, year	enter the amount of tax-exempt interest received or accrued during the	12b				
13	Section	501(c)(29) qualified nonprofit health insurance issuers.					
а		rganization licensed to issue qualified health plans in more than one state? N o ial information the organization must report on Schedule O	ote. S	see the instructions for	13a		
b		ne amount of reserves the organization is required to maintain by the states in the organization is licensed to issue qualified health plans	13b				
c	Enter th	ne amount of reserves on hand	13 c				
14a	Did the	organization receive any payments for indoor tanning services during the tax	year	?	14a		No
b	If"Yes,	" has it filed a Form 720 to report these payments? If "No," provide an explanat	tion ir	Schedule O	14b		

Form 990 (2015) Page 6 Governance, Management, and Disclosure Part VI For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 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 Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax 1a 14 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 Enter the number of voting members included in line 1a, above, who are ındependent 1b 14 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any 2 Νo Did the organization delegate control over management duties customarily performed by or under the direct 3 Νo supervision of officers, directors or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was 4 Νo 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Νo Did the organization have members or stockholders? 6 Yes 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or 7a Yes Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, Yes Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following Yes **b** Each committee with authority to act on behalf of the governing body? Yes Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the 9 organization's mailing address? If "Yes," provide the names and addresses in Schedule O Nο

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.

Yes **10a** Did the organization have local chapters, branches, or affiliates? . . 10a **b** If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b Yes affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing 11a Yes **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 Yes b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give 12h Yes c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe **12**c Yes 13 Yes Did the organization have a written document retention and destruction policy? . . . 14 Yes Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15a Yes ${f b}$ Other officers or key employees of the organization 15b Yes 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 **16**a Νo **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

Section C. Disclosure

List the States with which a copy of this Form 990 is required to be filed▶

Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply

organization's exempt status with respect to such arrangements?

Own website Another's website Upon request Other (explain in Schedule O)

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

State the name, address, and telephone number of the person who possesses the organization's books and records ▶BRIAN SHEETS 525 SOUTH FOOTHILL BLVD SALT LAKE CITY, UT 84113 (801) 582-3663

16b

Part VII

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or 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

(A) Name and Title	(B) A verage hours per week (list any hours	more pers	than son is	one bot rect	not bo: h ar or/tr	chec , unle n offic rustee	ess er	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the	
	for related organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	Highest compensated employee		Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
(1) Bryant S DAVIS ImmEDIATE PAST PRESIDENT	10 00	х		х				0	0	C	
(2) Perry Frandsen COMMISSIONER	10 00	×		×				0	0	C	
(3) Kevin R Murray Vice President, LEGAL COUNSEL	4 00	×		х				0	0	C	
(4) Mark McRae TREASURER	8 00	х		х				0	0	(
(5) BETTY SHAW VICE PRESIDENT, RELATIONSHIP	4 00	х		х				0	0	C	
(6) David C Roth VICE PRESIDENT, PROGRAMS	4 00	×		х				0	0	(
(7) Bruce Hough Executive Vice President	8 00	х		х				0	0	(
(8) Jeff Bagley VICE PRESIDENT, MARKETING/PR	4 00	×		х				0	0	C	
(9) JOHN POULSON VICE PRESIDENT, TRAINING	4 00	×		х				0	0	C	
(10) Frank McAllister VICE PRESIDENT, CAMPING/PROPERTIES	4 00	×		x				0	0	C	
(11) Kent A Misener VICE PRESIDENT, FINANCE	4 00	×		x				0	0	C	
(12) Butch Lodder VICE PRESIDENT, ADMINISTRATION	4 00	×		x				0	0	C	
(13) david broadbent President	10 00	x		х				0	0	C	
(14) ROBERT HEYN	4 00	x		х				0	0	C	

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

. ,	•	•	•	•				<u>.</u>		,
(A) Name and Title	(B) A verage hours per week (list any hours for related	m unle	ore t ss pe	han erso cer	not one n is and			(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations
(15) RICK BARNES	40 00			х				149,547		148,548
SCOUT EXECUTIVE				L^				143,347		110,510
(16) BRIAN P SHEETS	40 00			x				104,899		52,584
CFO CFO										
1b Sub-Total				▶						ı
c Total from continuation sheets to Part VI	I, Section A .			•						
d Total (add lines 1b and 1c)				>			2	54,446	0	201,132
Total number of individuals (including but r \$100,000 of reportable compensation from			ed al	bove	e) w	ho red	ceiv	ed more than		

Yes No Did the organization list any former officer, director or trustee, key employee, or highest compensated employee 3 Νo For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such 4 Yes 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person . . . 5 Νo

Section B. Independent Contractors

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

Name and business address	Description of services	Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 0

orm 99	•	15)						Page 9
Part V	1111	Statement of						
		Check If Sched	ule O contains a respon	se or note to any lin	e in this Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
s ts	1 a	Federated cam	paigns 1a	131,302				
ant	b	Membership di	ues 1b					
. Gr ≀ma	С	Fundraising ev	ents 1 c	119,395				
ifts. ar ⊄	d	Related organi	zations 1d					
s, G mili	e	Government grant	ts (contributions) 1e					
Contributions, Gifts, Grants and Other Similar Amounts	f		ons, gifts, grants, and 1f	3,845,304				
but the	_	similar amounts n						
ntri d O	g	1a-1f \$		52,622				
Co and	h	Total. Add line	s 1a-1f	· · · •	4,096,001			
le				Business Code				
ven	2a	CAMP FEES		900099	2,905,609	2,905,609		
æ	b	ACTIVITY FEES		900099	820,169	578,602	241,567	
MCe	С							
æ	d							
ranı	e f	All other progr	am service revenue					
Program Service Revenue								
	д 3		s 2a-2f come (including dividence		3,725,778			
			ar amounts)		121,173			121,173
	4		stment of tax-exempt bond p	· · · · · · · · · · · · · · · · · · ·				
	5	Royalties .	(I) Pool					
	6a	Gross rents	(ı) Real 338,869	(II) Personal				
		Less rental	0					
	b	expenses						
	C	Rental income or (loss)	338,869					
	d	Net rental inco	(i) Securities	▶ (II) O ther	338,869			338,869
	7a	Gross amount from sales of assets other than inventory	(i) Securities	155,667				
	b c	Less cost or other basis and sales expenses Gain or (loss)		54,250 101,417				
	d				101,417			101,417
Other Revenue	8a	events (not inc	9,395 s reported on line 1c)					
Jer			a	108,683				
to c	b		(less) from fundrations	51,614	57,069			57,069
	c 9a	Gross income	(loss) from fundraising e from gaming activities ne 19	events •	37,003			37,003
	b c		a penses b (loss) from gaming activ	vities				
	10a	Gross sales of returns and all		224,743				
	b	Less cost of g	oods sold b	147,460				
	l	-	loss) from sales of inve		77,283	77,283		
		Miscellaneou	s Revenue	Business Code				
	11a b							
	С							
	d	All other reven	ue [

8,517,590

3,561,494

Total revenue. See Instructions .

241,567

Part IX Statement of Functional Expenses

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

	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21				
2	Grants and other assistance to domestic individuals See Part IV, line 22	445,892	445,892		
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	342,337	183,297	126,387	32,653
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	3,038,660	2,683,520	5,388	349,752
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	110,451	85,992	2,476	21,983
9	Other employee benefits	291,183	255,471	2,776	32,936
10	Payroll taxes	204 024	265 404	7.403	20.245
4.4	Fore for converse (non-employees)	301,931	265,194	7,492	29,245
11 a	Fees for services (non-employees) Management				
b	Legal	1,561	1,561		
c	Accounting	31,769	2,550	29,219	
d	Lobbying	31,703	2,330	23,213	-
e	Professional fundraising services See Part IV, line 17	4,500			4,500
f	Investment management fees	.,,232			.,,,,,,
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	47,294	43,634	975	2,685
12	Advertising and promotion	19,490	19,490		·
13	Office expenses	183,764	151,433	4,175	28,156
14	Information technology	42,541	37,494	934	4,113
15	Royalties				
16	Occupancy	407,744	392,800	5,458	9,486
17	Travel	265,129	243,534	3,441	18,154
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	87,480	74,382	1,361	11,737
20	Interest	77,410	77,270	51	89
21	Payments to affiliates	53,485	53,485		
22	Depreciation, depletion, and amortization	438,320	432,978	1,950	3,392
23	Insurance	350,248	300,170	18,290	31,788
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	SUPPLIES	852,736	835,622	1,254	15,860
b	EQUIP RENTAL & MAINT	176,312	167,363	543	8,406
c	RECOGNITION AWARDS	40,735	36,480	428	3,827
d	A II a Nicona a superior a superi	150.047	400 700		
e SE	All other expenses	162,347	139,793	6,778	15,776
25	Total functional expenses. Add lines 1 through 24e	7,773,319	6,929,405	219,376	624,538
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Par	t X	Balance Sheet					
		Check if Schedule O contains a response or note to any l	ine in th	ıs Part X			
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			3,726	1	3,226
	2	Savings and temporary cash investments			2,064,673	2	1,448,714
	3	Pledges and grants receivable, net			304,863	3	143,668
	4	Accounts receivable, net			37,636	4	29,990
	5	Loans and other receivables from current and former of					
		key employees, and highest compensated employees (Schedule L					
						5	
	6	Loans and other receivables from other disqualified per					
		section 4958(f)(1)), persons described in section 4958					
		contributing employers and sponsoring organizations of voluntary employees' beneficiary organizations (see ins					
ts		II of Schedule L					
Assets						6	
¥	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use			128,807	8	96,338
	9	Prepaid expenses and deferred charges			247,877	9	180,301
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	15,791,350			
	ь	Less accumulated depreciation	10b	4,629,798	8,674,380	10c	11,161,552
	11	Investments—publicly traded securities		250,000	11	350,000	
	12	Investments—other securities See Part IV, line 11 .				12	
	13	Investments—program-related See Part IV, line 11 .				13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11			2,542,097	15	1,133,747
	16	Total assets.Add lines 1 through 15 (must equal line 34	1)		14,254,059	16	14,547,536
	17	Accounts payable and accrued expenses			200,802	17	248,765
	18	Grants payable				18	
	19	Deferred revenue			270,178		468,421
	20	Tax-exempt bond liabilities			1,458,000	 	1,360,000
S	21	Escrow or custodial account liability Complete Part IV			93,325	21	63,352
_iabilities	22	Loans and other payables to current and former officers key employees, highest compensated employees, and of the compensated employees.					
Ē		persons Complete Part II of Schedule L				22	
<u>-E</u>	23	Secured mortgages and notes payable to unrelated thir	d parties		614,776	23	25,471
	24	Unsecured notes and loans payable to unrelated third p	arties			24	
	25	Other liabilities (including federal income tax, payables	to relat	ed third parties,			
		and other liabilities not included on lines 17-24) Complete Part X of Schedule D					
					4,579	25	782
	26	Total liabilities. Add lines 17 through 25			2,641,660	26	2,166,791
		Organizations that follow SFAS 117 (ASC 958), check h	ere 🟲	✓ and complete			
ces		lines 27 through 29, and lines 33 and 34.					
<u>a</u>	27	Unrestricted net assets			4,901,648	27	6,263,700
Ba	28	Temporarily restricted net assets			6,544,751	28	5,951,045
<u> </u>	29	Permanently restricted net assets			166,000	29	166,000
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958),	check he	re 🕨 🦵 and			
<u>0</u>		complete lines 30 through 34.		•			
ets	30	Capital stock or trust principal, or current funds				30	
455	31	Paid-in or capital surplus, or land, building or equipmen				31	
et /	32	Retained earnings, endowment, accumulated income, or				32	
Ž	33	Total net assets or fund balances			11,612,399	33	12,380,745
	34	Total liabilities and net assets/fund balances			14,254,059	34	14,547,536

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

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

If the organization changed either its oversight process or selection process during the tax year, explain in

If the organization changed its method of accounting from a prior year or checked "Other," explain in

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

Consolidated basis

b Were the organization's financial statements audited by an independent accountant?

✓ Consolidated basis

Cash ✓ Accrual COther

Both consolidated and separate basis

Both consolidated and separate basis

1 Accounting method used to prepare the Form 990

a separate basis, consolidated basis, or both

Single Audit Act and OMB Circular A-133?

Schedule O

Schedule O

Separate basis

Separate basis

basis, consolidated basis, or both

Yes

Yes

Yes

2a

2b

2c

3a

3b

No

Νo

Nο

Form 990 (2015)

efile GRAPHIC print - DO NOT PROCESS As Filed Data -

hospital's name, city, and state

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

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.

2015
Open to Public
Inspection

OMB No 1545-0047

DLN: 93493320051246

Employer identification number

87-0212460

Department of the
Treasury
Internal Revenue Service

Name of the organization

GREAT SALT LAKE COUNCIL - BSA

990EZ)

Part I

1

2 3

SCHEDULE A

(Form 990 or

► 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.

Reason for Public Charity Status (All organizations must complete this part.) See instructions.

A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section

A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).

A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).

A school described in section 170(b)(1)(A)(ii).(Attach Schedule E (Form 990 or 990-EZ))

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

6	· —	170(b)(1)(A)(iv). (Co			described in se	ection 170(b)(:	1)(A)(v).				
7	<u>~</u>	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v) . An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi) . (Complete Part II)									
8 9		A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety See section 509(a)(4).									
11 a	I Г	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B.									
b	_	Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C.									
c d	Г	Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement.									
e	Γ	(see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization									
f g	Enter	the number of supporte Provide the following ii					· · · · · · · · · <u> </u>				
(i) Name of supported organization		(ii)EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))	(iv) Is the organ Iisted in your docume	nızatıon governıng	(v) A mount of monetary support (see instructions)	(vi) A mount of other support (see instructions)				
					Yes	No					
Total											

Cat No 11285F

Schedule A (Form 990 or 990-EZ) 2015

20,433,251

Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A.	Public	Support
------------	--------	---------

12

	conon in rabile support						
/	Calendar year fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d)2014	(e) 2015	(f) Total
•	Gifts, grants, contributions, and						
1	membership fees received (Do	3,255,223	3,471,169	3,226,390	7,046,817	4,131,229	21,130,828
	not include any unusual grants)	3,233,223	3,471,103	3,220,330	7,040,017	4,131,223	21,130,020
_	, , ,						
2	Tax revenues levied for the organization's benefit and either						
	3						
	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	3,255,223	3,471,169	3,226,390	7,046,817	4,131,229	21,130,828
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						3,560,301
	on line 1 that exceeds 2% of the						
	amount shown on line 11, column						
	(f)						
6	Public support. Subtract line 5						
	from line 4						17,570,527
S	ection B. Total Support		· · · · · · · · · · · · · · · · · · ·	U.	<u>'</u>	<u>'</u>	_
	Calendar year	4 32244	41.20.40	()2012	4 No. 0.4.4	4 32045	(5) =
(or	fiscal year beginning in)	(a) 2011	(b) 2012	(c)2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4	3,255,223	3,471,169	3,226,390	7,046,817	4,131,229	21,130,828
8	Gross income from interest,					, ,	
٠	dividends, payments received on						
	securities loans, rents, royalties	489,648	445,518	434,699	450,928	460,042	2,280,835
	and income from similar sources						
9	Net income from unrelated						
9	business activities, whether or						
	not the business is regularly						
	carried on						
	Other income Do not include						
10	1						
	gain or loss from the sale of						
	capital assets (Explain in Part						
	VI).						
11	Total support. Add lines 7						23,411,663
	through 10						

First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Gross receipts from related activities, etc (see instructions)

14	Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	75 050 %
15	Public support percentage for 2014 Schedule A, Part II, line 14	15	78 660 %

15	Public support percentage for 2014 Schedule A, Part II, line 14	15	78 660 %
16a	33 1/3% support test—2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or	more	, check this box

and **stop here.** The organization qualifies as a publicly supported organization b 33 1/3% support test - 2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this

box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported

organization b 10%-facts-and-circumstances test - 2014. 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 organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Part III 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.)

Se	ction A. Public Support						
	Calendar year	(a)2011	(b) 2012	(c)2013	(d)2014	(e)2015	(f) ⊤otal
•	iscal year beginning in)	(4)2011	(5)2012	(6)2010	(4)2011	(0)2010	(1)10ta1
1	Gifts, grants, contributions, and						
	membership fees received (Do						
,	not include any "unusual grants") Gross receipts from admissions,						
2	merchandise sold or services						
	performed, or facilities furnished						
	in any activity that is related to						
	the organization's tax-exempt						
	purpose						
3	Gross receipts from activities						
	that are not an unrelated trade or						
	business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either						
_	paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit						
•	to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2,						
	and 3 received from disqualified persons						
h	Amounts included on lines 2 and						
U	3 received from other than						
	disqualified persons that exceed						
	the greater of \$5,000 or 1% of						
	the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
_	from line 6)						
Se	ction B. Total Support		•	•		•	
	Calendar year				T		
(or f	iscal year beginning in) ▶	(a) 2011	(b) 2012	(c)2013	(d)2014	(e) 2015	(f) Total
`9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
b	Unrelated business taxable						
	income (less section 511 taxes)						
	from businesses acquired after						
	June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated						
	business activities not included						
	in line 10b, whether or not the						
	business is regularly carried on						
12	Other income Do not include						
	gain or loss from the sale of capital assets (Explain in Part						
	VI)						
13	Total support. (Add lines 9, 10c,						
	11, and 12)						
14	First five years. If the Form 990 is f	or the organization	on's first, second	, third, fourth, or	fifth tax year as a	section 501(c)(3) organization
	check this box and stop here						▶ □
Se	ction C. Computation of Pub	lic Support P	ercentage				
15	Public support percentage for 2015	(line 8, column	(f) divided by line	: 13, column (f))		15	
16	Public support percentage from 201	L4 Schedule A. P	art III. line 15			16	
			·			1.0	
	ction D. Computation of Inv						
17	Investment income percentage for	2015 (line 10c, c	olumn (f) divided	by line 13, colun	nn (f))	17	
18	Investment income percentage from	n 2014 Schedule	A, Part III, line	17		18	
19a	33 1/3% support tests—2015.If the	organization did	not check the bo	ox on line 14. and	l line 15 is more t		and line 17 is not
	more than 33 1/3%, check this box						▶□
b	33 1/3% support tests—2014.If the	-		•		-	•
_	18 is not more than 33 1/3%, check	-					_
20	Private foundation. If the organizati						

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, D, and E If you checked 11d of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A, D, and D, and complete Part V.)

	I, complete Sections A and D, and complete Part V)			
Se	ction A. All Supporting Organizations			
	Assall of the eventuality of eventual eventual eventual to be discussed by some or the eventual eventu		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section	2		
	509(a)(1) or (2)			
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?	3 c		
4-	If "Yes," explain in Part VI what controls the organization put in place to ensure such use Was any supported organization not organized in the United States ("foreign supported organization")?	1		
	If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization?	4b		
	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	70		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections $501(c)(3)$ and $509(a)(1)$ or (2) ?			
	If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (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)	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in	5b		
c	the organization's organizing document? Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to	5 C		
_	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 .	6		
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)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990)	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
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 .	9b		
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 .	9 c		
0a	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	10a		
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)	10 b		
1	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11 a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11 c		

Part IV	Supporting	Organizations	(continued

I GIC IV		аррог	9	Oi guilleu	LIOIIS	(continue	ч,
Section	n R	Tyne	T Si	innorting	Orga	nization	_

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

Section C. Type II Supporting Organization	Section	C.	Type	II	Supporting	Organization	S
--	---------	----	------	----	------------	--------------	---

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

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

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satis	v the Integral Part Test during the year (see instructions)

- The organization satisfied the Activities Test Complete line 2 below
- The organization is the parent of each of its supported organizations. Complete line 3 below

С		i ne orga instructi	nization supported a governmental entity. Describe in Part VI now you supported a government entity (see ons)	эe
2	<u>A ctivit</u>	ies Test	_Answer (a) and (b) below.	Y
а			all of the organization's activities during the tax year directly further the exempt purposes of the	

	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	2a	
	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2b	
3	Parent of Supported Organizations Answer (a) and (b) below.		

- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of 3a each of the supported organizations? Provide details in Part VI
- **b** Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard

3b

	Check here if the organization satisfied the Integral Part Test as a qualifying tr Type III non-functionally integrated supporting organizations must complete S			ructions. All other
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
	Net short-term capital gain	1		
	Recoveries of prior-year distributions	2		
	Other gross income (see instructions)	3		
	Add lines 1 through 3	4		
	Depreciation and depletion	5		
i	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
,	Other expenses (see instructions)	7		
;	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
	Aggregate fair market value of all non-exempt-use assets (see	1		
_	instructions for short tax year or assets held for part of year)	—		
a L	A verage monthly value of securities	1a 1b		
b	A verage monthly cash balances			
C	Fair market value of other non-exempt-use assets	1c 1d		+
d	Total (add lines 1a, 1b, and 1c) Discount claimed for blockage or other factors	La		
e	(explain in detail in Part VI)			
	Acquisition indebtedness applicable to non-exempt use assets	2		
	Subtract line 2 from line 1d	3		
	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
	Multiply line 5 by 035	6		
	Recoveries of prior-year distributions	7		
	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
	Enter 85% of line 1	2		
	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
	Enter greater of line 2 or line 3	4		
	Income tax imposed in prior year	5		
	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
	Check here if the current year is the organization's first as a non-functionally-instructions)	ntegrate	d Type III supporting	organization (see

Part V Type III Non-Functionally Integra	ated 509(a)(3) Suppo	rting Organizations (co	ontinuea)
Section D - Distributions			Current Year
1 Amounts paid to supported organizations to accom	plish exempt purposes		
2 A mounts paid to perform activity that directly furthe excess of income from activity	ers exempt purposes of supp	ported organizations, in	
3 Administrative expenses paid to accomplish exemp	ot purposes of supported org	anızatıons	
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval rec	quired)		
6 Other distributions (describe in Part VI) See instru	ictions		
· · · · · · · · · · · · · · · · · · ·	20010115		
7 Total annual distributions. Add lines 1 through 6			
8 Distributions to attentive supported organizations t details in Part VI) See instructions	o which the organization is r	esponsive (provide	
9 Distributable amount for 2015 from Section C, line	6		
10 Line 8 amount divided by Line 9 amount			
		T	T
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause requiredsee instructions)			
3 Excess distributions carryover, if any, to 2015			
a			
b			
<u>c</u>			
d From 2013			
e From 2014			
f Total of lines 3a through e g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7 \$			
Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2016. Add lines 31 and 4c			
8 Breakdown of line 7			
a			
b			
c Excess from 2013			
d From 2014			
e From 2015			
			(F 000 000 F7) /2.01 F

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

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

OMB No 1545-0047

DLN: 93493320051246

Name of the organ	
Internal Revenue Service	•
Treasury	Inf
Department of the	1

► Attach to Form 990.

Inspection Employer identification number

GRI	EAT SALT LAKE COUNCIL - BSA					
Рa	rt I Organizations Maintaining Donor	· Advised Funds or Other Sim		0212460 or Accounts		
	Complete if the organization answere			or Accounts	-	
		(a) Donor advised funds	(b)Funds and othe	eraccount	s
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 a funds are the organization's property, subject to t			ised	☐ Yes	┌ No
6	Did the organization inform all grantees, donors, a used only for charitable purposes and not for the conferring impermissible private benefit?				· \[Yes	L No
Pa	rt II Conservation Easements. Comple	ete if the organization answered '	"Yes" on Fori	m 990. Part I'		140
1	Purpose(s) of conservation easements held by th				.,	
	Preservation of land for public use (e.g., recre	, , , , , , , , , , , , , , , , , , , ,				
	education)	·		rıcally ımportar		a
	Protection of natural habitat	Preservat	tion of a certific	ed historic stru	ture	
	Preservation of open space					
2	Complete lines 2a through 2d if the organization easement on the last day of the tax year	held a qualified conservation contribu	ition in the forn	n of a conserva	tion	
	, , , , , , , , , , , , , , , , , , , ,			Held at the	End of th	e Year
а	Total number of conservation easements		2a			
b	Total acreage restricted by conservation easeme	ents	2b			
c	Number of conservation easements on a certified	historic structure included in (a)	2 c			
d	Number of conservation easements included in (o historic structure listed in the National Register	c) acquired after 8/17/06, and not on	a 2d			
3	Number of conservation easements modified, trai	nsferred, released, extinguished, or te	erminated by th	ne organization	during the	
	tax year >					
4	Number of states where property subject to cons	ervation easement is located ►				
5	Does the organization have a written policy regar violations, and enforcement of the conservation e	- · · · · · · · · · · · · · · · · · · ·	on, handling of	: Y	es \lceil l	No
6	Staff and volunteer hours devoted to monitoring, year	inspecting, handling of violations, and	d enforcing con	servation ease	ments duri	ing the
	-					
7	A mount of expenses incurred in monitoring, inspe	ecting, handling of violations, and enfo	orcing conserv	ation easement	s during th	ne year
	▶ \$					
8	Does each conservation easement reported on lin (B)(I) and section $170(h)(4)(B)(II)^{7}$	ne 2(d) above satisfy the requirement	ts of section 17	70(h)(4)	es 🏻 l	No
9	In Part XIII, describe how the organization report balance sheet, and include, if applicable, the text	of the footnote to the organization's \boldsymbol{f}				
Pa r	the organization's accounting for conservation ea t III Organizations Maintaining Collec		ures or Ot	her Similar	Accate	
4:	Complete if the organization answere			ner Sillilar	ASSELS.	
1a	If the organization elected, as permitted under SF works of art, historical treasures, or other similar service, provide, in Part XIII, the text of the footi	assets held for public exhibition, edu	ication, or rese	arch in furthera		
b	If the organization elected, as permitted under SF works of art, historical treasures, or other similar service, provide the following amounts relating to	assets held for public exhibition, edu				olic
((i) Revenue included on Form 990, Part VIII, line 1	L	> \$ _			
(i	ii) Assets included in Form 990, Part X					
2	If the organization received or held works of art, h	nistorical treasures, or other similar a				

Revenue included on Form 990, Part VIII, line 1

Assets included in Form 990, Part X

Paı	t III	Organizations Maintaining (continued)	Collections of	Art, His	torical	Trea	sures,	or Ot	ther Similar A	ssets	
3		g the organization's acquisition, according to the community of the control of th	ession, and other re	cords, ch	neck any	of the	following	that ar	re a significant us	e of its	
а		Public exhibition		d		oan or	exchange	progr	ams		
b	Г	Scholarly research		е	Го	ther					
c		Preservation for future generations									
4		Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII									
5	asset	ig the year, did the organization soli ts to be sold to raise funds rather th								s No)
Pa	rt IV	Escrow and Custodial Arra Complete if the organization a Part X, line 21.		n Form	990, Pa	rt IV,	line 9, o	r repo	orted an amoun	t on Forr	n 990,
1a		e organization an agent, trustee, cus ded on Form 990, Part X?	todian or other inte	rmediary	for contr	ributio	ns or othe	rasse	ets not Yes	s √ No	•
b	If	"Yes," explain the arrangement in Pa	art XIII and comple	te the fol	lowing ta	ble			A me	ount	
c	Ве	gınnıng balance						1 c			
d	A d	ditions during the year						1d			
е	Dis	stributions during the year						1e			
f	En	dıng balance						1f			
2 a	Did t	he organization include an amount o	n Form 990, Part X,	line 21,	for escro	worc	ustodial a	ccoun	t liability? 🗸 Yes	5 No)
										•	
b	If"Ye	es," explain the arrangement in Part									✓
Pā	irt V	Endowment Funds. Comple	te if the organiza	tion ans	wered '	'Yes"	to Form	990,	Part IV, line 10.	1	
			(a)Current year	(b) Prid	or year	b (c)	Two years b	ack (d) Three years back	(e)Four ye	ars back
1 a	Begir	nning of year balance	250,000		100,000		100	,000	100,000		100,000
b	Cont	ributions	100,000		150,000						
c		· · · · · · · · · · · · · · · · · · ·									
d	losse Gran	ts or scholarships									
е		r expenditures for facilities programs									
f	A dm	inistrative expenses						\dashv			
g	End o	of year balance	350,000		250,000		100	,000	100,000		100,000
2	Provi	de the estimated percentage of the	current year end ba	lance (lır	ie 1g, col	lumn (a	a)) held as	;	1		
а	Board	d designated or quasi-endowment >	28 570 %								
b	Perm	anent endowment ▶ 42 860 %									
c	Temp	porarily restricted endowment >	28 570 %								
3а	A re t	percentages on lines 2a, 2b, and 2c here endowment funds not in the pos	•		that are I	held ar	nd adminis	tered	for the		
	_	nization by nrelated organizations							32	(i) Yes	No No
		elated organizations					•			(ii) Yes	110
b		es" on 3a(II), are the related organiz		uired on S	 Schedule	 R? .	٠			b Yes	
4		ribe in Part XIII the intended uses of	•							-	
Pa	rt VI	Land, Buildings, and Equip	ment.								
		Complete if the organization a		Form 9		: IV, lı					
		Description of property		Co	(a) st or other (investme		(b) Cost or oth (othe	er basıs	Accumulated (c) depreciation	(d)Bool	k value
1 a	Land				<u> </u>		•	176,940	,	:	2,476,940
b	Buildir	ngs					<u>.</u>				
							6,0	076,487	2,875,697	7 .	3,200,790
		hold improvements		·							
	Equipr Other	ment		·			4,4	468,658	1,754,101	1 -	2,714,557
6	UTHER			1					•		

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

2,769,265

11,161,552

See Form 990, Part X, line 12. (a) Description of security or categ	Complete if the organiz	(b)Book value	(c)Method of valuation
(including name of security)	ory	(b) Book value	Cost or end-of-year market value
(1)Financial derivatives (2)Closely-held equity interests	+		
(3)O ther			
Table (School (b) and basel 5 are 200 Basel (c) (0) (a. 12	3		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12 Part VIII Investments—Program Related			
Complete if the organization answe	red 'Yes' on Form 990,		
(a) Description of investment		(b) Book value	(c) Method of valuation Cost or end-of-year market value
			•
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	•		
Part IX Other Assets. Complete if the organiz	ation answered 'Yes' on Fo	orm 990, Part IV, line	
Part IX Other Assets. Complete if the organiz (a) De		orm 990, Part IV, line	11d See Form 990, Part X, line 15 (b) Book value 44,13
Part IX Other Assets. Complete if the organiz (a) De (1) OTHER ASSETS	ation answered 'Yes' on Fo	orm 990, Part IV, line	(b) Book value 44,13
Part IX Other Assets. Complete if the organiz (a) De (1) OTHER ASSETS	ation answered 'Yes' on Fo	orm 990 , Part IV , line	(b) Book value 44,13
Part IX Other Assets. Complete if the organiz (a) De (1) OTHER ASSETS	ation answered 'Yes' on Fo	orm 990, Part IV, line	(b) Book value 44,13
Part IX Other Assets. Complete if the organiz (a) De (1) OTHER ASSETS	ation answered 'Yes' on Fo	orm 990, Part IV, line	(b) Book value 44,13
Part IX Other Assets. Complete if the organiz (a) De (1) OTHER ASSETS	ation answered 'Yes' on Fo	orm 990 , Part IV , line	(b) Book value 44,13
Part IX Other Assets. Complete if the organiz (a) De (1) OTHER ASSETS	ation answered 'Yes' on Fo	orm 990, Part IV, line	(b) Book value 44,13
Part IX Other Assets. Complete if the organiz (a) De (1) OTHER ASSETS	ation answered 'Yes' on Fo	orm 990, Part IV, line	(b) Book value 44,13
Part IX Other Assets. Complete if the organiz (a) De (1) OTHER ASSETS	ation answered 'Yes' on Fo	orm 990 , Part IV , line	(b) Book value 44,13
Part IX Other Assets. Complete if the organiz (a) De (1) OTHER ASSETS (2) CAPITAL CAMPAIGN RESTRICTED CASH	ation answered 'Yes' on Fo	orm 990, Part IV, line	(b) Book value 44,13 1,089,61
(a) De (1) OTHER ASSETS (2) CAPITAL CAMPAIGN RESTRICTED CASH Total. (Column (b) must equal Form 990, Part X, col (B) In	ation answered 'Yes' on Fo		(b) Book value 44,13 1,089,61
Total. (Column (b) must equal Form 990, Part X, col (B) In Part X Other Assets. Complete if the organize (a) Dec. (Column 990, Part X, col (B) In Part X, line 25.	ne 15)		(b) Book value 44,13 1,089,61
Total. (Column (b) must equal Form 990, Part X, col (B) In Part X Other Assets. Complete if the organiz (a) Dec. (a) Dec. (b) Dec. (c) CAPITAL CAMPAIGN RESTRICTED CASH Total. (Column (b) must equal Form 990, Part X, col (B) In Part X See Form 990, Part X, line 25.	ation answered 'Yes' on Fo		(b) Book value 44,13 1,089,61
Total. (Column (b) must equal Form 990, Part X, col (B) In Part X Other Liabilities. Complete if the organiz (a) Description of liability Other Liability	ne 15)		(b) Book value 44,13 1,089,61
Total. (Column (b) must equal Form 990, Part X, col (B) In Part X Other Liabilities. Complete if the organiz Other Liabilities Complete if the organiz (a) Description of liability Federal income taxes	ne 15)		(b) Book value 44,13 1,089,61
Total. (Column (b) must equal Form 990, Part X, col (B) In Part X Other Liabilities. Complete if the organiz Other Liabilities Complete if the organiz (a) Description of liability Federal income taxes	ne 15)		(b) Book value 44,13 1,089,61
Total. (Column (b) must equal Form 990, Part X, col (B) In Part X Other Liabilities. Complete if the organiz Other Liabilities Complete if the organiz (a) Description of liability Federal income taxes	ne 15)		(b) Book value 44,13 1,089,61
Total. (Column (b) must equal Form 990, Part X, col (B) In Part X Other Liabilities. Complete if the organiz Other Liabilities Complete if the organiz (a) Description of liability Federal income taxes	ne 15)		(b) Book value 44,13 1,089,61
Total. (Column (b) must equal Form 990, Part X, col (B) In Part X Other Liabilities. Complete if the organiz Other Liabilities Complete if the organiz (a) Description of liability Federal income taxes	ne 15)		(b) Book value 44,13 1,089,61
Total. (Column (b) must equal Form 990, Part X, col (B) In Part X Other Liabilities. Complete if the organiz Other Liabilities Complete if the organiz (a) Description of liability Federal income taxes	ne 15)		(b) Book value 44,13 1,089,61
Total. (Column (b) must equal Form 990, Part X, col (B) In Part X Other Liabilities. Complete if the organiz Other Liabilities Complete if the organiz See Form 990, Part X, line 25. (a) Description of liability Federal income taxes	ne 15)		(b) Book value 44,13 1,089,61
Total. (Column (b) must equal Form 990, Part X, col (B) In Part X Other Liabilities. Complete if the organiz Other Liabilities Complete if the organiz See Form 990, Part X, line 25. (a) Description of liability Federal income taxes	ne 15)		(b) Book value 44,13 1,089,61
Total. (Column (b) must equal Form 990, Part X, col (B) In Part X Other Liabilities. Complete if the organiz Other Liabilities Complete if the organiz See Form 990, Part X, line 25. (a) Description of liability Federal income taxes	ne 15)		(b) Book value 44,13 1,089,61
(a) De (1) OTHER ASSETS (2) CAPITAL CAMPAIGN RESTRICTED CASH Total. (Column (b) must equal Form 990, Part X, col (B) In Part X Other Liabilities. Complete if the C See Form 990, Part X, line 25.	ne 15)		(b) Book value 44,13 1,089,61 1,133,74
Total. (Column (b) must equal Form 990, Part X, col (B) In Part X Other Liabilities. Complete if the organiz Other Liabilities Complete if the organiz See Form 990, Part X, line 25. (a) Description of liability Federal income taxes	ne 15)		(b) Book value 44,13 1,089,61 1,133,74

1

2

а b

b

c

d

е 3

b

c

Part XIII

information

Part IV, Line 2b

Schedule D (Form 990) 2015

8,552,818

35,228

24,628

7.773.319

Schedule D (Form 990) 2015

7,748,691

1

2e

3

4c

24,628

35,228

C	Recoveries of prior year grants		
d	Other (Describe in Part XIII).............. 2d		
e	Add lines 2a through 2d	2e	35,228
3	Subtract line 2e from line 1	3	8,517,590
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII)		
C	Add lines 4a and 4b	4c	0
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	8,517,590
Part	Reconciliation of Expenses per Audited Financial Statements With Expense Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	s per	Return.
1	Total expenses and losses per audited financial statements	1	7,783,919
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b,

Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional

Explanation

Total revenue, gains, and other support per audited financial statements . . .

Amounts included on line 1 but not on Form 990, Part VIII, line 12

Net unrealized gains (losses) on investments . . .

Donated services and use of facilities .

4	A mounts included on Form 990, Part IX, line 25, but not on line 1:
а	Investment expenses not included on Form 990, Part VIII, line 7b

Other (Describe in Part XIII) .

Supplemental Information

Other (Describe in Part XIII)

Subtract line 2e from line 1 .

Prior year adjustments .

Add lines 2a through 2d .

Add lines 4a and 4b . .

Return Reference

Other losses . .

2c 2d

THE CUSTODIAL ACCOUNTS ARE A COMBINATION OF REGISTRATION FEES PAID BY CHARTERED ORGANIZATIONS FOR THEIR TROOPS THAT HAVEN'T BEEN REMITTED TO THE NATIONAL OFFICE OF THE BOY SCOUTS OF AMERICA AND FOR AMOUNTS HELD FOR VARIOUS SCOUTING ORGANIZATIONS WHERE WE ARE CUSTODIANS OVER THEIR FUNDS THESE ORGANIZATIONS INCLUDE THE SILVER BEAVER ASSOCIATION, WOOD BADGE ASSOCIATION, BSA ALUMNI ASSOCIATION, AND ORDER OF THE ARROW ASSOCIATION

2a

2b

2b

Schedule D (Form 990) 2015	Page 5
Part XIIII Supplemental	Information (continued)
Return Reference	Explanation
Part X, Line 2	The Council evaluates its uncertain tax positions, if any, on a continual basis through review of its policies and procedures, review of its regular tax filings, and discussions with outside experts. No uncertain tax positions were identified by the Council as of December 31, 2015, and 2014.
Part XII, Line 4b - Other Adjustments	TAX AMORTIZATION OF RIVER RAFTING PERMIT

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DLN: 93493320051246

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

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

OMB No 1545-0047

2015

Open to Public Inspection

ame of the organization REAT SALT LAKE COUNCIL	- BSA					Employer ide	ntification number
KENT SKET ENKE GOONGIE	BSN					87-0212460)
Part I Fundraising Ac Form 990-EZ file			_	ation answered "Yes' his part.	on Form	n 990, Part I\	/, line 17.
Indicate whether the orga	nızatıon raısed fur	nds throug	h any of th	ne following activities C	heck all t	hat apply	
a Mail solicitations				e Solicitation of r	on-govern	nment grants	
b Internet and email so	overnmen	t grants					
c Phone solicitations				g Special fundrais	sing event	S	
d	าร						
Did the organization have or key employees listed in services?							es No
b If "Yes," list the ten high to be compensated at lea				isers) pursuant to agre	ements un	der which the f	undrais er is
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundrai cust cont	Did ser have ody or crol of outions?	(iv) Gross receipts from activity	(or re fundra	nount paid to stained by) ser listed in col (i)	(vi) A mount paid to (or retained by) organization
1		Yes	No				
1							
2							
3							
4							
5							
6							
0							
7							
8							
9							
10							
otal			•				
3 List all states in which the oregistration or licensing	organization is reg	ıstered or	licensed t	o solicit contributions (or has bee	n notified it is	I exempt from

Part II	Fundraising	Events

Fundraising Events.

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

	receipts greater than \$5,000	(a)Event #1	(b) Event #2	(c)Other events	(d)
		(event type)	HERITAGE GOLF (event type)	(total number)	Total events (add col (a) through col (c))
Reversie	1 Gross receipts	164,064		10,933	
	2 Less Contributions	76,267 87,797	43,128 9,953	10,933	119,395
	4 Cash prizes				
S	6 Rent/facility costs	1,080	4,728	2,295	8,103
Expenses	7 Food and beverages	29,231	3,067	4,501	36,799
ă	8 Entertainment	1,550		150	1,700
Direct	9 Other direct expenses	3,682	809	521	5,012
ā	10 Direct expense summary Add lines 4	1 through 9 in column (d)		51,614
	11 Net income summary Subtract line 1	0 from line 3, column (d)		57,069
Par	t III Gaming. Complete if the organization Form 990-EZ, line 6a.	answered "Yes" on F	Form 990, Part IV, line	e 19, or reported mor	e than \$15,000 on
Revenue		(a)Bıngo	(b)Pull tabs/Instant bingo/progressive bingo	(c)Other gaming	(d) Total gaming (add col (a) through col (c))
<u>~</u>	1 Gross revenue				
Expenses	2 Cash prizes				
	3 Noncash prizes				
Di ed Di ed	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes%_ ☐ No		│ Yes%	
	7 Direct expense summary Add lines	2 through 5 in column (d)		
	8 Net gaming income summary Subtra	ct line 7 from line 1, col	umn (d)	•	
9 a	Enter the state(s) in which the organiza	-	•		Yes No
b	If "No," explain				
.0a	Were any of the organization's gaming l	icenses revoked, suspe	nded or terminated during	j the tax year?	Yes No
b	If "Yes," explain				
					I

efile GRAPHIC print - DO NOT PROCESS | As Filed Data Schedule I
(Form 990) | Grants and C
Governments
Complete if the organiza

Treasury

Internal Revenue Service

Name of the organization

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

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

▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at $\underline{www.irs.gov/form990}$.

OMB No 1545-0047

2015

DLN: 93493320051246

Open to Public Inspection

Employer identification number

GREAT SALT LAKE COUNCIL - BSA	87-0212460	87-0212460					
Part I General Information	on on Grants an	d Assistance					
Does the organization maintain the selection criteria used to a Describe in Part IV the organiz Part II Grants and Other Assist that received more than	ward the grants or a zation's procedures ance to Domestic O	ssistance? or monitoring the use	of grant funds in the Ur	ited States			✓ Yes No
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
2 Enter total number of section 5 3 Enter total number of other org	. ,. ,	-					
For Paperwork Reduction Act Notice, se	e the Instructions for	Form 990.		Cat No 50055P		Schedu	le I (Form 990) 2015

Grants are provided to individuals to participate in the various Scouting programs listed on Part III and are confirmed by the individuals' registration

Part I, Line 2

and participation in the programs

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.

2015

OMB No 1545-0047

DLN: 93493320051246

Department of the Treasury Internal Revenue Service

Schedule J (Form 990)

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

Open to Public Inspection

	ame of the organization EAT SALT LAKE COUNCIL - BSA	ication nun	nber	
GKE	87-0212460			
Pa	Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel Housing allowance or residence for personal use	ļ		ļ
	Travel for companions Payments for business use of personal residence	ļ		ļ
	Tax idemnification and gross-up payments Health or social club dues or initiation fees	ļ		ļ
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			ļ
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2		
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			
	☐ Independent compensation consultant ☐ Compensation survey or study			
	Form 990 of other organizations			ļ
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization	ation		
а	Receive a severance payment or change-of-control payment?	4a		Νo
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
5	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
а	The organization?	5a		Νo
b	Any related organization? If "Yes," on line 5a or 5b, describe in Part III	5b		No
6	For persons listed on Form 990, Part VII, Section A, line $1a$, did the organization pay or accrue any compensation contingent on the net earnings of			
а	The organization?	6a		Νo
b	Any related organization?	6b		Νo
	If "Yes," on line 6a or 6b, describe in Part III			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	Yes	
8	Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe			
	ın Part III	8		Νo
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9		

		Base (1) compensation	Bonus & incentive compensation	Other reportable compensation	compensation			as deferred on prior Form 990
1 RICK BARNES SCOUT EXECUTIVE	(i)	145,088	3,250	1,209	99,908	48,640	298,095	0
	(ii)	0	0	0	0	0	0	0
2 BRIAN P SHEETSCFO	(i)	104,154	250	495	33,830	18,754	157,483	0

Schedule J (Form 990) 2015										
Part III Supplemental Infor	Supplemental Information									
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information										
Return Reference Explanation										

Schedule J (Form 990) 2015

efile GRAPHIC print - DO NOT PROCESS As Filed Data -Schedule K

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI. ▶ Attach to Form 990.

2015 Open to Public

Inspection

DLN: 93493320051246 OMB No 1545-0047

(Form 990)

Name of the organization

GREAT SALT LAKE COUNCIL - BSA

Department of the Treasury ▶Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990. Internal Revenue Service

Employer identification number 87-0212460 Part I **Bond Issues** (a) Issuer name (b) Issuer EIN (c) CUSIP # (d) Date issued (e) Issue price (f) Description of purpose (g) Defeased (h) On (i) Pool behalf of financing ıssuer Yes No Yes No Yes No SUMMIT COUNTY UTAH 87-6000295 12-07-2006 2,196,000 PURCHASE 565 ACRES OF Χ Х Х LAND Part II **Proceeds** Α С 836,000 A mount of bonds legally defeased 2 Total proceeds of issue 2.196.000 Gross proceeds in reserve funds 5 71,693 8 9 588 10 2,195,412 11 12 588 13 2006 Yes No Yes No Yes Yes No Were the bonds issued as part of a current refunding issue? Х 14 Were the bonds issued as part of an advance refunding issue? Х 15 Χ 16 Does the organization maintain adequate books and records to support the final 17 Χ allocation of proceeds? Private Business Use Α В С D

Yes

No

Х

Х

Yes

No

Yes

No

Are there any lease arrangements that may result in private business use of bond-

Was the organization a partner in a partnership, or a member of an LLC, which owned

Yes

No

D

С

В

		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?		×						
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed	:							
prope	, , , , , , , , , , , , , , , , , , ,								
С	Are there any research agreements that may result in private business use of bond-financed property?		×						
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government		•		•		•		
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government								
6	Total of lines 4 and 5								
7	Does the bond issue meet the private security or payment test?		Х						
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		х						
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
С	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?		x						
Par	t IV Arbitrage								
	A		В			c		D	
	Yes	No	Yes	No	Y	36	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?	X	103	140	·		NO	163	
2	If "No" to line 1, did the following apply?	•		'		·		<u>'</u>	
а	Rebate not due yet?	Х							
b	Exception to rebate?	Х							
С	No rebate due?	Х							
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?	Х							
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	X							
b	Name of provider								
С	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								
	-		•		•	•	•	lulo V /Forms (

Α

_	·								
С	Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?									
6 Were any gross proceeds invested beyond an available temporary period?			Х						
7 Has the organization established written procedures to monitor the requirements of section 148?			Х						
Pa	Part V Procedures To Undertake Corrective Action								
		А		В		С		D	
		Yes	No	Yes	No	Yes	No	Yes	No
Use the erganization established written procedures to ensure		1						T	

Procedures To Undertake Corrective Action

A B C D

Yes No Yes No

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DLN: 93493320051246

OMB No 1545-0047 2015

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Noncash Contributions

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

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

► Attach to Form 990.

Treasury Internal Revenue Service Name of the organization GREAT SALT LAKE COUNCIL - BSA

(Form 990)

Department of the

Employer identification number

					87-0212460			
Pa	rt I Types of Property							
		(a) Check If applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d Method of de noncash contrib	etermi	_	ts
1	Art—Works of art			_				
2	Art—Historical treasures .							
3	Art—Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded .							
10	Securities—Closely held stock \cdot							
11	Securities—Partnership, LLC, or trust interests							
12	Securities—Miscellaneous							
13	Qualified conservation contribution—Historic structures							
14	Qualified conservation contribution—Other							
15	Real estate—Residential .							
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies .							
	Taxıdermy							
	Historical artifacts							
	Scientific specimens							
	Archeological artifacts							
	Other►(es & Discounts)	X	15	52,416	Value of discount or			
	Other ► (X	1	206	Cost of Items			
	VEL FOR CAMP	_ ^	•		C 05 c of feeffis			
TRA	CY)							
	Other ► ()							
	Other ► ()							
29	Number of Forms 8283 received for which the organization comple	, ,	,		29			
30a	During the year, did the organiza	ition receiv	e by contribution any prope	erty reported in Part I, lines	1 through 28, that		Yes	No
	it must hold for at least three ye	ars from the	e date of the initial contribu	ition, and which is not requi	red to be used			
	for exempt purposes for the enti	re holdina n	period?			30a		l No
h	If "Yes," describe the arrangement					30a		Νo
31	Does the organization have a gif			review of any non-standard	contributions?	31	Yes	
32a	Does the organization hire or us	·		•				
			-			32a	<u> </u>	No
b	If "Yes," describe in Part II							
33	If the organization did not report describe in Part II	an amount	in column (c) for a type of	property for which column (a) is checked,			

Page 2

Schedule M (Form 990) (2015)

Return Reference Explanation

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SCHEDULE O	Supplemental Information		
(Form 990 or 990-EZ)		ide information for re	

ormation to Form 990 or 990-EZ

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

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

OMB No 1545-0047 2015 Open to Public **Inspection**

DLN: 93493320051246

Name of the organization GREAT SALT LAKE COUNCIL - BSA

Department of the

Internal Revenue Service

Treasury

Employer identification number 87-0212460

Return Reference	Explanation
Form 990, Part VI, Section A, line 1	EXPLANATION OF DELEGATED BROAD AUTHORITY TO COMMITTEE THE EXECUTIVE BOARD SHALL BE THE GOVERNING BODY OF THE CORPORATION AND SHALL MANAGE ITS AFFAIRS THE EXECUTIVE BOARD SHALL BE THE LOCAL REVIEWING AUTHORITY WITH RESPECT TO MATTERS WITHIN THE SCOUTING MOVEMENT WHICH ARISE IN THE TERRITORY OF THE CORPORATION THERE SHALL BE AN EXECUTIVE COMMITTEE CONSISTING OF THE PERSONS HAVING THE POWERS SPECIFIED BELOW THE EXECUTIVE COMMITTEE SHALL BE COMPOSED OF THOSE PERSONS WHO ARE THE OFFICERS OF THE CORPORATION, INCLUDING THE SCOUT EXECUTIVE (WHO SHALL HAVE NO VOTE), AND MAY INCLUDE OTHERS APPOINTED BY THE PRESIDENT THE EXECUTIVE COMMITTEE OF THE EXECUTIVE BOARD SHALL HAVE AND MAY EXERCISE ALL THE NECESSARY POWERS OF THE EXECUTIVE BOARD IN THE MANAGEMENT OF THE CORPORATION DURING THE INTERVALS BETWEEN THE MEETINGS OF THE EXECUTIVE BOARD, BUT IN NO EVENT SHALL THE EXECUTIVE COMMITTEE ACT CONTRARY TO ACTION THERETOFORE TAKEN BY THE EXECUTIVE BOARD MINUTES SHALL BE KEPT OF ALL THE EXECUTIVE COMMITTEE ACTIONS AND REPORTED AT THE ENSUING MEETING OF THE EXECUTIVE BOARD FOR ITS APPROVAL MEETINGS OF THE EXECUTIVE COMMITTEE MAY BE CALLED AT ANY TIME BY THE PRESIDENT AND SHALL BE CALLED BY THE PRESIDENT WITHIN 30 DAYS UPON THE REQUEST OF THREE OF MORE MEMBERS OF THE EXECUTIVE COMMITTEE IT SHALL BE THE GENERAL PRACTICE OF THE EXECUTIVE COMMITTEE TO MEET IN THOSE MONTHS IN WHICH THE EXECUTIVE BOARD DOES NOT MEET ALL MEETINGS OF THE EXECUTIVE COMMITTEE TO MEET IN THOSE MONTHS IN WHICH THE EXECUTIVE BOARD DOES NOT MEET ALL MEETINGS OF THE EXECUTIVE COMMITTEE TO MEET IN THOSE MONTHS IN WHICH THE EXECUTIVE BOARD DOES NOT MEET ALL MEETINGS OF THE EXECUTIVE COMMITTEE TO MEET IN THOSE MONTHS IN WHICH THE EXECUTIVE BOARD DOES NOT MEET ALL MEETINGS OF THE EXECUTIVE COMMITTEE TO MEET IN THOSE MONTHS IN WHICH THE EXECUTIVE BOARD DOES NOT MEET ALL MEETINGS OF THE EXECUTIVE COMMITTEE SHALL BE HELD ON AT LEAST 3 DAYS WRITTEN NOTICE BY FAX OR ELECTRONIC MAIL A MAJORITY OF THE VOTING MEMBERS OF THE EXECUTIVE COMMITTEE SHALL CONSTITUTE A

Return Reference	Explanation
Form 990, Part VI, Section A,	ACTIVE MEMBERS MAY ELECT THE MEMBERS OF THE GOVERNING BODY AND APPROVE SIGNIFICANT
line 6	DECISIONS OF THE GOVERNING BODY

Return Reference	Explanation
Form 990, Part VI, Section	ACTIVE MEMBERS MAY ELECT MEMBERS AT LARGE, REGULAR MEMBERS OF THE EXECUTIVE BOARD, AND
A, line 7a	OFFICERS OF THE CORPORATION OTHER THAN THE SCOUT EXECUTIVE

Return Reference	Explanation
Form 990, Part VI,	ACTIVE MEMBERS MAY VOTE AT THE ANNUAL MEETING TO RECEIVE AND APPROVE FINANCIAL STATEMENTS AS OF
Section A, line 7b	THE CLOSE OF ITS MOST RECENT COMPLETE FISCAL YEAR AND OTHER SUCH BUSINESS AS MAY COME BEFORE THE
	MEETING ACTIVE MEMBERS MAY ALSO VOTE IN REGULAR AND SPECIAL MEETING ON MATTERS INCLUDING BUT NOT
	LIMITED TO WHETHER TO MERGE WITH A NOTHER COUNCIL OR COUNCILS

Return Reference	Explanation
Form 990, Part VI, Section B, line 11	COPIES OF THE IRS FORM 990 WERE REVIEWED WITH THE SCOUT EXECUTIVE AND TREASURER PAGE BY PAGE WITH THE CFO COPIES WERE THEN SHARED IN ADVANCE OF THE MONTHLY EXECUTIVE COMMITTEE MEETING AND THE HIGHLIGHTS OF THE FORM 990 WERE DISCUSSED AND QUESTIONS WERE SOLICITED THE CFO WAS AVAILABLE AFTER THE MEETING FOR QUESTIONS. THE FORM 990 WAS DISCUSSED AT A BOARD MEETING AND COPIES WERE GIVEN TO BOARD MEMBERS
	WHO REQUESTED IT THE CFO WAS THEN AVAILABLE TO ANSWER ANY OF THE BOARD MEMBERS' QUESTIONS COPIES OF THE FORM 990 WERE ALSO SHARED WITH MEMBERS OF THE AUDIT COMMITTEE AND THE CFO ADDRESSED THEIR QUESTIONS, IF ANY

Return Reference	Explanation
Form 990, Part	AT LEAST ONCE A YEAR, THE COUNCIL DISTRIBUTES A CONFLICT OF INTEREST CERTIFICATION AND DISCLOSURE FORM
VI, Section B,	TO ITS OFFICERS, DIRECTORS, AND PROFESSIONAL EMPLOYEES THE COVERED PERSONS ARE REQUIRED TO COMPLETE
line 12c	AND SIGN THE CERTIFICATION AND DISCLOSURE FORM, WHICH IS RETAINED IN THE COUNCIL FILES THE CERTIFICATION
	AND DISCLOSURE FORMS ARE REVIEWED NO LESS THAN ANNUALLY BY THE SCOUT EXECUTIVE AND TREASURER THE
	SCOUT EXECUTIVE IS ULTIMATELY RESPONSIBLE FOR POSSIBLE CONFLICTS OF INTEREST

Return Reference	Explanation
E 000 B 1	THE COOLET DYFOLETA / E COMPONION TION IO OFF DV AN INDEPENDENT COMPONION TION AND DENIETTO COMMITTEE MELL
Form 990, Part	THE SCOUT EXECUTIVE COMPENSATION IS SET BY AN INDEPENDENT COMPENSATION AND BENEFITS COMMITTEE WITH
VI, Section B,	FEEDBACK FROM THE NATIONAL OFFICE ON WHAT APPROPRIATE COMPENSATION WOULD BE BASED ON COMPENSATION
line 15	SURVEYS OF OTHER COMPARABLE SCOUT EXECUTIVES THROUGHOUT THE COUNTRY THE COMMITTEE ALSO
	DETERMINES THE COMPENSATION FOR OTHER OFFICERS AND KEY EMPLOYEES BASED ON PERFORMANCE REVIEWS
	CONDUCTED BY THE SCOUT EXECUTIVE USING DATA AS TO COMPARABLE COMPENSATION FOR SIMILARLY QUALIFIED
	PERSONS IN FUNCTIONALLY COMPARABLE POSITIONS AT SIMILARLY SITUATED ORGANIZATIONS THERE IS
	CONTEMPORANEOUS DOCUMENTATION AND RECORD KEEPING WITH RESPECT TO THE DELIBERATIONS AND DECISIONS
	REGARDING THE COMPENSATION ARRANGMENTS

Return Reference	Explanation	l
Form 990, Part VI, Section	THE COUNCIL IS INCLUDED IN THE GROUP EXEMPTION FILING OF THE NATIONAL COUNCIL, BOY SCOUTS OF	l
C, line 18	AMERICA, AND, THEREFORE, DOES NOT FILE FORM 1023	ı

Return Reference	Explanation
Form 990, Part	THE GOVERNING DOCUMENTS AND POLICIES OF THE COUNCIL ARE SUBJECT TO THE FEDERAL PUBLIC DISCLOSURE RULES
VI, Section C,	(0R STATE PUBLIC DISCLOSURE RULES), THESE DOCUMENTS WILL BE MADE PUBLICLY AVAILABLE AS APPLICABLE LAW
line 19	MAY REQUIRE OTHERWISE, THE GOVERNING DOCUMENTS AND POLICIES WILL BE PROVIDED TO THE PUBLIC AT THE
	DISCRETION OF MANAGEMENT. THE FOLLOWING DOCUMENTS ARE AVAILABLE FOR PUBLIC INSPECTION AT THE GREAT
	SALT LAKE COUNCIL-BSA'S SERVICE CENTER, LOCATED AT 525 FOOTHILL BLVD, SALT LAKE CITY, UT 84113, OR ON THE
	ORGANIZATIONS WEBSITE AT WWW GLSC-SCOUTS ORG AUDITED FINANCIAL STATEMENTS AND CURRENT YEAR
	BUDGET

Return Reference	Explanation
Form 990, Part VIII, LINE	RENTAL EXPENSES ARE INCLUDED IN THE STATEMENT OF FUNCTIONAL EXPENSES IN PART IX THE
6A, RENTAL EXPENSES	ORGANIZATION DEEMED THAT THE VALUE OF REPORTING THE AMOUNT OF RENTAL EXPENSES ON LINE 6A WAS
	NOT WORTH THE TIME AND EFFORT THAT WOULD BE REQUIRED TO BREAK OUT THE AMOUNTS

Return Reference	Explanation
' '	TAX AMORTIZATION OF RIVER RAFTING PERMIT 24,628 TRANSFER to trust FUND 1,647 deferred income tax expense -2,200

efile GRAPHIC print - DO NOT PROCESS As Filed Data - DLN: 93493320051246 OMB No 1545-0047

SCHEDULE R

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

2015

Department of the Treasury Internal Revenue Service

(Form 990)

► Attach to Form 990.

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

Open to Public Inspection

Name of the organization GREAT SALT LAKE COUNCIL - BSA				Employer id	lentificatio	on number		
				87-021246	50			
Part I Identification of Disregarded Entities Com	nplete if the organization	answered "Yes" or	Form 990, Part	: IV, line 33.				
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	D	(f) Direct controlling entity		
(1) TETON WHITEWATER LC 525 SOUTH FOOTHILL BLVD SALT LAKE CITY, UT 84113 52-2345234	RAFTING	WY	369,966	145,174	GSLC-BSA		_	
Part II Identification of Related Tax-Exempt Orga or more related tax-exempt organizations durin		the organization an	swered "Yes" on	Form 990, Par	t IV, line	34 because it l	had on	е
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code sectio	n Public charity st			Section (13) o	(g) n 512(b ontrolled itity?
(1)GREAT SALT LAKE COUNCIL BSA-TRUST FUND 525 FOOTHILL DRIVE	SUPPORT	UT	501(C)(3)	509(A)(3)	GSL	C-BSA	Yes	No
SALT LAKE CITY, UT 84113 23-7172000								

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	controlling income(related excluded for tax under the controlling income).	Direct e controlling in entity	Predominant income(related, unrelated, excluded from tax under sections 512-	(f) Share of total income	(g) Share of end-of-year assets			(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	mana parti	ral or aging	(k) Percentage ownership
] 3117			Yes	No	1	Yes	No		
											\vdash		
Part TV Identification of Polated Organizations Tayable					I.		<u> </u>						

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end- of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?			
								Yes	No	

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

No

No

No

Yes

1a

1b

Part V	Transactions With Related Or	ganizations Comp	plete if the organization	n answered "Yes" on For	m 990, Part IV, I	ine 34, 35b, or 36.

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

c Gift, grant, or capital contribution from related organization(s)				1c	No		
d Loans or loan guarantees to or for related organization(s)				1d	No		
e Loans or loan guarantees by related organization(s)				1e	No		
f Dividends from related organization(s)				1f	No		
g Sale of assets to related organization(s)				1g	No		
h Purchase of assets from related organization(s)				1h	No		
i Exchange of assets with related organization(s)				1i	No		
j Lease of facilities, equipment, or other assets to related organization(s)				1j	No		
,,,,,,					_		
k Lease of facilities, equipment, or other assets from related organization(s)				1k	No		
Performance of services or membership or fundraising solicitations for related organization(s)				1l Ye	es		
					.		
$m{m}$ Performance of services or membership or fundraising solicitations by related organization(s)				1m	No		
$oldsymbol{n}$ Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n Ye	es		
o Sharing of paid employees with related organization(s)				1o Ye	es		
					 		
p Reimbursement paid to related organization(s) for expenses				1p	No		
q Reimbursement paid by related organization(s) for expenses				1q	No		
r Other transfer of cash or property to related organization(s)				1r Ye	es		
f s Other transfer of cash or property from related organization(s)				1s Ye	es		
2 If the answer to any of the above is "Yes," see the instructions for information on who must complet	te this line, including co	overed relationships	and transaction threshold	 ds			
(a) Name of related organization	(b) (c) (d)						
(1)GREAT SALT LAKE COUNCIL BSA-TRUST FUND	S	165,196	CASH				
			I				

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

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

revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships													
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(e) Are all partners section 501(c)(3) organizations?		(f) (g) Share of total end-of-year assets	of-year allocations?		(h) Disproprtionate allocations? Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)		managing partner?		
			314)	Yes	No			Yes	No		Yes	No	
												1 I	
													<u> </u>

