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# · 990

Department of the Treasury Internal Revenue Service

# **Return of Organization Exempt From Income Tax**

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

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

► Information about Form 990 and its instructions is at www.us.gov/form990

2016 Open to Public Inspection

A For the 2016 calendar year, or tax year beginning Check if applicable C Name of organization D Employer identification number WINNEBAGO COUNCIL BOY SCOUTS OF AMERICA Address change #173 Name change 42-0985053 Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ 2929 AIRPORT BLVD. 319-234-2867 City or town, state or province, country, and ZIP or foreign postal code 1,680,406. G Gross receipts \$ Amende WATERLOO, IA 50703 H(a) Is this a group return Applica-F Name and address of principal officer JAMES R. MADISON for subordinates? Yes X No pending 2929 AIRPORT BLVD., WATERLOO, H(b) Are all subordinates included? Yes [ Tax-exempt status: X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or If "No," attach a list. (see instructions) J Website: ► WWW.WINNEBAGOBSA.ORG **H(c)** Group exemption number ▶ K Form of organization: X Corporation ☐ Trust Association L Year of formation: 1971 M State of legal domicile: IA Part I Summary Briefly describe the organization's mission or most significant activities: PROMOTING THE BOY SCOUTS OF Activities & Governance AMERICA PROGRAM IN 17 COUNTIES WITHIN THE STATE OF IOWA. 2 Check this box In the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 4 Number of independent voting members of the governing body (Part VI, line 1b) 38 Total number of individuals employed in calendar year 2016 (Part V, line 2a) 39 5 Total number of volunteers (estimate if necessary) 1353 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. b Net unrelated business taxable income from Form 990-T, line 34 **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) 304,192. 436,052. 9 Program service revenue (Part VIII, line 2g) 211,665. 152,494. 10 58,193. 53,960. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 283,856. 303,052. 857,906. 945,558 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3) 1,843. 1,487. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) \528. 524,502. 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 130,33 <u> 13196, 6-22</u> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 17 422,367. 907,993. Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 948,356. Revenue less expenses. Subtract line 18 from line 12 ±50,087. -2,798. Beginning of Current Year **End of Year** Total assets (Part X, line 16) 20 ,131,978. 3,230,604 Total liabilities (Part X, line 26) 228,674.  $228.01\overline{4}$ Net assets or fund balances. Subtract line 21 from line 20 903,304. 3,002,590. Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign JAMES R. MADISÓN, SCOUT EXECUTIVE Here Type or print name and title PTIN Date Print/Type preparer's name Preparer's signature STEVE SCHWEIZER Paid P01238619 Firm's name DENMAN & COMPANY, Preparer LLP 42-0794029 Firm's EIN Use Only Firm's address 1601 22ND STREET, SUITE 400 WEST DES MOINES, IA 50266-1453 Phone no. 515-225-8400 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes

ZD/

Form 990 (2016)

Form 990 (2016) #173
Part IV | Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	L
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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u>X</u>
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		<u> </u>
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		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent		3.5	
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X		. /2	
	as applicable.		, 9, \$10,	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		х	
L	Part VI  Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	11a		
U		446	х	
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII  Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	11b	-21	
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
А	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	116		
ď	Part X, line 16? If "Yes," complete Schedule D, Part IX .	11d		х
e	Did the organization report an amount for other liabilities in Part X, line 25° If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	<u> </u>		
·	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	<u> </u>		
	Schedule D. Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
þ	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		_X_
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		_X_
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u> </u>
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	X	
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	000	X
		Form	99U (	(2016)

Forth 990 (2016) #173
Part IV Checklist of Required Schedules (continued) #173

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
ď	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? #"Yes,"			
	complete Schedule L, Part II	26		_X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member		- 1	
	of any of these persons? If "Yes," complete Schedule L, Part III	27		_X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	7 \$ 1 A	Ž.	(XXX)
	instructions for applicable filing thresholds, conditions, and exceptions).		**	
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		_X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		_X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		_X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			_
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		<u> X</u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	-	_ <u>X</u> _
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		_X_
þ	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			77
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			٦,
4	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		v	
	Note. All Form 990 filers are required to complete Schedule O	38	X 990	(001.5)
		Form	990	(2016)

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Pai	Statements Regarding Other IRS Filings and Tax Compliance  Check if Schedule O contains a response or note to any line in this Part V			
	Check if Schedule O contains a response of note to any line in this hart v		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		, 00	
ь	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 39			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			<u> </u>
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country	,	* :	,
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		~	77
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	ا _ ا		х
	any contributions that were not tax deductible as chantable contributions?	6a		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	6b		
7	were not tax deductible?  Organizations that may receive deductible contributions under section 170(c).	\$: Ø :	,%, ,	*** <b>\</b> \$.\
7	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	~ *	X
a b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		_ <del></del>
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	- <del></del>		
Ŭ	to file Form 8282?	7c		х
d	If "Yes," 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 personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		<b>*</b>	# 1°
	sponsoring organization have excess business holdings at any time during the year?	8	,	<u> </u>
9	Sponsoring organizations maintaining donor advised funds.		. ‹	<u> </u>
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a_		<u> </u>
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		<b></b>
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	1		
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders	ł		ĺ
þ	amounts due or received from them.)			1. 1.
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		<u> </u>
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . 12b	124		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1 ′, ′		3
a	Is the organization licensed to issue qualified health plans in more than one state?	13a		
_	Note. See the instructions for additional information the organization must report on Schedule O.	/	1	
b	Enter the amount of reserves the organization is required to maintain by the states in which the		′	
	organization is licensed to issue qualified health plans			l
С	Enter the amount of reserves on hand	A.		1
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O	14b		Щ.
		Form	990	(2016)

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Pai	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a	"No" n	espon	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.		•	
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	3	100	
-	If there are material differences in voting rights among members of the governing body, or if the governing	7	1	
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			1 1
<b>.</b>	Enter the number of voting members included in line 1a, above, who are independent	al .		
	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	Ϋ.	ĺ	
2		2		$\frac{1}{x}$
_	officer, director, trustee, or key employee?	1	├─	<del>  ^</del> -
3	Did the organization delegate control over management duties customanly performed by or under the direct supervision			х
_	of officers, directors, or trustees, or key employees to a management company or other person?	3	-	X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	<del></del>	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	-	X
6	Did the organization have members or stockholders?	6		<u> </u>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			l
	more members of the governing body?	7a	<u> </u>	X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	13%	× 40	
а	The governing body?	8a	X	<u> </u>
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes." provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		·	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	Х	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Х	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	1,38		纩
	Did the organization have a written conflict of interest policy? If "No." go to line 13	12a	х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		Х
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
·	In Schedule O how this was done	12c	l	х
13	Did the organization have a written whistleblower policy?	13	х	1
14	Did the organization have a written document retention and destruction policy?	14	X	$\overline{}$
15	Did the process for determining compensation of the following persons include a review and approval by independent	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
13	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	j		· **** ******
_	The organization's CEO, Executive Director, or top management official	150	X	30/
		15a	X	$\vdash$
D	Other officers or key employees of the organization	15b	1.7	4
40	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		\$ /	12
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	1	├╌─	X
_	taxable entity during the year?	16a	12.	<del>  ^</del>
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	1	× ′	
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	<u> </u>	<u> </u>	$\vdash$
<u> </u>	exempt status with respect to such arrangements?	16b	<u> </u>	<u> </u>
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed NONE			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	available	Э	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d financ	ıal	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	JAMES R. MADISON - 319-234-2867			
	2929 AIRPORT BLVD., WATERLOO, IA 50703			

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#### Form 990 (2016) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

#### Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees, if any. See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A)	(B)	1		_ ((	<b>C)</b>			(D)	(E)	(F)
Name and Title	Average	(do		Pos		l than o	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson i	s both	an	compensation	compensation	amount of
	week	<b>├</b> ─		luau	T CIC	770 as		from	from related	other
	(list any hours for	director			ł	_		the organization	organizations (W-2/1099-MISC)	compensation from the
	related	5 6 6	ag gg		ł	satec		(W-2/1099-MISC)	(** 23 1033 141100)	organization
	organizations	Individual trustee or	institutional trustee		a) Ae	mbei		(,		and related
	below	agra	tetto	   =	employee	est co	JĢ.	ł		organizations
	line)	盲	Instr	Officer	Ş.	Highest compensated employee	Farmer	<u></u>		
(1) DAN LEVI	0.00	1	l		ł	<b>!</b>		}	ľ	
PRESIDENT		X		X	L	<u> </u>		0.	0.	0
(2) TONY THOMPSON	0.00	]	Ì		l	{	•	ł		
MMEDIATE PAST PRESIDENT		X	L	X	L	_		0.	0.	0
(3) RICH ADOLFS	0.00					{ _				
P, COUNCIL SOLUTIONS		X	<u> </u>	X		L_	L_	0.	0.	0
(4) STEPHEN CARROLL	0.00				1		ľ	1		
VP, PROPERTIES		X	L_	X	L	L	<u> </u>	0.	0.	0
(5) MARK CURRAN	0.00	1	1	ĺ			Ì	i		
VP, PROGRAM		X	<u> </u>	X	L	L	<u> </u>	0.	0.	0
(6) JIM EHMEN	0.00	j	1	İ		İ	ĺ	ĺ		
VP, MEMBERSHIP		X	_	X		_	L	0.	0.	0
(7) JANELLE EWING	0.00				ĺ	İ	ĺ			
VP, LEGAL		X		X		L	Ĺ	0.	0.	0
(8) JOHN WINTER	0.00	1	1			1	ĺ			1
VP, STRATEGIC PLANNING		X		X	<u></u>	<u> </u>	Ĺ_	0.	0.	0
(9) PAUL LEE	0.00	1	[	[		١	ĺ	[		
COMMISSIONER		X		X	L.			0.	0.	0
(10) KARA KELLY	0.00			[		1				
FREASURER		X		X	<u>L</u> _		L	0.	0.	0
(11) JAMES BROCKHOHN	0.00									
BOARD MEMBER		X	L		L		L	0.	0.	0
(12) MARK BUFFINGTON	0.00	]	]							
BOARD MEMBER		X	L			L	L	0.	0.	0
(13) PERRY BUFFINGTON	0.00						]	j		
BOARD MEMBER		X					L	0.	0.	0
(14) HEATHER CARROLL	0.00						ļ			ļ
BOARD MEMBER		X	]		L	<u> </u>		0.	0.	0
(15) ALBERT DUROE	0.00	] _				1				
BOARD MEMBER		X	L		L	L	L	0.	0.	0
(16) PAUL EMPIE	0.00				_				l <del></del> -	
BOARD MEMBER		X				<u>L</u>		0.	0.	0
(17) PAUL FARMER	0.00									
BOARD MEMBER		X	1	1	l	1	l	0.	0.	0

Form 990 (2016) #1/3									42-09	1850	053 Page 8
Part VII   Section A. Officers, Directors, Trus	Part VII   Section A. Officers, Directors, Trustees, Key Employees, a							Compensated Employee	s (continued)		
(A)	(B)	(C)						(D)	(E)	ł	<b>(F)</b>
Name and title	Average	(do	not c	Pos			one	Reportable	Reportable	ļ	Estimated
	hours per	box	box, unless person is both an officer and a director/trustee)					compensation	compensation	n [	amount of
	week	_	Cer ai	iu a u	recic	370 us	T .	from	from related	I	other
	(list any hours for	or director	l		1		1	the	organizations		compensation
	related	500	8	(	ĺ	sated	ĺ	organization (W-2/1099-MISC)	(W-2/1099-MIS	<sup>()</sup>	from the organization
	organizations	trustee	trustee	l	္မွ	nger	1	(VV-2/1099-WIGO)		Į	and related
	below	gal	tronal	_	<u>و</u>	St Co	,			l	organizations
	(ine)	Individual	Institute	Officer	Кеу етріоуее	Highest compensated employee	Former			- 1	<b>3</b>
(18) E.J. GALLAGHER	0.00	Ι_		<u> </u>		┌╴				$\neg$	
BOARD MEMBER		x					l _	0.		0.	0.
(19) JEREMY HEYER	0.00						Г			T	<del>_</del>
BOARD MEMBER		X				ļ	ļ	0.		0.	0.
(20) AARON HOBERT	0.00										
BOARD MEMBER		Х					ł	0.		0.	0.
(21) CHUCK HOGG	0.00									J	· -
BOARD MEMBER		X						0.		0.	0.
(22) JAMES HUGHES	0.00						Π			7	
BOARD MEMBER		X			_		<u> </u>	<u> </u>	l	0.	0
(23) MERRITT JONES	0.00									-	
BOARD MEMBER		X				<u></u>	<u> </u> _	0.		0.	0.
(24) CHRISTIE KANGAS	0.00						Ţ				
BOARD MEMBER		X	_	L_		L_		0.		0.	0.
(25) DANIEL KING	0.00				1		1	Ì		ł	
BOARD MEMBER		X			L.	L	┖	0.		0.	0.
(26) WENDY KNAPP-BOWMAN	0.00		1	<u>'</u>						_	_
BOARD MEMBER	<u> </u>	X	<u> </u>	<u> </u>	L	<u>L</u>	Ļ	0.		0.	0.
1b Sub-total						٠		102 (42	<del></del>	0.	0.
c Total from continuation sheets to Part VI	l, Section A	٠.			•			102,643.		0.	56,666.
d Total (add lines 1b and 1c)	- <del></del> -	<u>-</u>					<u> </u>	102,643.	L	0.	56,666.
2 Total number of individuals (including but n	ot limited to th	ose	liste	d at	oove	e) wh	no re	eceived more than \$100,	,000 of reportable		0
compensation from the organization								<del></del>			Yes No
3 Did the organization list any former officer,	director or tra	ıcto	a ka	on	nnlo		٥r	highest componented or	mployee on	ſ	* * * * * * * * * * * * * * * * * * *
		J3161	e, Ke	y en	пріо	yee,	, 01	riighest compensated et	ripioyee ori	ł	3 X
line 1a? If "Yes," complete Schedule J for sa  4 For any individual listed on line 1a, is the su		ام دد	mne	nea	tion	and	t atk	her compensation from t	he organization	ŀ	
and related organizations greater than \$150									ne organization	ŀ	4 X
5 Did any person listed on line 1a receive or a									dual for services	ł	3 13
rendered to the organization? If "Yes." com							Cian	cu organization or mark	dual for scrinces	Ì	5 X
Section B. Independent Contractors	iolete Sicheom	- <del>11 11</del>	UL SI	1411	767.5	<u> </u>		<del></del>			_ <u></u>
Complete this table for your five highest contains the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon	mpensated inc	lepe	nde	nt co	ontra	acto	rs ti	hat received more than \$	100,000 of comp	ensat	ion from
the organization. Report compensation for											
(A)								(B)			(C)
Name and business	address	N	INC	<u> </u>				Description of s	services	c	ompensation
									}		
								<u> </u>			
								<del> </del>			<del></del>
					_						
							ļ				
								I	1		

\$100,000 of compensation from the organization ► 0
SEE PART VII, SECTION A CONTINUATION SHEETS

Total number of independent contractors (including but not limited to those listed above) who received more than

Form 990 (2016)

Form 990 (2016) Statement of Revenue Part VIII Check if Schedule O contains a response or note to any line in this Part VIII (D) Revenue excluded from tax under Related or Unrelated Total revenue exempt function business sections 512 - 514 revenue revenue 23,819. 1 a Federated campaigns **b** Membership dues 1b c Fundraising events d Related organizations e Government grants (contributions) 1e All other contributions, gifts, grants, and 412,233. similar amounts not included above g Noncash contributions included in lines 1a-1f \$ 436,052 h Total. Add lines 1a-1f Business Code 713990 63,409. 63,409 2 a SUMMER CAMPS 713990 58,556. 58,556. b OTHER SCOUTING ACTIVIT 900099 30.529 30,529. c MISCELLANEOUS INCOME f All other program service revenue 152,494. 8. 38 XXX - 178 C Total. Add lines 2a-2f Investment income (including dividends, interest, and 34,974. 34,974. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (II) Personal 6 a Gross rents b Less rental expenses Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Secunties (II) Other 326,346. assets other than inventory b Less cost or other basis 307,360 and sales expenses 18,986. c Gain or (loss) 18,986 18,986 d Net gain or (loss) 8 a Gros's income from fundraising events (not Other Revenue ıncluding \$ contributions reported on line 1c) See 35,129 Part IV, line 18 15,137 b Less direct expenses 19,992 c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances a 695,411 ь412,351. b Less cost of goods sold 283,060 283, 060 c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a d All other revenue e Total. Add lines 11a 11d 73,952. 945,558. 435,554.

10

Form 990 (2016)

632009 11-11-16

Total revenue See instructions

# Form 990 (2016) #173 Part IX Statement of Functional Expenses

	Check if Schedule O contains a respon not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b,	8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
_	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic	1 407	1 407		
	individuals. See Part IV, line 22	1,487.	1,487.		
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		<del> </del> -		
5	Compensation of current officers, directors,	· · · · ·		·	
,	trustees, and key employees	102,643.	90,326.	9,237.	3,080
6	Compensation not included above, to disqualified	1011/01/51	30,3201	3,237.	3,000
Ū	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	291,252.	217,116.	20,853.	53,283
8	Pension plan accruals and contributions (include				00,000
-	section 401(k) and 403(b) employer contributions)		]		
9	Other employee benefits	95,725.	73,863.	7,609.	14,253.
10	Payroll taxes	34,882.	27,978.	2,403.	4,501
11	Fees for services (non-employees)	· - · ·			-,
а	Management				
b	Legal				
C	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17			() ( ) ( ) ( ) ( ) ( ) ( ) ( )	
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	40,369.	24,036.	12,824.	3,509.
12	Advertising and promotion				
13	Office expenses .	75,945.	71,685.	489.	3,771.
14	Information technology				
15	Royalties				
16	Occupancy	56,808.	52,656.	1,419.	2,733.
17	Travel	32,167.	26,506.	1,924.	3,737.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	10 611	4.5 - 5.5		
19	Conferences, conventions, and meetings	19,644.	16,708.	990.	1,946.
20	Interest	388.	297.	32.	<u>5</u> 9.
21	Payments to affiliates	19,352.	19,352.	1 001	
22	Depreciation, depletion, and amortization	44,069.	41,106.	1,031.	1,932.
23	Insurance	27,615.	22,977.	1,614.	3,024.
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.)	*			, 1,
а	OTHER EXPENSES	31,618.	13,841.	846.	16,931.
b	RENT & MAINTENANCE OF E	27,537.	21,830.	1,986.	3,721.
С	AWARDS	26,573.	16,484.	1,579.	8,510.
d	TELEPHONE	11,295.	9,177.	737.	1,381.
е	All other expenses	8,987.	5,040.	-14.	3,961.
25	Total functional expenses. Add lines 1 through 24e	948,356.	752,465.	65,559.	130,332.
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)				

Form **990** (2016)

#173 42-0985053 Forth 990 (2016) Page 11 Part X | Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year End of year 809,343. 927,602. Cash · non-interest-bearing ........ 2 Savings and temporary cash investments 2 34,987. 100,337. 3 Pledges and grants receivable, net 3 23,587. 67,464. 4 Accounts receivable, net 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 5 Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L 6 Notes and loans receivable, net 18,409. Inventories for sale or use 25,723. 8 17,808. 34,171. Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other 761,384 basis. Complete Part VI of Schedule D 10a 229,698. 576,836. 10b 531,686. b Less: accumulated depreciation 10c Investments - publicly traded securities 11 1,499,234. 1,387,110. 12 12 Investments - other securities. See Part IV, line 11 13 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 14 Other assets. See Part IV, line 11 151,774. 156,511. 15 15 3,131,978. 3,230,604. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 43,766. 37,300. 17 Accounts payable and accrued expenses 17 18 Grants payable 18 8,458. 52,142. 19 Deferred revenue 19

161,487. Schedule D 25 138,572. 228,674. Total liabilities. Add lines 17 through 25 228,014. Organizations that follow SFAS 117 (ASC 958), check here X and complete lines 27 through 29, and lines 33 and 34. 2,385,066.

**Fund Balances** 2,274,445. 27 Unrestricted net assets

248,329. 235,984. 28 Temporarily restricted net assets 28 29

380,530. 381,540. Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34.

30 Capital stock or trust principal, or current funds

Escrow or custodial account liability. Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties

Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of

Unsecured notes and loans payable to unrelated third parties

Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons.

31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32

2,903,304. 3,002,590.33 Total net assets or fund balances 33 3,230,604. 3,131,978. Total liabilities and net assets/fund balances Form 990 (2016)

þ

Net Assets

20

21

23

24

Tax-exempt bond liabilities

Complete Part II of Schedule L

20

21

23

27

30

0.

14,963.

	1 990 (2016) #173	42-098	<u>5053</u>	Page 12
Pa	rt XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>	🔲
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,558.
2	Total expenses (must equal Part IX, column (A), line 25)	2		,356.
3	Revenue less expenses. Subtract line 2 from line 1	3		<u>,798.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		,304.
5	Net unrealized gains (losses) on investments	5	102	,084.
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Pnor penod adjustments	8		
9	Other changes in net assets or fund balances (explain in Schedule O)	9		0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,			
	column (B))	10	3,002	,590.
Pa	rt XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			X
			\	Yes No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		, ,	1/4
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a	7	/ · /
	separate basis, consolidated basis, or both			, (; )   % ×
	Separate basis Consolidated basis Both consolidated and separate basis		) [s]	
b	Were the organization's financial statements audited by an independent accountant?		2b	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,	* * * * * * * * * * * * * * * * * * * *	\$ . Sav
	consolidated basis, or both:			
	X Separate basis Consolidated basis Both consolidated and separate basis		1	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,	,	\$ 5
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O		- J
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin		], ]	*
	Act and OMB Circular A-133?		3a	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red audit		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	

Form **990** (2016)

#### **SCHEDULE A**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

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

▶ Attach to Form 990 or Form 990-EZ.

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

WINNERAGO COINCIL BOY SCOURS OF AMERICA Final

OMB No 1545-0047

2016

Open to Public Inspection

		#173		CID DOI BCOO	15 01	AHEK.	ICA		12-0985053		
Pa	art I	Reason for Public		(All organizations must c	omplete th	nis part ) Se	ee instructions	3.	2 0303033		
<u> </u>	organ	ızatıon ıs not a private found									
1		A church, convention of ch	nurches, or association	on of churches described	d in section	on 170(b)(	1)(A)(i).				
2		A school described in sec					<i>X X Y</i>				
3		A hospital or a cooperative					ii).				
4		A medical research organia					-	(iii). Enter	the hospital's name.		
		city, and state						. ,	•		
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in										
	section 170(b)(1)(A)(iv). (Complete Part II)										
6		A federal, state, or local go	vernment or governm	nental unit described in	section 1	70(b)(1)(A)	)(v).				
7	X	An organization that norma	ally receives a substa	intial part of its support f	rom a gove	ernmental	unit or from th	e general	public described in		
		section 170(b)(1)(A)(vi). (C	Complete Part II)								
8		A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)						
9		An agricultural research organic									
		or university or a non-land-	grant college of agric	culture (see instructions).	Enter the	name, city	, and state of	the college	e or		
		university:							···		
10		An organization that norma									
		activities related to its exer									
		income and unrelated busin		(less section 511 tax) fro	om busines	sses acqui	red by the org	anization a	after June 30, 1975		
		See section 509(a)(2). (Co	•								
11 12	H	An organization organized	•	•	•						
12		An organization organized more publicly supported or						-			
		lines 12a through 12d that							Check the box in		
а		Type I. A supporting orga	• • • • • • • • • • • • • • • • • • • •			•		•	aivina		
		the supported organization									
		organization You must o				,o aoc		00 01 1110 01	apporting		
b	, [	Type II. A supporting org			tion with it	s supporte	ed organization	n(s), by hav	/ına		
		control or management of					-		-		
		organization(s) You mus			•		_	, , ,			
c		] Type III functionally inte	grated. A supporting	g organization operated	ın connect	tion with, a	and functionall	y integrate	ed with,		
		its supported organizatio	n(s) (see instructions)	). You must complete I	Part IV, Se	ections A,	D, and E.				
d		Type III non-functionally	<b>/ integrated.</b> A supp	orting organization oper	ated in co	nnection w	vith its support	ted organiz	zation(s)		
		that is not functionally int	-		-		-	an attentiv	veness		
	<del></del>	requirement (see instruct									
е		Check this box if the orga					Type I, Type I	i, Type III			
		functionally integrated, or	• •	nally integrated supporti	ng organız	ation.					
7		r the number of supported or ride the following information	J	d organization(s)							
9		) Name of supported	(ii) EIN	(iii) Type of organization	(iv) is the orga	anization listed	(v) Amount of	monetary	(vi) Amount of other		
		organization		(described on lines 1-10 above (see instructions))	rn your governi	No	support (see in	=	support (see instructions)		
		-ii -ii		above (see instructions)							
		•						-			
								· <del></del>			
									<u> </u>		
						<b></b>					
			,,		11.1				<del> </del>		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 632021 09-21-16

Schedule A (Form 990 or 990-EZ) 2016

Schedule A (Form 990 or 990-EZ) 2016 #173

42-0985053 Page 2

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

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

Se	ction A. Public Support	<del> ·</del>	·· <u> </u>		<del></del>	· · · ·	
Cale	ndar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not		İ				
	ınclude any "unusual grants.")	277,226.	110,480.	361,572.	304,192.	436,052.	1489522.
2	Tax revenues levied for the organ-						
	ızation's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge				i		
4	Total. Add lines 1 through 3	277,226.	110,480.	361,572.	304,192.	436,052.	1489522.
5	The portion of total contributions		`				
	by each person (other than a	* .,,	,	`,	(3)	``	
	governmental unit or publicly	1. 1/2 26年			30 × 1	1	
	supported organization) included	* * * / *	11/3	, , , ,		100	
	on line 1 that exceeds 2% of the	3,200	` ` ' ' ' .	1 4 , (		/ `	
	amount shown on line 11,		1997	50) 8(x			
	column (f)		***				91,492.
6	Public support. Subtract line 5 from line 4	7,17,5	13,7411	₹/ <sup>3</sup> 3 <sup>×</sup> +	(3%)	37	1398030.
	ction B. Total Support		-			<u> </u>	
Cale	ndar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4	277,226.	110,480.	361,572.	304,192.	436,052.	1489522.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	59,672.	88,376.	86,056.	58,193.	34,974.	327,271.
9	Net income from unrelated business			• •			<del></del>
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						-
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10	4 3 <u>\$</u> \$\$\$\$	\2,\delta\4	*** < X	14.9%	(8) 31/2 20	1816793.
12	Gross receipts from related activities,	etc. (see instructio	ns)	······ · · ·			,881,340.
13	First five years. If the Form 990 is for	the organization's	first, second, third	I, fourth, or fifth ta	x year as a section		
	organization, check this box and stor	here					▶□
Sec	tion C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2016 (li	ne 6, column (f) div	vided by line 11, co	olumn (f))		14	76.95 %
15	Public support percentage from 2015	Schedule A, Part I	I, line 14			15	79.85 %
16a	33 1/3% support test - 2016. If the o	organization did no	t check the box on	line 13, and line 1	4 is 33 1/3% or m	ore, check this box	and
	stop here. The organization qualifies	as a publicly suppo	orted organization				ightharpoons X
b	33 1/3% support test - 2015. If the o	organization did no	t check a box on lii	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check this	s box
	and stop here. The organization quali	•	•	•			ightharpoons
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fact					t VI how the organ	ızatıon
	meets the "facts-and-circumstances"						▶□
b	10% -facts-and-circumstances test						
	more, and if the organization meets th						
	organization meets the "facts-and-circ						▶□
<u>18</u>	Private foundation. If the organization	n did not check a b	oox on line 13, 16a	<u>, 16b, 17a, or 17b</u>	, check this box ar	nd see instructions	<u>▶□</u>
					Sche	dule A (Form 990	or 990- <b>EZ</b> ) 2016

# Schedule A (Form 990 or 990-EZ) 2016 #173 Part III | Support Schedule for Organizations Described in Section 509(a)(2)

Calendar year (or fiscal year beginning in)  1 Gifts, grants, contributions, and membrarisp fees received. (Do not include any Turusual grants.")  2 Ginoss receipts from admissions, merchandes sold or service portromed, or facilities furnished in organization's tax-exempt purpose of gross receipts from admissions, merchandes sold or service portromed, or facilities furnished in organization's tax-exempt purpose of gross receipts from admissions that are not an unrelated trade or business under section 513  4 Tax revenues levied for the organization benefit and either paid to or expended on its behalf strainshed by a governmental unt to the organization without charge 6  5 The value of services or facilities furnished by a governmental unt to the organization without charge 6  6 Total. Add lines 1 through 5  7a Amounts included on lines 1, 2, and 3 received executed the years of \$5,000 or 9% of the amount on their site the year caused the years of \$5,000 or 9% of the amount on their site the year caused the years of \$5,000 or 9% of the amount on their site the year caused they will be amount on their site they year caused the years of \$5,000 or 9% of the disconding the years of \$5,000 or 9% of the second or \$100 or 9% of the second or \$100 or 9% of the second or \$100 or 9% of the second or \$100 or 9% of the second or \$100 or 9% of the second or \$100 or 9% of the \$100 or 9% of the \$100 or 9% of the \$100 or 9% of the \$100 or 9% of the \$100 or 9% of the \$100 or 9% of the \$100 or 9% of the \$100 or 9% of the \$100 or 9% of the \$100 or 9% of the \$100 or 9% of the \$100 or 9% of the \$100 or 9% of the \$100 or 9% of the \$100 or 9% of the \$100 or 9% of the \$100 or 9% of the \$100 or 9% of the \$100 or 9% of the \$100 or 9% of the \$100 or 9% of the \$100 or 9% of the \$100 or 9% of the \$100 or 9% of the \$100 or 9% of the \$100 or 9% of the \$100 or 9% of the \$100 or 9% of the \$100 or 9% of the \$100 or 9% of the \$100 or 9% of the \$100 or 9% of the \$100 or 9% of the \$100 or 9% of the \$100 or 9% of the \$100 or 9% of the \$100 or 9% of	qualify under the tests listed	oelow, please comp	olete Part II)			<u> </u>		
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#### Part IV | Supporting Organizations

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

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and *if you checked 12a or 12b in Part I, answer (b) and (c) below*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?

  If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
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Sch'e	dule A (Form 990 or 990-EZ) 2016 #173 4	<u>2-098505</u>	3 P	age 5
Pai	rt IV   Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	1		
ŭ	below, the governing body of a supported organization?	11a	<b>-</b>	
<b>h</b>	A family member of a person described in (a) above?	11b	<del>                                     </del>	
	·	) <del></del>	<del>                                     </del>	
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	<u> </u>	<u> </u>
<u> </u>	tion B. Type I Supporting Organizations		T	
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	İ		
	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,		1	
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			1
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	Γ	
2	Did the organization operate for the benefit of any supported organization other than the supported			1
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in		ŀ	٠
	Part VI how providing such benefit carned out the purposes of the supported organization(s) that operated,			
		2	<del>                                     </del>	
500	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations		<u> </u>	
360	don o. Type ii Supporting Organizations		١	
		<del></del>	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	<u></u>	10.00	
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	180	<b>1</b>	
	or management of the supporting organization was vested in the same persons that controlled or managed	1931	1/2	
	the supported organization(s).		<u> </u>	
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	<b>I</b>	<b>*</b>	
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	<b>T</b>	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	<del></del>	<b>-</b>	8%
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how		1	
	· · · · · · · · · · · · · · · · · · ·	2	<del>                                     </del>	( VI
_	the organization maintained a close and continuous working relationship with the supported organization(s).	5 35 77	<del> </del>	8°/ 、
3	By reason of the relationship described in (2), did the organization's supported organizations have a		3	,
	significant voice in the organization's investment policies and in directing the use of the organization's		137	· `
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	**	24	
	supported organizations played in this regard.	3	<u> </u>	
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instru	ctions)		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (	see instructions)		
2	Activities Test. Answer (a) and (b) below.	,	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
_	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	1		
		ł		( "
	those supported organizations and explain how these activities directly furthered their exempt purposes,	l,		
	how the organization was responsive to those supported organizations, and how the organization determined		<del>                                     </del>	
	that these activities constituted substantially all of its activities.	2a	<del>                                     </del>	<u> </u>
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	İ	Ì	
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	1		
	reasons for the organization's position that its supported organization(s) would have engaged in these	<u> </u>	<u> </u>	$\vdash$
	activities but for the organization's involvement.	2b	<u> </u>	<u> </u>
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	_3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI, the role played by the organization in this regard.	3b		
	The same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the sa			

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

4

5

4 Enter greater of line 2 or line 3

instructions)

5 Income tax imposed in prior year

6 Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions)

Schedule A (Form 990 or 990-EZ) 2016 #173 42-0985053 Page 7 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions Current Year Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 3 Administrative expenses paid to accomplish exempt purposes of supported organizations Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required) 5 6 Other distributions (describe in Part VI). See instructions Total annual distributions. Add lines 1 through 6 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions Distributable amount for 2016 from Section C, line 6 9 10 Line 8 amount divided by Line 9 amount (i) (iii) Underdistributions Distributable Excess Distributions Section E - Distribution Allocations (see instructions) Pre-2016 Amount for 2016 Distributable amount for 2016 from Section C, line 6 Underdistributions, if any, for years prior to 2016 (reason-44 able cause required- explain in Part VI). See instructions 3 Excess distributions carryover, if any, to 2016. 60 4.17 3. July 1 60 1 8/1 1. \$ <del>\$</del> \$ 4.74 b . 3 c From 2013 50,5kg 24. ર ડેર 383 d From 2014 7 × XX \*\* \*...\* e From 2015 3 8 2 \*\* f Total of lines 3a through e ¥.3 \*%; ?; ×× g Applied to underdistributions of prior years 1M1. **%** ; , We'r h Applied to 2016 distributable amount \*: \* Carryover from 2011 not applied (see instructions) \* 2%, % & Remainder Subtract lines 3g, 3h, and 3i from 3f. Distributions for 2016 from Section D, **%**% a Applied to underdistributions of prior years b Applied to 2016 distributable amount 90 .. %% c Remainder. Subtract lines 4a and 4b from 4 **%**5 5 Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2 For result greater than zero, explain in Part VI. See instructions Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions Excess distributions carryover to 2017. Add lines 3 and 4c 8 Breakdown of line 7: а b Excess from 2013 c Excess from 2014 d Excess from 2015 e Excess from 2016

Schedule A (Form 990 or 990-EZ) 2016

Schedule A	(Form 990 or 990-EZ) 2016 #173	42-0985053 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a of Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b, Part V, line 1; Part Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional (See instructions.)	or 17b, Part III, line 12; 1 and 2; Part IV, Section C, V, Section B, line 1e, Part V,
	1000 mon denotion	_
<u> </u>		

#### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

# **Supplemental Financial Statements**

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

Attach to Form 990.

16 Open to Public Inspection

OMB No 1545-0047

Name of the organization

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

WINNEBAGO COUNCIL BOY SCOUTS OF AMERICA Empl #173

**Employer identification number** 42-0985053

Pa	rt I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor advise	ed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be υ	used only
	for charitable purposes and not for the benefit of the donor of	r donor advisor, or for any other purpose c	conferring
Б-	impermissible private benefit?		. Yes No
Ра	rt II Conservation Easements. Complete if the org		Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or e	ducation) Preservation of a histo	orically important land area
	Protection of natural habitat	Preservation of a certi	fied historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form o	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
a	Total number of conservation easements	•	2a
b	Total acreage restricted by conservation easements	•	2b
c	Number of conservation easements on a certified historic stru	• • • • • • • • • • • • • • • • • • • •	2c
d	Number of conservation easements included in (c) acquired a	ifter 8/17/06, and not on a historic structur	
_	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the o	organization during the tax
_	year >		
4	Number of states where property subject to conservation eas		
5	Does the organization have a written policy regarding the pen		
_	violations, and enforcement of the conservation easements it	• •	Yes  No
6	Staff and volunteer hours devoted to monitoring, inspecting, I	nandling of violations, and enforcing conse	ervation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of welstigns, and enforcer account	an annual diamental diamental
•	\$\\$\$\$ \$\$\$ \$\$\$ \$\$\$ \$\$\$ \$\$\$ \$\$\$ \$\$\$ \$\$\$	ing of violations, and emorcing conservation	on easements during the year
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170/b	VAVDV()
•	and section 170(h)(4)(B)(ii)?	o dealery the requirements of section 17 o(i)	Yes No
9	In Part XIII, describe how the organization reports conservation		
-	include, if applicable, the text of the footnote to the organizati		
	conservation easements.		to organization a accounting for
Pai	t III Organizations Maintaining Collections of	Art, Historical Treasures, or Oth	ner Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under SFAS 116 (ASC	C 958), not to report in its revenue stateme	ent and balance sheet works of art.
	historical treasures, or other similar assets held for public exh		
	the text of the footnote to its financial statements that describ		, , , , , , , , , , , , , , , , , , ,
b	If the organization elected, as permitted under SFAS 116 (ASC	C 958), to report in its revenue statement a	and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed		
	relating to these items:	,	·,,
	(i) Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X		<b>&gt;</b> \$
2	If the organization received or held works of art, historical trea	sures, or other similar assets for financial o	
	the following amounts required to be reported under SFAS 11		<del>-</del> •
а	Revenue included on Form 990, Part VIII, line 1		. • \$
b	Assets included in Form 990, Part X		<b>&gt;</b> \$

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

Schedule D (Form 990) 2016

	edule D (Form 990) 2016 #173	<u> </u>				42-09	850 <u>5</u>	3 F	age 2
Pa	rt III Organizations Maintaining C	Collections of Ar	t, Historical Tre	easures, or Otl	her Simila	r Assets	(conti	nued)	
3									
	(check all that apply)								
а	Public exhibition	C	Loan or exc	hange programs					
b	Scholarly research	•	Other		<u></u>				
С	Preservation for future generations								
4	Provide a description of the organization's c					ose in Part	XIII.		
5	During the year, did the organization solicit of				ilar assets		_		_
Do	to be sold to raise funds rather than to be m						Yes		No
Pa	Escrow and Custodial Arran		ete if the organizatio	n answered "Yes"	on Form 99	0, Part IV, I	ine 9, or		
	reported an amount on Form 990, Pa			·		-			
та	Is the organization an agent, trustee, custod	ian or other intermed	liary for contributions	s or other assets n	ot included	_	٦	_	٦
_	on Form 990, Part X?				• •	L	Yes	L	. No
D	If "Yes," explain the arrangement in Part XIII	and complete the to	llowing table			<del></del>			
_	Beginning balance				40	· · · · · · · · · · · · · · · · · · ·	Amoun	τ	
c d	Additions during the year		•		1 <u>c</u>	<del>                                     </del>			—
u _	Distributions during the year		•		1 <u>d</u>				
f	Ending balance	• • • • •	• •		1f				
	Did the organization include an amount on F	orm 990. Part X. line	21, for escrow or cu	Istodial account lia		L	Yes		No
	If "Yes," explain the arrangement in Part XIII				•		] 163		֓֞֞֞֜֞֜֞֜֜֝֓֓֓֓֓֓֓֓֓֓֓֓֓֞֜֜֜֓֓֓֡֓֡֓֓֓֞֜֜֞֡֓֡֓֡֓֡֓֡֓
	rt V Endowment Funds. Complete								
		(a) Current year	(b) Prior year	(c) Two years back		years back	(e) Four	vears	back
1a	Beginning of year balance	1,094,942.	1,205,907.	1,276,754		119,747.			107.
b	Contributions	81,012.	2,000.	9,139	9.	12,000.			100.
С	Net investment earnings, gains, and losses	42,746.	-108,339.	-3,738	3.	34,929.		134,	444.
d	Grants or scholarships				_				
е	Other expenditures for facilities					-			
	and programs		1,250.	53,519	).	95,280.		123,	934.
f	Administrative expenses _	61.	3,376.	22,729	).	24,784.		4,	970.
g	End of year balance	1,218,639.	1,094,942.	1,205,907	1,2	276,754.	1,	419,	747.
2	Provide the estimated percentage of the curr		e (line 1g, column (a)	) held as.					
а	Board designated or quasi-endowment	55.85	%						
b	Permanent endowment ► 31.31	<del></del> %							
С	· -	2.84 %							
_	The percentages on lines 2a, 2b, and 2c show	•							
3a	Are there endowment funds not in the posse	ssion of the organiza	tion that are held an	d administered for	the organization	ation	г		
	by:							Yes	No_
	(i) unrelated organizations			•			3a(i)	-	<u>X</u>
_	(ii) related organizations If "Yes" on line 3a(ii), are the related organiza	tions listed as resource	od op Cobodula DO		•		3a(ii)		<u>X</u>
4	Describe in Part XIII the intended uses of the			• • • •			_3b_		
	t VI Land, Buildings, and Equipm		willent junus.			_			
	Complete if the organization answered		Part IV line 11a Se	ee Form 990 Part	X line 10				
	Description of property	(a) Cost or o			Accumulate	ad l	(d) Bool	c valu	
	2 seed property	basis (investm	. , ,		depreciation	1	(u) booi	\ vaiui	,
1a	Land	<u> </u>	<u> </u>	1,868.		<del></del>	161	L,8	58.
	Buildings		<del></del>	9,074.	906,2	77.		2,79	
C	Leasehold improvements			8,071.	60,6			7,40	
d	Equipment			8,186.	160,2			7,9	
e	Other			4,185.	102,5			L,6:	
Total	. Add lines 1a through 1e. (Column (d) must ex	gual Form 990 Part						L . 68	

Schedule D (Form 990) 2016

1. (a) Description of liability	(b) Book value	h n	· · · · ·
(1) Federal income taxes			,
(2) CUSTODIAN ACCOUNTS	138,572.		, , , , , ,
(3)		,	
(4)			
(5)			
(6)		,	<i>`.</i>
		ĺ	
(8)		*,*	
(9)			,

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2016

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

138,572.

Schedule D (Form 990) 2016

AND INTEREST THEREON.

632054 08-29-16

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

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ 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

Employer identification number

Name of the organization WINNEBA	GO COUNCIL BOY SCO	UTS	OF	AMERICA		Employer ide	ntification number
#173						42-0985	053
Part I Fundraising Activities required to complete this par	Complete if the organization answett.	ered "Y	es" or	Form 990, Part IV, I	ine 1	7. Form 990-EZ	filers are not
Indicate whether the organization rais	e Solicita f Solicita g Special or oral agreement with any individual eart VII) or entity in connection with previduals or entities (fundraisers) pursu-	tion of tion of fundra (includ	non-g gover alsing of ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundi have c or cor contrib	itrol of	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
						-	_
			ļ··				
					_		
						-	
		<u> </u>		<u>-</u> -			<del></del> -
3 List all states in which the organizatio	n is registered or licensed to solicit c	ontribi	utions	or has been notified	ıt ıs e	exempt from req	gistration
or licensing.							
				<del></del>		<del>_</del>	
			-				
	<del></del>						

632081 09-12-16

Schedule G (Form 990 or 990-EZ) 2016

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

Pa	edu art l	Fundraising Events. Complete if the of fundraising event contributions and gr	•		t IV, line 18, or reported	
		or fundassing event contributions and gr	(a) Event #1 GOLF OUTING	(b) Event #2	(c) Other events  NONE	(d) Total events (add col. (a) through
Φ			(event type)	(event type)	(total number)	col (c))
Revenue	1	Gross receipts	35,129.			35,129.
	2	Less: Contributions				
	_		25.422			25 400
	3	Gross income (line 1 minus line 2)	35,129.			35,129.
	4	Cash prizes				
<b>.</b>	5	Noncash prizes	ļ			<u></u>
Direct Expenses	6	Rent/facility costs				
ect Ex	7	Food and beverages .				
۵	8	Entertainment				
	9	Other direct expenses	15,137.			15,137.
	10			<u> </u>	<b>•</b>	15,137.
	11	-		•		19,992.
Pa	rt l	Gaming. Complete if the organization		990, Part IV, line 19, or	reported more than	
		\$15,000 on Form 990-EZ, line 6a.				
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col (c))
Reš		Gross revenue				
	Ė	CHOOS TO VOTIGO	<del> </del>			<del> </del>
ses	2	Cash prizes				
ect Expenses	3	Noncash prizes		! 		
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes% No	Yes% No	Yes % No	
	7	Direct expense summary. Add lines 2 through	n 5 ın column (d)		•	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			<u></u>
		ter the state(s) in which the organization condu	-			
		the organization licensed to conduct gaming a No," explain		states?	· ·	Yes No
10a	— We	ere any of the organization's gaming licenses re	evoked, suspended, or te	rminated during the tax	/ear?	Yes No
		Yes," explain:	•	-		
6320	32 09	D-12-16	<del></del>	<del></del>	Schedule G (Fo	rm 990 or 990-EZ) 2016

# WINNEBAGO COUNCIL BOY SCOUTS OF AMERICA Schedule G (Form 990 or 990-EZ) 2016 #173 42-0985053 Does the organization conduct gaming activities with nonmembers? 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ... 13 Indicate the percentage of garning activity conducted in: a The organization's facility 13b **b** An outside facility . . 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records Address > 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party > \$ c If "Yes," enter name and address of the third party: Name > Address > Gaming manager information Name > Garning manager compensation ▶ \$ Description of services provided Employee Director/officer Independent contractor 17 Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to Yes No retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year > \$ lPart IVI Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions

Schedule G (Form 990 or 990-EZ) 2016

0-64-0-0	/F 000 000 F7	#173	COONCIL BOI	SCOUIS OF AMERIC	42-0985053 Page 4
Part IV	(Form 990 or 990-EZ)  Supplemental Info	rmation (contract)			42-0303033 Page 4
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		_			

#### SCHEDULE O

3 1 4, 5

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

#173

### Supplemental Information to Form 990 or 990-EZ

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

b Open to Public

**Employer identification number** 42-0985053

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990 WINNEBAGO COUNCIL BOY SCOUTS OF AMERICA

Inspection

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