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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

DLN: 93493316038158 OMB No 1545-0047

Open to Public

Internal Revenue Service

Department of the Treasur ▶ Information about Form 990 and its instructions is at www IRS gov/form990 Inspection For the 2017 calendar year, or tax year beginning 01-01-2017 , and ending 12-31-2017 C Name of organization GREAT SALT LAKE COUNCIL - BSA D Employer identification number ☐ Address change 87-0212460 ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminated E Telephone number Number and street (or P O box if mail is not delivered to street address) 525 SOUTH FOOTHILL BLVD ☐ Amended return ☐ Application pending (801) 582-3663 City or town, state or province, country, and ZIP or foreign postal code SALT LAKE CITY, UT 84113 G Gross receipts \$ 10,201,019 F Name and address of principal officer H(a) Is this a group return for MARK GRIFFIN ☐Yes ☑No subordinates? 525 SOUTH FOOTHILL BLVD H(b) Are all subordinates SALT LAKE CITY, UT 84113 ☐ Yes ☐No included? Tax-exempt status 4947(a)(1) or If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ► WWW SALTLAKESCOUTS ORG L Year of formation 1913 M State of legal domicile UT Summary 1 Briefly describe the organization's mission or most significant activities TO PROMOTE THE SCOUTING PROGRAM OF THE BOY SCOUTS OF AMERICA Activities & Governance Check this box 🕨 🗌 if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . . . 3 16 Number of independent voting members of the governing body (Part VI, line 1b) Total number of individuals employed in calendar year 2017 (Part V, line 2a) 5 518 Total number of volunteers (estimate if necessary) . . 6 32,341 7a 448,378 7a Total unrelated business revenue from Part VIII, column (C), line 12 **7**b **b** Net unrelated business taxable income from Form 990-T, line 34 -832 **Current Year** 4,121,400 8 Contributions and grants (Part VIII, line 1h) . 6,699,332 **9** Program service revenue (Part VIII, line 2g) . . . 3,953,693 5,319,960 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 2,890,399 189,952 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 447,573 392,461 13,990,997 10,023,773 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) . . . 13,618 178,056 Benefits paid to or for members (Part IX, column (A), line 4) . 4,004,347 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 4,134,172 16a Professional fundraising fees (Part IX, column (A), line 11e) . b Total fundraising expenses (Part IX, column (D), line 25) ▶654,952 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . . . 3,590,133 5,322,721 7,608,098 9,634,949 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses Subtract line 18 from line 12 . 6,382,899 388,824 Assets or d Balances **Beginning of Current Year End of Year** 24,794,597 25,034,784 20 Total assets (Part X, line 16) . 5,698,204 21 Total liabilities (Part X, line 26) . 5.983.311 18,811,286 19,336,580 22 Net assets or fund balances Subtract line 21 from line 20 . 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 2018-11-06 Signature of officer Sign Here MARK GRIFFIN SCOUT EXECUTIVE

Paid **Preparer** Use Only

Type or print name and title Print/Type preparer's name ROBERT J COLE Preparer's signature ROBERT J COLE Date PTIN Check | If P00137753 self-employed Firm's name ► CBIZ MHM LLC Firm's EIN ► 34-1878512 Firm's address ▶ 19 EAST 200 SOUTH STE 1000 Phone no (801) 364-9300 SALT LAKE CITY, UT 84111 May the IRS discuss this return with the preparer shown above? (see instructions) . ✓ Yes 🗆 No

Form	990 (2017)					Page 2					
Par	t IIII Statement	of Program Service	e Accomplis	hments							
	Check if Sche	dule O contains a respo	onse or note to a	any line in this Part III		🗸					
1		organization's mission									
OF A AMER OTHE	MERICA AND IN ACCO RICA, THE SCOUTING I ERS, TRAINING THEM I	RDANCE WITH THE CO PROGRAM OF PROMOT	NGRESSIONAL (ING THE ABILIT TEACHING THEN	CHARTER, BYLAWS, AN Y OF BOYS AND YOUNG M PATRIOTISM, COURA	TER FROM TIME TO TIME GRANTED ID RULES AND REGULATIONS OF T IS MEN AND WOMEN TO DO THING IGE, SELF-RELIANCE AND KINDRED	HE BOY SCOUTS OF S FOR THEMSELVES AND					
2	-	, ,	ant program ser	vices during the year w	hich were not listed on						
	the prior Form 990 or 990-EZ?										
3	,			changes in how it cond	lucto any program						
,											
	services?										
4	Section 501(c)(3) an		ons are required	to report the amount	largest program services, as mean of grants and allocations to others,						
4a	(Code) (Expenses \$	8,358,737	including grants of \$	154,762) (Revenue \$	4,868,625)					
	See Additional Data										
4b	(Code) (Expenses \$	167,333	ıncludıng grants of \$	2,826) (Revenue \$	2,655)					
	See Additional Data										
4c	(Code) (Expenses \$	184,459	ıncludıng grants of \$	20,468) (Revenue \$	310)					
	See Additional Data										
4 d	Other program servi	ces (Describe in Sched	ule O)								
	(Expenses \$	ınc	luding grants of	\$) (Revenue \$)					
4e	Total program serv	/ice expenses ▶	8,710,5	29							

or X as applicable

Checklist of Required Schedules

Section 501(c)(3) organizations.

Page 3

No

Nο

No

Nο

Nο

No

Nο

Nο

Nο

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Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year?

Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right

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

Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments,

c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its

d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported

Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D. Part X 🕏

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 🛸

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🕏

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

ın Part X, line 16? *If "Yes," complete Schedule D, Part IX* 😼

Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total

permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🕏 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX,

5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,

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 🛸 . . . Did the organization maintain collections of works of art, historical treasures, or other similar assets?

assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 💆

to provide advice on the distribution or investment of amounts in such funds or accounts?

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10?

12a Did the organization obtain separate, independent audited financial statements for the tax year?

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States? . . .

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)

foreign organization? If "Yes," complete Schedule F, Parts II and IV

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV

b Was the organization included in consolidated, independent audited financial statements for the tax year?

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

assessments, or similar amounts as defined in Revenue Procedure 98-19?

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Yes

Nο Nο

Yes

Yes

Yes

Yes

Yes

Yes

Form	990 (2017)			Page 4
Par	t IV Checklist of Required Schedules (continued)			
			Yes	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		
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
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		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? If "Yes," complete Schedule L, Part I	25b		No

	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?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
5a	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? If "Yes," complete Schedule L, Part I	25b		No
6	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No

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28a

28b

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Yes

Yes

Yes

Yes

Yes

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Nο

Nο

Nο

Nο

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Nο

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

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, Part

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

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 conservation

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

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . 🛸 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 🛸

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

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .

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

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

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

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

instructions for applicable filing thresholds, conditions, and exceptions)

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

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Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 41			
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	Yes	
	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	3		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes	
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		No
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)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			No
		5b		""
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			
_		7e		No
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
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 ⁷	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			
ο-		8		
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter Initiation food and capital contributions included on Part VIII. June 12			
	Initiation fees and capital contributions included on Part VIII, line 12	-		
		-		
	Section 501(c)(12) organizations. Enter Gross income from members or shareholders			
	Gross income from members or snareholders	-		
ט	against amounts due or received from them)			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	—		
	12b			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
		1		l N
4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No

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 b Enter the number of voting members included in line 1a, above, who are independent 1b 16 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other of fificers, directors or trustees, or key employees to a management domain or other persons of officers, directors or trustees, or key employees to a management company or other persons of officers, directors or trustees, or key employees to a management company or other persons of officers, directors or trustees, or key employees to a management company or other persons of officers, directors or trustees, or key employees to a management company or other persons of the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization have members or stockholders? 5 Did the organization have members or stockholders? 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 5 A rea ny governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a The governing body? 8a Did the organization to the properties of the governing body? 8b Each committee with authority to act on behalf of the governing body? 8cection B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) 10a Did the organization have local chapters, branches, or affiliates? 10b If Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branc		Page 6
1.a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body of the governing body? 5. Did the organization have members or stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 5. Did the organization have members or stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 5. Did the organization have members or stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 6. Did the organization have members or stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7. Did the organization have members or stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 8. Did the organization have members or stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 8. Did the organization have members or stockholders, or other persons of the following the governing body? 8. Did the organization the wear the properties of the governing body? 8. Did the org	ise to lin	
It here are makeral differences in using rights among members of the governing body. If there are makeral differences in using rights among members of the governing body or the governing body of the governing body delegated for ad 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 independent Defined the governing body of the governing body of the foreign and the state of the governing body or under the direct supervision of officers, directors, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employees to a management dumes customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other persons? Did the organization make any significant changes to its governing documents since the prior form 990 was filed? Did the organization have members are discholders? Did the organization have members are discholders, or other persons who had the power to elect or appoint one or more members of the governing body? Did the organization have members, sockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Did the organization have members, sockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Did the organization have members, sockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Did the organization have members, sockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Did the organization have members, sockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Did the organization have in the power to elect or appoint by the following the following by the following by the following the	· ·	✓
If there are material differences in voting rights among members of the governing body, or if the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O be there the number of voting members included in line 1a, above, who are independent 15 2 Did any officer, director, trustee, or key employee have a family relationable or a business relationship with any other officer, director, trustee, or key employees or a management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders, or other persons. Who had the power to elect or appoint one or more members of the governing body? 5 Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 8 Did the organization to notemporaneously document the meetings held or written actions undertaken during the year by the following. 1 The governing body? 8 Did the organization to notemporaneously document the meetings held or written actions undertaken during the year by the following. 1 The governing body? 8 Did the organization thave written policides and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the policy of the programization and procedures of such chapters, affiliates, and branches to ensure their operations are consistent with the organization have a written policides and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organi	Yes	No
body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule 0 b. Enter the number of voting members included in line 1a, above, who are independent 1 b. 16 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employees or a management duries customanly performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? 3 Did the organization and explain the standard duries customanly performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other persons? 5 Did the organization bacome aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7b Are any governing body? 7c All of the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 8a Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a The governing body? 8b Each committee with authority to act on behalf of the governing body? 8c Each committee with authority to act on behalf of the governing body? 8b Each committee with authority to act on behalf of the governing body? 8c Each committee with authority to act on behalf of the governing body? 8c Each committee with authority to act on behalf of the governing body? 8c Each committee with authority to act on behalf of the governing body? 8c Each committee with auth		
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►ANGELA CONKLIN 525 SOUTH FOOTHILL BLVD SALT LAKE CITY, UT 84113 (801) 582-3663		

orm 990 (2	017)										Page 7		
Part VII	Compensation of Officer and Independent Contra		Truste	es,	Key	En	ıploy	ees	, Highest Comp	ensated Employ	rees,		
	Check if Schedule O contains a	response or no	te to an	y line	ın t	his	Part V	Ι.			<u> </u>		
Section	A. Officers, Directors, Tru	stees, Key E	mploy	ees	, an	d H	lighe	st C	Compensated En	nployees			
ear	e this table for all persons require										-		
of compensa	of the organization's current off tion Enter -0- in columns (D), (E), and (F) if no	compe	nsatı	on v	vas į	paid			-			
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	in the following order individua d employees, and former such p		ectors, i	ınstıtı	utior	nal t	rustee	s, of	ficers, key employe	es, highest			
☐ Check t	his box if neither the organizatio	n nor any relate	ed orgar	nizatio	on c	omp	ensate	d ar	ny current officer, di	rector, or trustee			
	(A) Name and Title	(B) Average hours per week (list any hours for related		ne b	ox, ι n of or/t	t che unles ficer rust	s pers and a ee)	on	(D) Reportable compensation from the organization (W- 2/1099-MISC)	from related compensations from the			
		organizations below dotted line)	Institutional Trustee Individual trustee or director	Officer	key employee	Highest compensated employee	Former		MISC)	related organizations			
See Additiona	al Data Table												

3115 EAST LION LANE SUITE 200 HOLLADAY, UT 84121

compensation from the organization ▶ 7

Page 8

Par	t VIII Section A. Officers, Direct	tors, Trustees	, Key I	Empl	oye	es,	and I	Higl	nest Co	mpens	ate	d Employees (cont	inued)	
(A) Name and Title		(B) Average hours per week (list any hours	Position (do not check more than one box, unless person is both an officer and a director/trustee) Report competitions of the director competition of the director competitions of the direct						Rep comp fro organi	om the	ortable Reportable ensation compensatio m the from related ation (W- organizations (compensation W- from the		ated of other sation the
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/10	טבנוייו-צע	.)	2/1099-MISC)	C) organization an related organizations		
See	Additional Data Table					\vdash									
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					<u> </u>	<u> </u>	-	₩					_		
						<u> </u>		╙					4		
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								\vdash							
					\vdash	\vdash		\vdash					\dagger		
c 1	Sub-Total	art VII, Section					*			376,932					268,252
2	Total number of individuals (including of reportable compensation from the	but not limited	to thos			bove	e) who	rece	eived m	-	\$10	00,000	<u> </u>		
														Yes	No
3	Did the organization list any former of line 1a? <i>If "Yes," complete Schedule 3</i>	J for such individ	dual .	٠	٠		• •	•	• •	•		• •	3		No
4	For any individual listed on line 1a, is organization and related organization individual											the	4	Yes	
5	Did any person listed on line 1a receiv services rendered to the organization									ation or	ındı •	vidual for	5		No
	ection B. Independent Contract														
1	Complete this table for your five high- from the organization Report comper												npen	sation	
		(A) and business addre		·						T		(B) uption of services		(C Compen	
PERF	ORMA TOURS	alia pusiness audre	:55									AMBOREE TRAVEL		Соптрен	577,659
	SOUTH REDWOOD ROAD SUITE A														
	H JORDAN, UT 84095 DN CONSTRUCTION									NEW SE	RVIC	E CENTER			530,547
	SOUTH SANDY PARKWAY														
	NCED MODULAR									VARIOU	s cc	NSTRUCTION			215,425
	LEGACY VIEW STREET														
	LANDSCAPE					—				HSR/MC	NSO	N LANDSCAPING			180,626
237 B	BERGER LANE														
	RAY, UT 84107 HER WALKER									ARCHIT	ECTL	IRAL DESIGN			179,320
															,

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

Part \		I Statement of	Revenue								rage 3
		Check if Schedul		a respo	onse or note to a	any line in	this Part VII	Ι			🗆
				·			(A) revenue	Rela exe fun	B) ted or empt ction	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
	1a	Federated campaigi	ns	1a	126,17	 		rev	enue		512-514
nts nts		b Membership dues		1b	<u> </u>	_					
irai 10 u		Fundraising events		1c	113,93	— 34					
S. G		d Related organization		1d	113,55	_					
ig je		Government grants (co			100.00						
S,(-	•	1e	100,00	_					
ion S	1	 All other contributions, and similar amounts no above 		1f	3,781,29	91					
Contributions, Gifts, Grants and Other Similar Amounts	١,	Noncash contribution	ons included	•		_					
들을	3	in lines 1a-1f \$		177	<u>,920</u>						
Cont and	h	Total.Add lines 1a-1	.f		•		4,121,400				
ı					Busin	ess Code					
4.5	2 a	CAMP FEES				900099	3,2	17,299	3,217	299	
á	b	ACTIVITY FEES				900099	2,1	02,661	1,654	.283 448,3	378
Service Revenue	c			_							
3	d			_							
Ē	е										
Program	f	All other program se	rvice revenue			5,319,960	1			I	
<u>\$</u>	g	Total. Add lines 2a-2f	f		<u> </u>	3,313,300	,				
		Investment income (ir imilar amounts) .			interest, and oth	ner	185,20	2			185,202
		Income from investme			ond proceeds	-	•				
		Royalties				▶					
			(ı) Rea	I	(II) Persona	ı					
	6a	Gross rents	_	00 604							
	b	Less rental expenses		99,694 0							
	C	Rental income or (loss)	2	299,694							
	d	l Net rental income oi	r (loss)			- -	299,69	4			299,694
			(ı) Securit	ties	(II) Other						
	7a	Gross amount from sales of assets other than inventory			9	9,830					
	b	Less cost or other basis and sales expenses			5	5,080					
		Gain or (loss)			4	1,750					
		Net gain or (loss)		•		<u> </u>	4,75	0			4,750
Other Revenue	Ва	Gross income from fu (not including \$ contributions reporte See Part IV, line 18	113,934 ed on line 1c)	of	113,	638					
Re	b	Less direct expenses	s	b	75,	672					
ē	C	Net income or (loss)	from fundrais	sing ev	ents	<u> </u>	37,96	6			37,966
O	9a	Gross income from g See Part IV, line 19									
	h	Less direct expense:		a L		_					
		: Net income or (loss)		b activit	les						
		Gross sales of invent			, , , , , , , , , , , , , , , , , , ,						
		returns and allowand	ces	a	 151,	295					
	b	Less cost of goods s	sold	b	96,	494					
	c	Net income or (loss)	from sales of	invent	tory Þ	<u> </u>	54,80	1	54,801		
		Miscellaneous	Revenue		Business Cod	de					
	11	a									
	b	,				\dashv					
	С										
	d	All other revenue .									
		Total. Add lines 11a			•	<u> </u>					
	12	Total revenue, See	Instructions								
					1		10,023,77	3	4,926,383	448,378	527,612 Form 990 (2017)

a SUPPLIES

d

b EQUIPMENT RENTAL & MAIN

25 Total functional expenses. Add lines 1 through 24e

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)

c RECOGNITION AWARDS

e All other expenses

For	m 990 (2017)				Page 10
	rt IX Statement of Functional Expenses				
Sec	tion 501(c)(3) and 501(c)(4) organizations must complete all co Check if Schedule O contains a response or note to any	-	·	. ,	П
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
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	178,056	178,056		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	317,134	146,588	149,737	20,809
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	3,134,533	2,733,595	9,106	391,832
8	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	103,324	80,720	1,002	21,602
9	Other employee benefits	283,511	240,130	712	42,669
10	Payroll taxes	295,670	259,507	5,648	30,515
11	Fees for services (non-employees)				
i	a Management				
ı	Legal				
	Accounting	40,270		40,270	
	d Lobbying				
	e Professional fundraising services See Part IV, line 17				
1	Investment management fees				
,	Gother (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	28,574	27,356	173	1,045
12	Advertising and promotion	35,525	31,553	21	3,951
13	Office expenses	188,247	164,043	5,751	18,453
14	Information technology	68,661	52,769	2,597	13,295
15	Royalties				
16	Occupancy	560,384	537,028	10,695	12,661
17	Travel	1,122,274	1,102,989	3,691	15,594
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	506,907	490,622	3,515	12,770
20	Interest	142,800	131,536	5,349	5,915
21	Payments to affiliates	59,116	59,116		
22	Depreciation, depletion, and amortization	709,562	702,522	3,343	3,697
23	Insurance	455,255	424,069	14,809	16,377
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)				

1,047,146

137,406

35,908

184,686

9,634,949

1,034,301

130,334

28,136

155,559

8,710,529

1,686

912

217

10,234

269,468

11,159

6,160

7,555

18,893

654,952

Form **990** (2017)

4 Benefits paid to or for members		·
governments, and foreign individuals See Part IV, line 15 and 16		

1

2

3

21

Liabilities

Fund Balances

Assets or 30

Net

27

28

29

31

32

33

34

(B)

End of year

(A)

Beginning of year

3,225

3.839.646

84,365

25,779

837.888

117.699

1.090.873

17,084,440

1.250.000

460.682

693,748

1,153,079

2,392,395

85.079

15.706

1.643.304

5,983,311

15.317.396

3.327.890

18,811,286

24.794.597

166,000

24,794,597

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32

33

34

Page **11**

3,572 2.852.240

82,033

32,697

765.799

159.800 102.323

19,463,344

1.250.000

322,976

255,505

1,714,726

1,956,782

53.129

9,683

1.708.379

5,698,204

15,257,268

3,928,312

19,336,580

25.034.784

Form **990** (2017)

151.000

25.034.784

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

Savings and temporary cash investments . . Pledges and grants receivable, net .

Accounts receivable, net . Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete 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 instructions) Complete Part II of Schedule L

Assets Notes and loans receivable, net . .

Inventories for sale or use .

Prepaid expenses and deferred charges .

10a 10b

basis Complete Part VI of Schedule D Investments—publicly traded securities . Investments—other securities See Part IV, line 11 .

10a Land, buildings, and equipment cost or other Less accumulated depreciation 11 12 13 Investments—program-related See Part IV, line 11 .

25,251,585 5,788,241 Intangible assets

14

15 Other assets See Part IV, line 11 16 17

Accounts payable and accrued expenses 18 Grants payable . . .

Total assets.Add lines 1 through 15 (must equal line 34) . . . 19 Deferred revenue Tax-exempt bond liabilities 20

Escrow or custodial account liability Complete Part IV of Schedule D Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified

persons Complete Part II of Schedule L .

22 Secured mortgages and notes payable to unrelated third parties . . .

23 24 Unsecured notes and loans payable to unrelated third parties . 25

and other liabilities not included on lines 17-24)

Complete Part X of Schedule D

Other liabilities (including federal income tax, payables to related third parties,

Total liabilities. Add lines 17 through 25 . .

Organizations that do not follow SFAS 117 (ASC 958), check here

and complete lines 30 through 34.

Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

26

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances .

Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗹 and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets

☐ Cash ☑ Accrual ☐ Other

☐ Both consolidated and separate basis

☐ Both consolidated and separate basis

Page **12**

-16,183 138,872

13,781

19,336,580

No

Nο

No

Form 990 (2017)

Yes

Yes

Yes

2a

2b

2c

3a

3b

7

8

9

10

}	Revenue less expenses Subtract line 2 from line 1	3	
ŀ	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	
5	Net unrealized gains (losses) on investments	5	
,	Donated services and use of facilities	6	

Other changes in net assets or fund balances (explain in Schedule O)

Financial Statements and Reporting

1 Accounting method used to prepare the Form 990

separate basis, consolidated basis, or both

10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))

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

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

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?

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

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

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

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

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

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

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

Form 990 (2017)

Part XII

Schedule O

☐ Separate basis

consolidated basis, or both

Audit Act and OMB Circular A-133?

Separate basis

Investment expenses .

Prior period adjustments .

Additional Data

Software ID:

Software Version:

EIN: 87-0212460

Name: GREAT SALT LAKE COUNCIL - BSA

Form 990 (2017)

Form 990, Part III, Line 4a:

DEVELOPMENT, CITIZENSHIP TRAINING, AND PERSONAL FITNESS CUB SCOUTING IS DIVIDED INTO AGE-BASED LEVELS OF LIONS, TIGER CUBS, WOLF, BEAR, AND WEBELOS, BOY SCOUTING IS THE ELAGSHIP PROGRAM OF THE BSA FOR BOYS AGES 11 TO 18. IT USES LEADERSHIP DEVELOPMENT PRIMARILY VIA OUTDOOR ACTIVITIES

MEN AND WOMEN 14 (AND WHO HAVE COMPLETED THE EIGHTH GRADE) THROUGH 20 YEARS OF AGE VENTURING'S PURPOSE IS TO PROVIDE POSITIVE EXPERIENCES TO

DRIVE GENERATED 578,725 LBS OF FOOD

TRADITIONAL SCOUTING - IN THE BSA. SCOUTING IS CONSIDERED TO BE ONE MOVEMENT WITH FOUR MAIN PROGRAMS. CUB SCOUTING IS THE LARGEST OF THE FOUR PROGRAMS, AVAILABLE TO BOYS FROM KINDERGARTEN TO FIFTH-GRADE OR 5 TO 10 YEARS OF AGE THE PROGRAM IS DESIGNED TO PURSUE THE AIMS OF CHARACTER

SUCH AS CAMPING, AQUATICS, AND HIKING TO ACHIEVE THE AIMS OF CHARACTER, CITIZENSHIP, AND PERSONAL FITNESS VARSITY SCOUTING IS A SUB-DIVISION OF BOY SCOUTING AVAILABLE TO BOYS AGES 14 TO 18, IT ADDS A PROGRAM OF HIGH ADVENTURE AND SPORTING ACTIVITIES VENTURING IS A PROGRAM FOR YOUNG

HELP YOUNG PEOPLE MATURE AND TO PREPARE THEM TO BECOME RESPONSIBLE AND CARING ADULTS. THE TRADITIONAL SCOUTING AND TOTAL MEMBERSHIP OF THE GREAT SALT LAKE COUNCIL IS THE SECOND LARGEST OF THE 272 BOY SCOUT COUNCILS IN THE BSA, WITH TOTAL MEMBERSHIP OF 68,263 THE COUNCIL IS ONE OF THE LARGEST VOLUNTEER ORGANIZATIONS IN THE STATE OF UTAH WITH 32,341 VOLUNTEERS THE COUNCIL OPERATES FIVE CAMPING FACILITIES WITH NINE SEPARATE CAMPING PROGRAMS AND HAD 24.884 YOUTH ATTEND VARIOUS CAMPS DURING 2017 IN 2017 THE COUNCIL PRESENTED 2.092 EAGLE SCOUT AWARDS THE SERVICE PROJECTS BY THOSE EAGLE SCOUTS AND OTHERS PROJECTS CONTRIBUTED OVER 319,030 SERVICE HOURS TO THE COMMUNITY THE ANNUAL SCOUTING FOR FOOD

LEARNING FOR LIFE/EXPLORING PROGRAMS LEARNING FOR LIFE OFFERS SEVEN PROGRAMS DESIGNED TO SUPPORT SCHOOLS AND COMMUNITY-BASED ORGANIZATIONS IN THEIR EFFORTS TO PREPARE YOUTH TO SUCCESSFULLY HANDLE THE COMPLEXITIES OF CONTEMPORARY SOCIETY AND TO ENHANCE THEIR SELF-CONFIDENCE,

A WORKSITE-BASE PROGRAM IT IS PART OF LEARNING FOR LIFE'S CAREER EDUCATION PROGRAM ALSO FOR 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 RELATIONSHIPS AND COMMUNITIES EXPLORING IS BASED ON A UNIQUE AND DYNAMIC RELATIONSHIP BETWEEN YOUTH AND THE ORGANIZATIONS IN THEIR COMMUNITY ORGANIZATIONS INITIATE A SPECIFIC EXPLORER POST BY MATCHING THEIR PEOPLE AND PROGRAM RESOURCES TO THE INTERESTS

MOTIVATION AND SELF-ESTEEM THE 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 THE LEARNING FOR LIFE PROGRAM SERVED 4,954 YOUTH IN 2017 EXPLORING IS

OF YOUNG PEOPLE IN THE COMMUNITY THE RESULT IS A PROGRAM OF ACTIVITIES THAT HELP YOUTH PURSE THEIR SPECIAL INTEREST, GROW, AND DEVELOP EXPLORING PROGRAMS ARE BASED ON FIVE AREAS OF EMPHASIS CAREER OPPORTUNITIES, LIFE SKILLS, CITIZENSHIP, CHARACTER EDUCATION AND LEADERSHIP

Form 990, Part III, Line 4b:

EXPERIENCE THE EXPLORING PROGRAM HAS 169 PARTICIPANTS IN 6 POSTS

THE ALL MARKETS PROGRAM VISION IS TO ENSURE THAT THE SCOUTING PROGRAM IS PROVIDED TO ALL YOUTH AND ADULTS, REGARDLESS OF COLOR, RACE, RELIGION, GENDER, ETHNIC BACKGROUND, DISABILITY, ECONOMIC STATUS, OR CITIZENSHIP THE PROGRAM SERVES DIVERSE UNITS, INCLUDING 299 REFUGEE SCOUTS AND 200 AFTERSCHOOL PARTICIPANTS THE PROGRAM SERVES YOUTH FROM 75 COUNTRIES. SPEAKING OVER 150 LANGUAGES AND DIALECTS THE BENEFITS OF SERVING THESE COMMUNITIES ENHANCES THE BOY SCOUT PROGRAM'S ABILITY TO DELIVER ON ITS MISSION AND VISION IN A WAY THAT RESONATES WITH ALL YOUTH

Form 990, Part III, Line 4c:

(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless hours per compensation compensation amount of other person is both an officer week (list from the from related compensation

and Independent Contractors

BETTY SHAW

DAVID C ROTH

KEVIN R MURRAY

KENT A MISENER

BUTCH LODDER

ROBERT HEYN

VICE PRESIDENT, RELATIONSHIP

VICE PRESIDENT, PROGRAMS

VICE PRESIDENT, FINANCE

VICE PRESIDENT, ADMINISTRA

VICE PRESIDENT, ALL MARKETS

VICE PRESIDENT, LEGAL COUNCIL

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	any hours	and	a dır	ecto	r/tr	ustee)	organization	organizations	from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
BRUCE HOUGH PRESIDENT	4 00	x		×				0	0	0
DAVID BROADBENT IMMEDIATE PAST PRESIDENT	4 00	x		×				0	0	0
DIEGO LOPEZ	4 00	х		х				0	0	0

DAVID BROADBENT IMMEDIATE PAST PRESIDENT	4 00	x	x		0	
DIEGO LOPEZ TREASURER	4 00	x	x		0	
JOHN POULSON VICE PRESIDENT, TRAINING	4 00	x	х		0	

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(A) (D) (E) (B) (C) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless compensation hours per compensation amount of other person is both an officer week (list from the from related compensation and a director/trustee) organizations any hours organization from the

and Independent Contractors

VICE PRESIDENT, EXPLORING

TAL ADAIR

DAVID ALLEN

DISTRICT 19 CHAIR

DISTRICT 7 CHAIR

RUSSELL ALSTON

KARSON BAKER

OA LODGE CHIEF

TETON WHITEWATER

	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Q E	 Highest compensate	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
PERRY D FRANDSEN COMMISSIONER	10 00	X		×	-		0	0	0
TIM FENTON EXECUTIVE VICE PRESIDENT	8 00	х		х			0	0	0
FRANK MCALLISTER VICE PRESIDENT, CAMPING/PROPERTIES	6 00	х		х			0	0	0

EXECUTIVE VICE PRESIDENT	•••••	×	X		0	
FRANK MCALLISTER VICE PRESIDENT, CAMPING/PROPERTIES	6 00	x	×		0	
MARK PACE VICE PRESIDENT, LDS RELATIONS	4 00	X	×		0	
MISSY LARSEN	4 00					

1 00

1 00

1 00

1 00

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FRANK MCALLISTER VICE PRESIDENT, CAMPING/PROPERTIES	6 00	Х	x		0	0	
MARK PACE VICE PRESIDENT, LDS RELATIONS	4 00	X	x		0	0	
MISSY LARSEN VICE PRESIDENT, COMMUNITY RELATIONS	4 00	×	×		0	0	
MATTHEW CARR	4 00						

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(A) (D) (E) (B) (C) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless compensation hours per compensation amount of other person is both an officer week (list from the from related compensation and a director/trustee) any hours organization organizations from the

	any nours	and	a dir	ecto		ustee,)	organization	organizations	from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
HAROLD BOWMAN DISTRICT 20 CHAIR	1 00	×						0	0	0
DANE BRADSHAW DISTRICT 12 CHAIR	1 00	х						0	0	0
SHERRILL R CHAPMAN MEMBER	1 00	х						0	0	0
LANE CHILDS ADVANCEMENT/RECOGNITION	1 00	×						0	0	0
DEREK G CHRISTENSEN	1 00	х						0	0	0

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LANE CHILDS
ADVANCEMENT/RECOGNITION
DEREK G CHRISTENSEN
DISTRICT 16 CHAIR

DON V CHRISTENSEN

DARWIN COOK

....... DISTRICT 8 CHAIR

BONNIE CORDON

CHARLES W DAHLQUIST

MEMBER

MEMBER

JOHN DAVIS

DISTRICT 14 CHAIR

SILVER BEAVER SELECTION

(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average amount of other than one box, unless compensation hours per compensation person is both an officer week (list from the compensation from related and a director/trustee) any hours from the

organization

organizations

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Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

	1 6,	""" " "" " "" " " " " " " " " " " " "						(14, 2,4,000	(14) 2/4000		
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee		key employee	Highest compensated employee	Former	- (W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
MICHAEL DUNCAN DISTRICT 2 CHAIR	1 00	x						0	0	0	
RICHARD FLINK DISTRICT 10 CHAIR	1 00	x						0	0	0	
BRETT GRAHAM FINANCE	1 00	x						0	0	0	
DOUGLAS HOLMES MEMBER	1 00	x						0	0	0	
RICHARD HOLT	1 00			П			\Box				

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AUDIT COMMITTEE CHAIR

GOVERNANCE COMMITTEE

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BLAIR HOPE

NOT MEMBER

RUSS HUNSAKER

ROOSTER JENSON

DISTRICT 6 CHAIR

JOHN KIRKHAM

STEVE KNUDSON

FUND DEVELOPMENT

MEMBER

(A) (D) (B) (C) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless compensation amount of other hours per compensation person is both an officer week (list from the from related compensation

	any hours							organization	organizations	from the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
RONALD LARSEN HINCKLEY PROJECT MANAGER	1 00	х						0	0	0	
WILLIAM LODDER VP ADMINISTRATION	1 00	×						0	0	0	
BERT MARGETTS DISTRICT 1 CHAIR	1 00	х						0	0	0	
CHRIS MCCANDLESS SERVICE CENTER CHAIR	1 00	×						0	0	0	
MARK O MCDAE	1 00										

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DISTRICT 1 CHAIR
CHRIS MCCANDLESS
SERVICE CENTER CHAIR
MARK O MCRAE

MEMBER

MEMBER

DOUG ORR

CRAIG PACINI

RYAN MECHAM

ERIC MONTAGUE

TECHNOLOGIES CHAIR

DIVERSE RELATIONSHIPS

MICHAEL NEBEKER

DISTRICT 22 CHAIR

DISTRICT 5 CHAIR

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(A) (D) (E) (B) (C) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated amount of other than one box, unless compensation hours per compensation person is both an officer week (list from the from related compensation from the any hours and a director/trustee) organization organizations

	411, 110413	and a director, trastee,						01941112411011	(14/ 3/4 333	evannization and	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
TONY PATTERSON DISTRICT 11 CHAIR	1 00	×						0	0	0	
JACK PECK EXECUTIVE BOARD	1 00	х						0	0	0	
ROLAND A RADACK EXECUTIVE BOARD	1 00	x						0	0	0	
NANCY READING MEMBER	1 00	×						0	0	0	
KATHI ROBERTSON PROPERTIES	1 00	×						0	0	0	
TAMMY BODEBACK	1 00										

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MEMBER
KATHI ROBERTSON
PROPERTIES
TAMMY RODEBACK

STEM CHAIRMAN

....... DISTRICT 4 CHAIR

RISK MANAGEMENT CHAIR

BRAD ROGERS

ALAN A ROGERS

DISTRICT 3 CHAIR

PHIL ROTH

JON SARGENT

VENTURE

(A) (D) (E) (B) (C) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average amount of other than one box, unless compensation hours per compensation person is both an officer week (list from the from related compensation any hours and a director/trustee) organization organizations from the

	l dilly libura	l		CCLC	J1 / C1	usice,	,	0194112461011	(14/ 3/4 888	I TOTAL CARE
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
TODD SAVAGE MEMBER	1 00	х						0	0	0
TOM SCOTT DISTRICT 17 CHAIR	1 00	х						0	0	0
ELIZABETH SHAW VP SCHOOL RELATIONS	1 00	х						0	0	0
BRAD SIMONS DISTRICT 18 CHAIR	1 00	x						0	0	0
PAM SMITH MEMBER	1 00	×						0	0	0

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MEMBER

RALPH E SWISS

STEVE TEERLINK

DISTRICT 15 CHAIR

ROGER THOMPSON

ENDOWMENT CHAIR

DAMON THROOP

LINDA VAUGHN

MEMBER

DISTRICT 9 CHAIR

MEMBER

and Independent Contractors (A) (B) (C) Name and Title Position (do not check more Average than one box, unless hours per

SCOUT EXECUTIVE

VICTOR ROWBERRY

DIRECTOR OF SUPPORT SERVIC

week (list

	any hours					ustee		organization	organizations	from the
	for related organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
DAVEY WARREN FINANCE	1 00	x						0	0	0
TAYLOR WOODBURY MEMBER	1 00	×						0	0	0
JOSHUA PERRY DISTRICT 13 CHAIR	1 00	x						0	0	0
BRIAN P SHEETS CFO	40 00			x				89,826	0	17,440
MARK GRIFFIN	40 00									

40 00

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

person is both an officer

(D)

Reportable

compensation

from the

186,009

101,097

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(E)

Reportable

compensation

from related

(F)

Estimated

amount of other

compensation

155,778

95,034

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efil	e GR	APHIC pri	nt - DO NO	T PROCESS	As Filed Data -			DLN: 9	3493316038158
SC	H ED	ULE A		Public (Charity Staturganization is a sect	ion 501(c)(3)	organization o	ort	OMB No 1545-0047 2017
Depar	tment of	f the Treasury	▶ Infe	ormation abou	Attach to Form at Schedule A (Form	990 or Form 99	0-EZ.	ictions is at	Open to Public Inspection
Nam	e of th	nie Service he organiza LAKE COUNCIL						Employer identific	ation number
								87-0212460	
	rt I				us (All organization : it is (For lines 1 thro			See instructions.	
1	/r gariii≥		•		sociation of churches	3 ,	,	(A)(i)	
2		•		·	1)(A)(ii). (Attach Scl				
3						•	• •		
_		·	•	•	vice organization desc			•	
4	Ш		esearch orga and state _	nization operati	ed in conjunction with	a nospital descri	bed in section :	1/U(b)(1)(A)(III). E	nter the hospital's
5		(b)(1)(A)	(iv). (Comple	ete Part II)	t of a college or unive				ped in section 170
6		A federal, s	tate, or local	government or	governmental unit de	escribed in sectio	on 170(b)(1)(A	\)(v).	
7	✓	_		mally receives (vi). (Complete	a substantial part of it Part II)	s support from a	governmental u	init or from the gener	al public described in
8		A communi	ty trust desc	ribed in section	170(b)(1)(A)(vi)	(Complete Part I	I)		
9					escribed in 170(b)(1) ee instructions Enter				ege or university or a
10		from activit	ies related to income and	its éxempt fur unrelated busin	(1) more than 331/39 ctions—subject to cer ess taxable income (lemplete Part III)	taın exceptions, a	and (2) no more	than 331/3% of its su	- '
11		An organiza	ation organize	ed and operated	exclusively to test fo	r public safety S	ee section 509	(a)(4).	
12		more public	ly supported	organizations of	d exclusively for the be described in section 5 the type of supporting	i09(a)(1) or se d	ction 509(a)(2). See section 509(a	
а		Type I. A so	supporting or n(s) the pow	ganızatıon oper	ated, supervised, or c appoint or elect a majo	ontrolled by its s	upported organi	zation(s), typically by	
b		Type II. A manageme	supporting on t of the sup	rganization sup porting organiza	ervised or controlled i				
С		Type III f	unctionally i		and C. supporting organizatio ons) You must com				ted with, its
d		Type III n functionally	on-function integrated	ally integrate The organizatio	d. A supporting organ n generally must satis t IV, Sections A and	ization operated fy a distribution i	ın connection wi requirement and	th its supported orgar	, ,
e		Check this	box if the org	anızatıon recei	red a written determin integrated supporting	nation from the II		pe I, Type II, Type II	I functionally
f	Enter			lon-runctionally lorganizations	integrated supporting	organization			
g				-	ipported organization(s)			
	(i) N	Name of supp organization		(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the orgain your govern		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
						Yes	No		
Tota			Linn Art St.	ice, see the I		Cat No 11285		 Schedule A (Form 9	

Schedule A (Form 990 or 990-EZ) 2017

Page 2

	III. II tile organization ia	ans to quanty unc	iei tile tests liste	eu below, piease	complete Part	111.)		
S	Section A. Public Support							
	Calendar year	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(a)	2017	(f) Total
	(or fiscal year beginning in) ▶	(a) 2013	(B) 2014	(0) 2013	(d) 2010	(6)	2017	(I) Total
1	Gifts, grants, contributions, and							
	membership fees received (Do not	3,226,390	7,046,817	4,131,229	6,701,085		4,121,400	25,226,921
_	include any "unusual grant ")							
2	Tax revenues levied for the							
	organization'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	3,226,390	7,046,817	4,131,229	6,701,085		4,121,400	25,226,921
4	Total. Add lines 1 through 3	3,220,390	7,040,017	4,131,229	0,701,063		4,121,400	23,220,921
5	The portion of total contributions by							
	each person (other than a							
	governmental unit or publicly supported organization) included on							5,478,923
	line 1 that exceeds 2% of the							3,470,323
	amount shown on line 11, column (f)							
	amount shown on line 11, column (i)							
6	Public support. Subtract line 5							
•	from line 4							19,747,998
S	Section B. Total Support	•	•	•	•			
	Calendar year	(a)2013	(b) 2014	(c)2015	(d)2016	(0)2	2017	(f)Total
	(or fiscal year beginning in) ▶	(a)2013	(D)2014	(6)2015	(u)2016	(e)2	2017	(T)TOLAI
7	Amounts from line 4	3,226,390	7,046,817	4,131,229	6,701,085		4,121,400	25,226,921
8	Gross income from interest,							
	dividends, payments received on	434,699	450,928	460,042	417,163		468,713	2,231,545
	securities loans, rents, royalties and	454,055	430,320	400,042	417,103		400,713	2,231,343
	income from similar sources							
9								
	activities, whether or not the	0	0	0	0		0	
	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							27,458,466
4.5	Gross receipts from related activities,	etc (see instruction	ne)	I	L	12		21,749,536
								· · · · · ·
13	First five years. If the Form 990 is fo						_	nization,
	check this box and stop here						▶⊔	
S	Section C. Computation of Public	Support Perce	ntage					
14	Public support percentage for 2017 (lir	ne 6, column (f) dıv	ided by line 11, co	olumn (f))		14		71 920 %
15	Public support percentage for 2016 Sc	hedule A, Part II, lii	ne 14			15		70 640 %
	33 1/3% support test—2017. If the			n line 13, and line	14 is 33 1/3% or		heck this b	
100	and stop here. The organization quali				2			▶ ☑
					ad line 15 is 22 1/2	20/2 or m	acro chack	
Ŀ	33 1/3% support test—2016. If th	-		•	iu iiile 15 is 33 1/.	5-70 UI ∏	iore, check	
	box and stop here. The organization							▶ □
17a	a 10%-facts-and-circumstances test							
	is 10% or more, and if the organizatio	n meets the "facts-	and-circumstances	s" test, check this	box and stop her	e. Expla	ain	
	in Part VI how the organization meets	the "facts-and-circi	umstances" test T	he organization qu	ualifies as a public	ly supp	orted	
	organization							▶ □

Р	Support Schedule for						
	(Complete only if you cl the organization fails to						er Part II. If
Se	ection A. Public Support	quality under t	ine tests listed i	below, please co	ompiete Part II.,)	
	Calendar year	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
_	(or fiscal year beginning in) ▶	(a) 2013	(0) 2014	(6) 2015	(4) 2016	(e) 2017	(I) Iotai
1	Gifts, grants, contributions, and membership fees received (Do not						
	include any "unusual grants ")						
2	Gross receipts from admissions,						
	merchandise sold or services						
	performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business						
4	under section 513 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						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified persons that exceed the greater of						
	\$5,000 or 1% of the amount on line						
	13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
S	from line 6) ection B. Total Support						
	Calendar year						
	(or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9							
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources						
ь	Unrelated business taxable income						
	(less section 511 taxes) from						
	businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is						
12	regularly carried on Other income Do not include gain or						
12	loss from the sale of capital assets						
	(Explain in Part VI)						
13	Total support. (Add lines 9, 10c,						
14	11, and 12) First five years. If the Form 990 is for	l r the organization	l 's first, second, th	L urd, fourth, or fift	l lax vear as a sec	ction 501(c)(3) o	l rganization.
	check this box and stop here			,,	,		▶ □
Se	ection C. Computation of Public S	Support Perce	ntage				
15	Public support percentage for 2017 (lin			column (f))		15	
16	Public support percentage from 2016 S	chedule A, Part II	II, line 15			16	
Se	ction D. Computation of Investr	nent Income	Percentage				
17	Investment income percentage for 201	7 (line 10c, colur	nn (f) divided by	lıne 13, column (f	·))	17	
18	Investment income percentage from 20	016 Schedule A, I	Part III, line 17			18	
	331/3% support tests—2017. If the	organization did n	ot check the box	on line 14, and lir	ne 15 is more than		e 17 is not
	more than 33 1/3%, check this box and s						ightharpoons
	33 1/3% support tests—2016. If the						. —
_	not more than 33 1/3%, check this box	-			· ·		ightharpoons
20	Private foundation. If the organization	-	-				ightharpoons

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

Yes

5b

5c

7

9b

9с

10a

10b

Schedule A (Form 990 or 990-EZ) 2017

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	İ	
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)			
	III Section 309(a)(1) of (2)	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	İ	
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			
l	determination	3b		

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 3			
	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	the organization made the 3b ction 170(c)(2)(B) purposes? 3c sization")? If "Yes" and if you 4a		
	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			

				3.
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	-		
		3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you			
	checked 12a or 12b ın 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? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or		$\overline{}$	
	supervised by or in connection with its supported organizations	4b		
С	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		$\overline{}$	
		4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and			

			, ,	
	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	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported			
	supervised by or in connection with its supported organizations 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	4b		
С				
		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)			

6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing		
	organization's supported organizations? If "Yes," provide detail in Part VI.	6	
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)		

Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the

Substitutions only. Was the substitution the result of an event beyond the organization's control?

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

organization's organizing document?

10a

answer line 10b below

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

the organization had excess business holdings)

8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"		
	complete Part I of Schedule L (Form 990 or 990-EZ)	8	
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as		i

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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.
```

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

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

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

certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

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9a
Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting
```

Pa	rt IV Supporting Organizations (continued)			-9
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11c		
	ection B. Type I Supporting Organizations			
			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		
5	ection C. Type II Supporting Organizations			
	cetion c. Type 11 Supporting Organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the			
	supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1		
S	ection D. All Type III Supporting Organizations			
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		Yes	No
		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		
s	ection 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 instruct 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 The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see		ctions)	
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 those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	2a		
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these 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 each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI.</i> the role played by the organization in this regard	3b		

Schedule A (Form 990 or 990-EZ) 2017

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 (explain in Part VI) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E (A) Prior Year (B) Current Year Section A - Adjusted Net Income (optional)

Page 6

Schedule A (Form 990 or 990-F7) 2017

1 Net short-term capital gain 1 Recoveries of prior-year distributions 2 3 Other gross income (see instructions) 3 4 4 Add lines 1 through 3 Depreciation and depletion 5 5 Portion of operating expenses paid or incurred for production or collection of gross 6 income or for management, conservation, or maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions)

Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) 8 (A) Prior Year (B) Current Year Section B - Minimum Asset Amount (optional) Aggregate fair market value of all non-exempt-use assets (see instructions for short 1 tax year or assets held for part of year) a Average monthly value of securities 1a **b** Average monthly cash balances **1**b c Fair market value of other non-exempt-use assets 1c 1d d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI)

2 2 Acquisition indebtedness applicable to non-exempt use assets 3 Subtract line 2 from line 1d 3 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see 4 instructions) 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 6 Multiply line 5 by 035 7 Recoveries of prior-year distributions 7 Minimum Asset Amount (add line 7 to line 6) 8 8

Section C - Distributable Amount Current Year Adjusted net income for prior year (from Section A, line 8, Column A) 1 2 Enter 85% of line 1 3 Minimum asset amount for prior year (from Section B, line 8, Column A) Enter greater of line 2 or line 3 4 5 Income tax imposed in prior year 6

2 4 5 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

details in Part VI) See instructions Distributable amount for 2017 from Section C, line 6 (ii) (iii)

10 Line 8 amount divided by Line 9 amount Section E - Distribution Allocations (see (i) Underdistributions Distributable instructions) **Excess Distributions** Pre-2017 Amount for 2017 1 Distributable amount for 2017 from Section C, line

2 Underdistributions, if any, for years prior to 2017

(reasonable cause required-- explain in Part VI)

See instructions		
3 Excess distributions carryover, if any, to 2017		
a		
b From 2013		
c From 2014		
d From 2015		
e From 2016		
f Total of lines 3a through e		
g Applied to underdistributions of prior years		
h Applied to 2017 distributable amount		
 Carryover from 2012 not applied (see instructions) 		
j Remainder Subtract lines 3g, 3h, and 3i from 3f		
4 Distributions for 2017 from Section D, line 7		
<u> \$ </u>		
Applied to underdistributions of prior years		

b Applied to 2017 distributable amount c Remainder Subtract lines 4a and 4b from 4

Schedule A (Form 990 or 990-EZ) (2017)

5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI

6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI See instructions 7 Excess distributions carryover to 2018. Add lines

c Excess from 2015.

See instructions

d Excess from 2016. Excess from 2017.

31 and 4c 8 Breakdown of line 7 a Excess from 2013. **b** Excess from 2014.

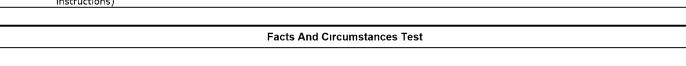
Additional Data

Software ID: Software Version:

EIN: 87-0212460

Name: GREAT SALT LAKE COUNCIL - BSA

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



efile GRAPHIC print - DO NOT PROCESS As Filed Data -**SCHEDULE D**

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

Supplemental Financial Statements

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

DLN: 93493316038158 OMB No 1545-0047

Department of the Treasury Internal Revenue Service

(Form 990)

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

Open to Public **Inspection** Employer identification number

GRI	EAT SALT LAKE COUNCIL - BSA				07.	0242460	
Ð	ort I Organizations Maintaining Donor Adv	ised Funds or O	ther	Similar Funds		0212460	
	Complete if the organization answered "Ye				OI ACC	odines.	
		(a) Dono	r advı	sed funds		(b)Funds and other ac	counts
L	Total number at end of year						
2	Aggregate value of contributions to (during year)						
3	Aggregate value of grants from (during year)						
1	Aggregate value at end of year						
5	Did the organization inform all donors and donor advisor organization's property, subject to the organization's ex			ets held in donor a	advised		∕es 🏻 No
5	Did the organization inform all grantees, donors, and d charitable purposes and not for the benefit of the dono private benefit?					ring impermissible	∕es □ No
Pa	rt II Conservation Easements. Complete if t	he organization a	nswe	red "Yes" on Fo	rm 990		res 🗀 No
	Purpose(s) of conservation easements held by the orga	-			1111 330	7, 1 die 17, inie 71	
	Preservation of land for public use (e.g., recreation	·			an histor	rically important land are	ea
	Protection of natural habitat	,	\Box			ed historic structure	
				Freservation of a	cerune	a mistoric structure	
	—						
2	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year	i qualified conservat	ion co	ntribution in the f	orm or a	a conservation Held at the End of	the Year
а	Total number of conservation easements				2a		
b	Total acreage restricted by conservation easements				2b		
С	Number of conservation easements on a certified histor	ıc structure ınclude	d ın (a)	2c		
d	Number of conservation easements included in (c) acqu structure listed in the National Register	ured after 8/17/06,	and n	ot on a historic	2d		
3	Number of conservation easements modified, transferred tax year ▶	ed, released, exting	uished	, or terminated b	y the or	ganization during the	
1	Number of states where property subject to conservation	on easement is loca	ted ►			_	
5	Does the organization have a written policy regarding t and enforcement of the conservation easements it hold	the periodic monitor ls?	ing, in	spection, handling	g of viol	ations, \[\sum Yes \]	□ No
5	Staff and volunteer hours devoted to monitoring, inspe	ecting, handling of v	ıolatıoı	ns, and enforcing	conserv	ation easements during	the year
7	Amount of expenses incurred in monitoring, inspecting. ▶ \$, handling of violation	ons, ar	nd enforcing conse	ervation	easements during the y	/ear
3	Does each conservation easement reported on line 2(d and section $170(h)(4)(B)(II)^7$) above satisfy the	require	ements of section	170(h)((4)(B)(ı) ☐ Yes	□ No
•	In Part XIII, describe how the organization reports con- balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easemen	e footnote to the or					
a	Organizations Maintaining Collections Complete of the organization answered "Ye				her Si	milar Assets.	
La	If the organization elected, as permitted under SFAS 1 art, historical treasures, or other similar assets held for provide, in Part XIII, the text of the footnote to its final	r public exhibition, e	ducati	on, or research in	n further		rks of
b	If the organization elected, as permitted under SFAS 1 historical treasures, or other similar assets held for pub following amounts relating to these items						
((i) Revenue included on Form 990, Part VIII, line 1					> \$	
C	ii)Assets included in Form 990, Part X					> \$	
2	If the organization received or held works of art, histor following amounts required to be reported under SFAS				nancial g		
а	Revenue included on Form 990, Part VIII, line 1	, , , , , , , , ,				> \$	
b	Assets included in Form 990, Part X					▶ \$	

Cat No 52283D

Schedule D (Form 990) 2017

 $\boldsymbol{c} \;\; \text{Leasehold improvements}$

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

d Equipment . .

	dule D (101111 990) 2017			<u> </u>		Page Z
	t III Organizations Maintaining Co					
3	Using the organization's acquisition, accession items (check all that apply)	on, and other records,	•	ollowing that are a sig	nificant use of its	collection
а	Public exhibition		d 🗌 Loar	or exchange progran	าร	
b	Scholarly research		e 🗌 Othe	r		
С	Preservation for future generations					
4	Provide a description of the organization's co Part XIII	ollections and explain h	now they further th	e organization's exem	pt purpose in	
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t				☐ Yes	s 🗆 No
Pai	rt IV Escrow and Custodial Arrange Complete if the organization ans X, line 21.		m 990, Part IV,	ine 9, or reported a	in amount on F	orm 990, Part
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	lian or other intermedi	ary for contribution	ns or other assets not	☐ Yes	s ☑ No
h	If "Yes," explain the arrangement in Part XII	II and complete the fol	llowing table		Amount	
b c		ir and complete the for	nowing table	1c	Amount	
d	Beginning balance			1d		
e	Additions during the year			1e		
f	Distributions during the year			1f		
	Ending balance	000 0 1 4 1				
2a	Did the organization include an amount on F	orm 990, Part X, line a	21, for escrow or cu	istodial account liabili	ty? 🗹 Yes	s 🗌 No
b	If "Yes," explain the arrangement in Part XII	I Check here if the ex	planation has beer	provided in Part XIII		. 🗸
Pa	rt V Endowment Funds. Complete	f the organization a	nswered "Yes" o	n Form 990, Part I\	/, line 10.	
		(a)Current year	(b)Prior year	(c)Two years back (d)	Three years back	(e)Four years back
1a	Beginning of year balance	1,250,000	350,000	250,000	100,000	100,000
b	Contributions		900,000	100,000	150,000	
C	Net investment earnings, gains, and losses					
d	Grants or scholarships					
е	Other expenditures for facilities and programs					
f	Administrative expenses					
g	End of year balance	1,250,000	1,250,000	350,000	250,000	100,000
2	Provide the estimated percentage of the curr	rent year end balance	(line 1g, column (a)) held as		
а	Board designated or quasi-endowment ▶	64 000 %				
b	Permanent endowment ► 12 000 %					
С	Temporarily restricted endowment ▶ 24	000 %				
Ĭ	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%				
3a	Are there endowment funds not in the posse organization by	ssion of the organizati	on that are held ar	nd administered for the	9	Yes No
	(i) unrelated organizations				3a	(i) No
	(ii) related organizations					(ii) Yes
	If "Yes" on 3a(II), are the related organization	·			<u>3</u>	b Yes
4	Describe in Part XIII the intended uses of the		ment funds			
Pai	rt VI Land, Buildings, and Equipme		~ 000 D=+ TV	11a Cas Farre	000 Davit V 1	- 10
	Complete if the organization ans Description of property (a) Cost or of		<u>M 990, Part IV, I</u> or other basis (other)			e 10. d) Book value
	(investment)			2) riccamanacea depre	(-, 200N Value
1-	land		5 114 470			5 114 470
	Land		5,114,479		039 017	5,114,479
	Buildings		4,193,317	-	038,917	3,154,400
С	Leasehold improvements	1	12,140,011	1 3,	360,441	8,779,570

2,177,912

1,625,866

789,029

1,625,866

19,463,344

1,388,883

Part VII Investments—Other Securities. Complete if the of See Form 990, Part X, line 12.	organization a	nswered "Yes" or	n Form 990, Part	IV, line 11b.
(a) Description of security or category (including name of security)	(b) Boo valu	k Cos	(c) Method of val t or end-of-year m	
(1) Financial derivatives (2) Closely-held equity interests (3)Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	•			
Part VIII Investments—Program Related. Complete if the organization answered 'Yes' on Form	n 990, Part IV	, line 11c. See F	orm 990, Part X,	line 13.
(a) Description of investment	(b) Book va	lue Cos	(c) Method of val	
(1)			·	
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) Part IX Other Assets. Complete if the organization answered 'Ye	es' on Form 990	Part IV line 11d	See Form 990 Par	t X line 15
(a) Description		, , , , , , , , , , , , , , , , , , , ,		(b) Book value
(1)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)			•	
Other Liabilities. Complete if the organization answ See Form 990, Part X, line 25.		Form 990, Part) Book value	IV, line 11e or 1	1f.
1. (a) Description of liability (1) Federal income taxes		, 200K Value		
SALE LEASEBACK AGREEMENT (2)		1,708,379		
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) 2. Liability for uncertain tax positions In Part XIII, provide the text of the	e footnote to the	1,708,379 e organization's fina	 ancial statements t	hat reports the
organization's liability for uncertain tax positions under FIN 48 (ASC 740)				

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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

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

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

Add lines **4a** and **4b**

Amounts included on line 1 but not on Form 990, Part IX, line 25

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . .

Donated services and use of facilities . . .

Other (Describe in Part XIII)

Add lines 2a through 2d

Supplemental Information

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

Page 4

10,146,462

9,613,754

9,613,754

21,195

9.634.949

Schedule D (Form 990) 2017

2e

3

4c

5

21.195

Schedule D (Form 990) 2017

Part XI

1

2

1

2

c

d

3

4

b

5

Part XIII

See Additional Data Table

Return Reference

d 2d 2e 122,689 e 3 3 10,023,773

4 Amounts included on Form 990, Part VIII, line 12, but not on line 1 Investment expenses not included on Form 990, Part VIII, line 7b . 4a 4b b

Add lines **4a** and **4b** 4c c Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 5 5 10,023,773 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

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

2a 2b

2c

2d

4a

4b

Explanation

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Page 5		Schedule D (Form 990) 2017
	ormation (continued)	Part XIII Supplemental Info
	Explanation	Return Reference

Schedule D (Form 990) 2017

Additional Data

Software Version:

Software ID:

EIN: 87-0212460

Name: GREAT SALT LAKE COUNCIL - BSA

Supplemental Information

Return Reference Explanation THE CUSTODIAL ACCOUNTS ARE A COMBINATION OF REGISTRATION FEES PAID BY CHARTERED ORGANIZATI ONS FOR THEIR TROOPS THAT HAVEN'T BEEN REMITTED TO THE NATIONAL OFFICE OF THE BOY SCOUTS O

PART IV, LINE 2B

F 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 AS

SOCIATION, BSA ALUMNI ASSOCIATION, AND ORDER OF THE ARROW ASSOCIATION

Supplemental Information	
Return Reference	Explanation
PART V, LINE 4	THE ENDOWMENT FUNDS ARE USED TO SUPPORT THE MAINTENANCE AND UPKEEP OF VARIOUS CAMPS AND BUILDINGS OF THE COUNCIL

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Supplemental Information	
Return Reference	Explanation
PART X, LINE 2	THE COUNCIL EVALUATES ITS UNCERTAIN TAX POSITIONS, IF ANY, ON A CONTINUAL BASIS THROUGH RE VIEW OF ITS POLICIES AND PROCEDURES, REVIEW OF ITS REGULAR TAX FILINGS, AND DISCUSSIONS WI TH OUTSIDE EXPERTS NO UNCERTAIN TAX POSITIONS WERE IDENTIFIED BY THE COUNCIL AS OF DECEMB ER 31, 2017 AND 2016

upplemental Information	
Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS	TAX AMORTIZATION OF RIVER RAFTING PERMIT 21,195

Sı

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493316038158 OMB No 1545-0047 SCHEDULE G **Supplemental Information Regarding** (Form 990 or 990-EZ) **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 Open to Public Department of the Treasury Attach to Form 990 or Form 990-EZ. Inspection Internal Revenue Service ▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www irs gov/form990. Name of the organization **Employer identification number** GREAT SALT LAKE COUNCIL - BSA 87-0212460 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations e Solicitation of non-government grants ☐ Solicitation of government grants Phone solicitations ☐ Special fundraising events In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (i) Name and address of individual (ii) Activity (iii) Did (iv) Gross receipts (v) Amount paid to (vi) Amount paid to or entity (fundraiser) fundraiser have from activity (or retained by) (or retained by) custody or fundraiser listed in organization control of col (i) contributions? Yes No 1 8 10 Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Cat No 50083H Schedule G (Form 990 or 990-EZ) 2017

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. **(b)** Event #2 (a)Event #1 (c)Other events (d) Total events **HOLIDAY AUCTION** INFLUENTIAL (add col (a) through **WOMEN** (total number) (event type) col (c)) (event type) Revenue 1 Gross receipts. 191,252 8,850 27,470 227,572 2 Less Contributions. 92,321 21,613 113,934 3 Gross income (line 1 minus 98,931 8,850 5,857 line 2) 113,638 4 Cash prizes 5 Noncash prizes Direct Expenses Rent/facility costs 11,717 1,200 4,004 16,921 7 Food and beverages 2,797 35,812 2,817 41,426 8 Entertainment 6,000 6,000 Other direct expenses 7,716 991 2,618 11,325 10 Direct expense summary Add lines 4 through 9 in column (d) 75,672 11 Net income summary Subtract line 10 from line 3, column (d) . 37,966 Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. Revenue (b) Pull tabs/Instant (d) Total gaming (add (a) Bingo (c) Other gaming bingo/progressive bingo col (a) through col (c)) 1 Gross revenue . Expenses | 2 Cash prizes Noncash prizes Direct 4 Rent/facility costs 5 Other direct expenses Yes____ Yes Yes % 6 Volunteer labor No Direct expense summary Add lines 2 through 5 in column (d) Net gaming income summary Subtract line 7 from line 1, column (d). Enter the state(s) in which the organization conducts gaming activities _ ☐ Yes ☐ No Is the organization licensed to conduct gaming activities in each of these states? If "No," explain . 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No If "Yes," explain _

Sche	dule G (Form 990 or 990-EZ) 2017				F	Page 3
11	Does the organization conduct gaming	activities with nonmembers?		Yes	□No	
12	Is the organization a grantor, beneficial formed to administer charitable gaming	ry or trustee of a trust or a member of a partnership or other entit	ΣY	□Yes	□No	
13	Indicate the percentage of gaming acti	vity conducted in				
а	The organization's facility		13	а		%
b	An outside facility		13	ь		%
14	Enter the name and address of the per	son who prepares the organization's gaming/special events books	and record	s		
	Name ►					
	Address •					
15a	Does the organization have a contract revenue?	with a third party from whom the organization receives gaming		□Yes	□No	
Ь		evenue received by the organization ► \$ a the third party ► \$	and the			
c	If "Yes," enter name and address of the	e third party				
	Name •					
	Address ►					
16	Gaming manager information					
	Name ►					
	Gaming manager compensation ▶ \$	······································				
	Description of services provided ►					
	☐ Director/officer	☐ Employee ☐ Independent contractor				
17	Mandatory distributions					
а	Is the organization required under state retain the state gaming license?	e law to make charitable distributions from the gaming proceeds to)	□Yes	Пио	
b	Enter the amount of distributions requi	red under state law distributed to other exempt organizations or spities during the tax year > \$	pent	63		
Pai		on. Provide the explanations required by Part I, line 2b, col 5c, 16, and 17b, as applicable. Also provide any additional				s).
	Return Reference	Explanation				

Schedule G (Form 990 or 990-EZ) 2017

efile GRAPHIC print - DO NOT PROCESS As Filed Data DLN: 93493316038158 OMB No 1545-0047 Schedule I **Grants and Other Assistance to Organizations,** (Form 990) Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Open to Public Attach to Form 990. Department of the Inspection ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Treasury Internal Revenue Service Name of the organization **Employer identification number** GREAT SALT LAKE COUNCIL - BSA 87-0212460 Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and ✓ Yes Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Part III Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (h) Purpose of grant (q) Description of organization (if applicable) (book, FMV, appraisal, noncash assistance grant cash or assistance or government assistance other) (1) (3) (5) (6)(7) (8)(9)(10)(11)(12)Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50055P Schedule I (Form 990) 2017

Page **2**

Schedule I (Form 990) 2017

DISCOUNT ON COURSE FEES

(2) BSA REGISTRATION ASSISTANCE - LFL 117 2,826 (3) WOOD BADGE SCHOLARSHIPS 140 282 COST OF COURSE DISCOUNT ON COURSE FEES

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22

56 3,470

UNIFORM ASSISTANCE - REFUGEE TROOPS (5) SILVER MOCASSIN NYLT SCHOLARSHIPS 490 COST OF COURSE (6) NATIONAL JAMBOREE SCHOLARSHIPS 94 153,850

92 14.644

CAMPERSHIP SCHOLARSHIPS - ALL MARKETS

Schedule I (Form 990) 2017

Part III

(7)

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

Return Reference Explanation

GRANTS ARE PROVIDED TO INDIVIDUALS TO PARTICIPATE IN THE VARIOUS SCOUTING PROGRAMS LISTED ON PART III AND ARE CONFIRMED BY THE INDIVIDUALS' PART I, LINE 2 REGISTRATION AND PARTICIPATION IN THE PROGRAMS

Additional Data

BSA REGISTRATION ASSISTANCE - ALL

BSA REGISTRATION ASSISTANCE - LFL

UNIFORM ASSISTANCE - REFUGEE TROOPS

SILVER MOCASSIN NYLT SCHOLARSHIPS

WOOD BADGE SCHOLARSHIPS

MARKETS

Software ID: Software Version:

72

117

56

EIN: 87-0212460

Name: GREAT SALT LAKE COUNCIL - BSA

Form 990, Schedule 1, Part 111, Grants and Other Assistance to Domestic Individuals.								
(a)Type of grant or assistance	(b)Number of	(c)Amount of	(d)Amount of					

recipients	cash grant	non-cash assistance

2,354

2,826

3,470

140

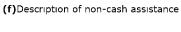
282 COST OF COURSE

490 COST OF COURSE

(e) Method of valuation (book,

FMV, appraisal, other)

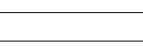




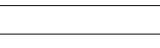






















DISCOUNT ON COURSE FEES

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals. (a)Type of grant or assistance (b)Number of (c)Amount of (d)Amount of (e)Method of valuation (book, (f)Description of non-cash assistance recipients cash grant non-cash assistance FMV, appraisal, other) NATIONAL JAMBOREE SCHOLARSHIPS 153.850

14.644

CAMPERSHIP SCHOLARSHIPS - ALL MARKETS

efil	e GRAPHIC pr	int - DO NOT PROCESS As F	iled Dat	a -	DLN: 934	19331	16038	3158		
Sch	nedule J	Comp	ensat	ion Information	40	1B No	1545-	0047		
(For	m 990)	For certain Officers, D								
			Compensa	ated Employees vered "Yes" on Form 990, Part IV,	line 23	2017				
▶ Attach to Form 990.										
	tment of the Treasury al Revenue Service	► Information about S		l (Form 990) and its instructions ingov/form990.	is at		to Pul ectio			
Nar	me of the organiza				Employer identificat					
GRE	EAT SALT LAKE COUP	ICIL - BSA			87-0212460					
Pa	rt I Questi	ons Regarding Compensation								
							Yes	No		
1a		plate box(es) if the organization provection A, line 1a Complete Part III to								
		or charter travel		Housing allowance or residence for	personal use					
	_	companions	님	Payments for business use of person						
		nification and gross-up payments	님	Health or social club dues or initiation						
	☐ Discretion	ary spending account	Ш	Personal services (e g , maid, chauf	reur, cher)					
b		kes in line 1a are checked, did the org Il of the expenses described above? I			nent or reimbursement	1 b		No		
2		ition require substantiation prior to re es, officers, including the CEO/Execut			. 1-2	2		No		
	directors, truste	es, officers, including the CEO/Execut	ive Directo	r, regarding the items checked in line	e la?					
3		of any, of the following the filing organ			ne					
		EO/Executive Director Check all that d organization to establish compensat			n Part III					
		-								
	_ '	ation committee ent compensation consultant	✓	Written employment contract Compensation survey or study						
		of other organizations	▽	Approval by the board or compensa	tion committee					
		-	_							
4	During the year related organiza	. did any person listed on Form 990, F tion	art VII, Se	ction A, line 1a, with respect to the fi	ling organization or a					
а	Receive a sever	ance payment or change-of-control pa	yment?			4a		No		
b	Participate in, o	receive payment from, a supplement	tal nonqual	ıfıed retırement plan?		4b		No		
С	Participate in, o	receive payment from, an equity-bas	sed comper	nsation arrangement?		4c		No		
	If "Yes" to any o	of lines 4a-c, list the persons and prov	ide the app	plicable amounts for each item in Part	: III					
	Only 501(c)(3), 501(c)(4), and 501(c)(29) orga	nizations	must complete lines 5-9.						
5	For persons liste	ed on Form 990, Part VII, Section A, li portingent on the revenues of								
а	The organization	1?				5a		No		
b	Any related orga					5b		No		
	If "Yes," on line	5a or 5b, describe in Part III								
6		ed on Form 990, Part VII, Section A, li ontingent on the net earnings of	ne 1a, dıd	the organization pay or accrue any						
а	The organization	1?				6a	L	No		
b	Any related orga	anization?				6b		No		
	•	6a or 6b, describe in Part III								
7		ed on Form 990, Part VII, Section A, li escribed in lines 5 and 6 ⁷ If "Yes," des			d	7		No		
8		nts reported on Form 990, Part VII, particular on Russell in Russe			escribe					
9		3, did the organization also follow the	rebuttable	presumption procedure described in	Regulations section	9		No		
Ear I		ction Act Notice, see the Instructi	one for Ea	orm 000 Cat No 5	i0053T Schedule 1		, 000)	2017		

Part II Officers,	Dire	ectors, Trustees, Key	y Employees, and Hi	ghest Compensated	Employees. Use dup	licate copies if additio	nal space is needed.	-
instructions, on row (ii)	Do n	ot list any individuals that	t are not listed on Form 9	90, Part VII	organization on row (i) ar Part VII, Section A, line			t ındıvıdual
(A) Name and Title		(B) Breakdown (i) Base compensation	of W-2 and/or 1099-MIS (ii) Bonus & incentive compensation	C compensation (iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
1 MARK GRIFFIN SCOUT EXECUTIVE	(i)	179,098	0	6,911	136,307	19,471	341,787	0
	(ii)	0	0	0	0	0	0	0
2 VICTOR ROWBERRY DIRECTOR OF SUPPORT	(i)	100,538	0	559	78,539	16,495	196,131	0
SERVIC	(ii)	0	0	0	0	0	0	0

Schedule J (Form 990) 2017									
Part III Supplemental Information									
Provide the information, explanation, or	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									
	THE SCOUT EXECUTIVE'S SPOUSE GOES TO THE MAJOR SCOUT MEETINGS AND CONFERENCES THROUGHOUT THE YEAR AND HER ATTENDANCE IS CRUCIAL TO HELPING THE SCOUT EXECUTIVE ENTERTAIN AND INSTRUCT OTHER COUNCIL PARTICIPANTS AND THEIR SPOUSES AT MANY OF THE MEETINGS WHERE VOLUNTEERS AND STAFF SPOUSES ARE IN ATTENDANCE, SHE HELPS COORDINATE THEIR ACTIVITIES AND MAKE SURE THEY ARE PROPERLY TAKEN CARE OF WHILE THE SCOUTING PROFESSIONALS ARE AT THEIR REQUIRED MEETINGS SHE ALSO PLAYS A VITAL ROLE IN REPRESITING THE GREAT SALT LAKE COUNCIL, BSA TO THE OTHER COUNCILS, VENDORS AND THE NATIONAL OFFICE COMPANION TRAVEL IS A NON-TAXABLE BENEFIT TO THE EMPLOYEE AS THE BENEFIT SERVES A BUSINESS PURPOSE FOR THE ORGANIZATION COMPANION TRAVEL ENHANCES OPPORTUNITIES TO PURSUE DEVELOPMENT ACTIVITIES AND TO EDUCATE THE PUBLIC AS TO THE MISSION AND PURPOSE OF THE ORGANIZATION								
` ,	THE NATIONAL COUNCIL OF THE BOY SCOUTS OF AMERICA HAS A DEFINED BENEFIT PLAN FOR THEIR EMPLOYEES. THE COMPENSATION SHOWING UP IN THIS								

ICOLUMN REPRESENTS A CALCULATED AMOUNT BASED ON CERTAIN ACTUARIAL ASSUMPTIONS OF THE VALUE FOR THIS YEAR OF THIS BENEFIT WHEN THE EMPLOYEE RETIRES IN THE FUTURE IT IS NOT FUNDS THAT ARE CURRENTLY PAID TO THE EMPLOYEE NOR THAT THE GREAT SALT LAKE COUNCIL IS

Schedule J (Form 990) 2017

RESPONSIBLE FOR

efile GF	RAPHIC print - DO NO	T PROCESS As	Filed Data -									DLN: 9	3493	31603	8158		
Schedule K (Form 990) Supplemental Information												ОМВ	No 154	5-0047	,		
(1 01111	► Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.											2017					
Department	partment of the Treasury Attach to Form 990.												en to P	ublic			
Internal Rev	venue Service	▶Informatio	n about Schedule	K (Form 990) and its	instruction	s is at <u>s</u>	www.i	irs.gov/for	<u>m990</u> .	Emplo	uan idan	Ī	nspecii n numbe	ion			
	LT LAKE COUNCIL - BSA									1 -	-	LITICALIO	i numbe	;r			
Part I	Bond Issues									87-02	12460						
Parti	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue p	rice	,	f) Description	on of purpose	(a) De	feased	(h)	On	/i)	Pool		
	(a) issuer name	(b) issuel Liv	(6) 60311 #	(d) Date 133ded	(0) 13300 p	71100	١ ,	1) Description	on or purpose	(9) 50	reasea	behalf of		financing			
										Vaa	N	ISSI		V	N.		
A SUM	MIT COUNTY UTAH	87-6000285		12-30-2016	2 50	20.000	BUILD	ING LANDS	CAPING, AND	Yes	No X	Yes	No X	Yes	No X		
A 50111	11 000111 01741	0, 0000203		12 30 2010	2,3.		THE A	DVANCE REI	FUNDING OF THE				_ ^		^		
							SERIE	SERIES 2006 BONDS									
Part II	Proceeds																
						Α		E	3	C	1			D			
	ount of bonds retired																
	ount of bonds legally defea																
	al proceeds of issue					2,50	0,000										
•	ss proceeds in reserve fund																
	italized interest from proce																
	ceeds in refunding escrows					1,26	0,484										
	lance costs from proceeds					4	7,000										
8 Cre	dit enhancement from proc	eeds															
-	king capital expenditures f	·															
	ital expenditures from prod					1,19	2,516										
	er spent proceeds																
	er unspent proceeds																
13 Yea	r of substantial completion				20	016											
					Yes	N ₀	0	Yes	No \	es/	No		Yes		No		
14 Wer	re the bonds issued as part	of a current refunding	jissue?	•		X											
15 Wer	e the bonds issued as part	of an advance refundi	ing issue?		Х												
16 Has	the final allocation of proc	eeds been made? .			Х												
	s the organization maintair				Х												
Part III	Private Business U	se								•		•					
					A B C							D					
1 Was	s the organization a partner	r in a partnership, or a	member of an LLC,	which owned property	Yes	No.		Yes	No Y	es es	No		Yes		No		
2 Are	nced by tax-exempt bonds there any lease arrangeme	ents that may result in	private business us			X	+										
For Paper	perty?	ice, see the Instruct	ions for Form 990) _		t No. 5	<u> </u> 0193F			l l		chedul	K (Fo	rm gar)) 2017		

5

9

Part IV

Arbitrage

Page 2

Х

Χ

Yes

No

C

No

Yes

Schedule K (Form 990) 2017

No

Yes

Χ

No

Χ

Χ

Х

Χ

Х

Α

Yes

Χ

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)

If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . . . If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12

Has the organization established written procedures to ensure that all nonqualified bonds of

organization, or a state or local government

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

Does the bond issue meet the private security or payment test? . . .

Penalty in Lieu of Arbitrage Rebate? If "No" to line 1, did the following apply?

Rebate not due yet?

hedge with respect to the bond issue?

Exception to rebate?

If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed Is the bond issue a variable rate issue?

Was the hedge superintegrated?

No rebate due?

the issue are remediated in accordance with the requirements under

Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and

Has the organization or the governmental issuer entered into a qualified

the GIC satisfied?

requirements of section 148? . . .

Were gross proceeds invested in a guaranteed investment contract

Was the regulatory safe harbor for establishing the fair market value of

Were any gross proceeds invested beyond an available temporary

Has the organization established written procedures to monitor the

Procedures To Undertake Corrective Action

if self-remediation is not available under applicable regulations?

Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program

Schedule K (Form 990) 2017

(GIC)?

period?

Part V

Page 3

No

No

A B C
Yes No Yes No Yes No Yes

Yes

No

Yes

No

Yes

Schedule K (Form 990) 2017

X

Yes

Χ

Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

Nο

DLN: 93493316038158 SCHEDULE M OMB No 1545-0047 **Noncash Contributions** (Form 990) 2017 ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ▶ Attach to Form 990. ▶Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990 Open to Public Department of the Treasury Inspection Internal Revenue Service Name of the organization **Employer identification number** GREAT SALT LAKE COUNCIL - BSA 87-0212460 Types of Property (b) (c) (d) (a) Check if Number of contributions or Noncash contribution Method of determining applicable items contributed amounts reported on noncash contribution amounts Form 990, Part VIII, line 1g Art—Works of art . . Art-Historical treasures Art—Fractional interests Books and publications Clothing and household aoods Cars and other vehicles 7 Boats and planes . . . Intellectual property . . . Securities—Publicly traded . 10 Securities—Closely held stock . **11** Securities—Partnership, LLC, or trust interests . . . Securities—Miscellaneous . Qualified conservation contribution—Historic structures . . . 14 Qualified conservation contribution-Other . . 15 Real estate—Residential . 16 Real estate—Commercial . Χ 65,000 VALUE FROM VENDOR 17 Real estate—Other . . Collectibles 18 19 Food inventory . . . Drugs and medical supplies . 21 Taxidermy Historical artifacts . 22 23 Scientific specimens . . 24 Archeological artifacts . . Χ 74,240 VALUE FROM VENDOR Other ▶ (OTHER PRODUCT FOR SCOUTING EXPO PRIZES) 26 Other ▶ (28,100 INVOICE FROM VENDOR OTHER CAMPING SUPPLIES HSR TENTS/SHED Χ 7,200 INVOICE FROM VENDOR Other ▶ (OTHER BLAB FLOORING) Х 3,379 VALUE FROM VENDOR 28 Other ▶ (OTHER CAMPING SUPPLIES ALL MARKETS Number of Forms 8283 received by the organization during the tax year for contributions 29 for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt 30a Nο b If "Yes," describe the arrangement in Part II 31 Yes 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a No **b** If "Yes," describe in Part II 33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) (2017) Cat No 51227J

Schedule M (Fo	rm 990) (2017)	Page 2
Part II	Supplemental Info	rmation.
	Provide the informat	ion required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part
	I, column (b), the nu	imber of contributions, the number of items received, or a combination of both. Also complete
	this part for any add	itional information.
Ret	urn Reference	Explanation
		Schedule M (Form 990) (2017)

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493316038158 OMB No. 1545-0047 SCHEDULE O Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on (Form 990 or 990-Form 990 or 990-EZ or to provide any additional information. EZ) ▶ Attach to Form 990 or 990-EZ. Open to Public ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at Department of the Treasury Inspection www.irs.gov/form990. Name of the organization Employer identification number GREAT SALT LAKE COUNCIL - BSA 87-0212460 990 Schedule O, Supplemental Information Return **Explanation** Reference EXPLANATION OF DELEGATED BROAD AUTHORITY TO COMMITTEE THE EXECUTIVE BOARD SHALL BE THE GO FORM 990. PART VI. VERNING BODY OF THE CORPORATION AND SHALL MANAGE ITS AFFAIRS. THE EXECUTIVE BOARD SHALL BE SECTION A. THE LOCAL REVIEWING AUTHORITY WITH RESPECT TO MATTERS WITHIN THE SCOUTING MOVEMENT WHICH LINE 1 ARISE IN THE TERRITORY OF THE CORPORATION THERE SHALL BE AN EXECUTIVE COMMITTEE CONSISTIN G OF THE PERSONS HAVING THE POWERS SPECIFIED BELOW. THE EXECUTIVE COMMITTEE SHALL BE COMPO SED OF THOSE PERSONS WHO ARE THE OFFICERS OF THE CORPORATION, INCLUDING THE SCOUT EXECUTIV E(WHO SHALL HAVE NO VOTE), AND MAY INCLUDE OTHERS APPOINTED BY THE PRESIDENT. THE EXECUTIV E 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 CONTRA RY TO ACTION THERETOFORE TAKEN BY THE EXECUTIVE BOARD. MINUTES SHALL BE KEPT OF ALL THE EX ECUTIVE COMMITTEE ACTIONS AND REPORTED AT THE ENSUING MEETING OF THE EXECUTIVE BOARD FOR I TS APPROVAL MEETINGS OF THE EXECUTIVE COMMITTEE MAY BE CALLED AT ANY TIME BY THE PRESIDEN T AND SHALL BE CALLED BY THE PRESIDENT WITHIN 30 DAYS UPON THE REQUEST OF THREE OF MORE ME MBERS OF THE EXECUTIVE COMMITTEE IT SHALL BE THE GENERAL PRACTICE OF THE EXECUTIVE COMMIT TEE TO MEET IN THOSE MONTHS IN WHICH THE EXECUTIVE BOARD DOES NOT MEET. ALL MEETINGS OF TH E 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 QUOR UM

990 Schedule O, Supplemental Information

Return

Reference	
FORM 990,	ACTIVE MEMBERS MAY ELECT THE MEMBERS OF THE GOVERNING BODY AND APPROVE SIGNIFICANT DECISIONS OF
PART VI,	THE GOVERNING BODY
SECTION A,	
LINE 6	

Explanation

Return Explanation
Reference

FORM 990,	ACTIVE MEMBERS MAY ELECT MEMBERS AT LARGE, REGULAR MEMBERS OF THE EXECUTIVE BOARD, AND OFF
PART VI,	ICERS OF THE CORPORATION OTHER THAN THE SCOUT EXECUTIVE
SECTION A,	
LINE 7A	

990 Schedule O, Supplemental Information

Return Explanation

Reference

LINE 7B

FORM 990,	ACTIVE MEMBERS MAY VOTE AT THE ANNUAL MEETING TO RECEIVE AND APPROVE FINANCIAL STATEMENTS
PART VI,	AS OF THE CLOSE OF ITS MOST RECENT COMPLETE FISCAL YEAR AND OTHER SUCH BUSINESS AS MAY COM
SECTION A,	E BEFORE THE MEETING ACTIVE MEMBERS MAY ALSO VOTE IN REGULAR AND SPECIAL MEETING ON MATTE

RS INCLUDING BUT NOT LIMITED TO WHETHER TO MERGE WITH ANOTHER COUNCIL OR COUNCILS

990 Schedule O, Supplemental Information Return Reference Explanation

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

COPIES OF THE IRS FORM 990 WERE REVIEWED WITH THE SCOUT EXECUTIVE AND TREASURER PAGE BY PA
GE WITH THE CFO COPIES WERE THEN SHARED IN ADVANCE OF THE MONTHLY EXECUTIVE COMMITTEE MEE
TING AND THE HIGHLIGHTS OF THE FORM 990 WERE DISCUSSED AND QUESTIONS WERE SOLICITED THE C
FO WAS AVAILABLE AFTER THE MEETING FOR QUESTIONS THE FORM 990 WAS DISCUSSED AT A BOARD ME
ETING 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 WIT
H MEMBERS OF THE AUDIT COMMITTEE AND THE CFO ADDRESSED THEIR QUESTIONS, IF ANY

FOR POSSIBLE CONFLICTS OF INTEREST

Return

Reference	
FORM 990,	AT LEAST ONCE A YEAR, THE COUNCIL DISTRIBUTES A CONFLICT OF INTEREST CERTIFICATION AND DIS
PART VI,	CLOSURE FORM TO ITS OFFICERS, DIRECTORS, AND PROFESSIONAL EMPLOYEES THE COVERED PERSONS A
SECTION B,	RE REQUIRED TO COMPLETE AND SIGN THE CERTIFICATION AND DISCLOSURE FORM, WHICH IS RETAINED
LINE 12C	IN THE COUNCIL FILES THE CERTIFICATION AND DISCLOSURE FORMS ARE REVIEWED NO LESS THAN ANN
	UALLY BY THE SCOUT EXECUTIVE AND TREASURER THE SCOUT EXECUTIVE IS ULTIMATELY RESPONSIBLE

Explanation

Return

Reference	
	THE SCOUT EXECUTIVE COMPENSATION IS SET BY AN INDEPENDENT COMPENSATION AND BENEFITS COMMIT
PART VI,	TEE WITH FEEDBACK FROM THE NATIONAL OFFICE ON WHAT APPROPRIATE COMPENSATION WOULD BE BASED

Explanation

SECTION B. ON COMPENSATION SURVEYS OF OTHER COMPARABLE SCOUT EXECUTIVES THROUGHOUT THE COUNTRY THE LINE 15 COMMITTEE ALSO DETERMINES THE COMPENSATION FOR OTHER OFFICERS AND KEY EMPLOYEES BASED ON P FREORMANCE REVIEWS CONDUCTED BY THE SCOUT EXECUTIVE USING DATA AS TO COMPARABLE COMPENSATION. ON FOR SIMILARLY QUALIFIED PERSONS IN FUNCTIONALLY COMPARABLE POSITIONS AT SIMILARLY SITUA TED ORGANIZATIONS THERE IS CONTEMPORANEOUS DOCUMENTATION AND RECORD KEEPING WITH RESPECT TO THE DELIBERATIONS AND DECISIONS REGARDING THE COMPENSATION ARRANGMENTS

Return Explanation

FORM 990, PART VI, OF AMERICA, AND, THEREFORE, DOES NOT FILE FORM 1023

SECTION C, LINE 18

990 Schedule O, Supplemental Information Return Reference Explanation

LTLAKESCOUTS ORG AUDITED FINANCIAL STATEMENTS AND CURRENT YEAR BUDGET

FORM 990,
PART VI,
SECTION C,
LINE 19
LOSURE RULES (OR STATE PUBLIC DISCLOSURE RULES), THESE DOCUMENTS WILL BE MADE PUBLICLY AVA
SECTION C,
LINE 19
SECTION C,
ALIABLE AS APPLICABLE LAW MAY REQUIRE OTHERWISE, THE GOVERNING DOCUMENTS AND POLICIES WILL
BE PROVIDED TO THE PUBLIC AT THE DISCRETION OF MANAGEMENT THE FOLLOWING DOCUMENTS ARE AV
AILABLE 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 SA

Return Explanation

Reference	
FORM 990, PART XI,	TAX AMORTIZATION OF RIVER RAFTING PERMIT 21,195 TRANSFER TO TRUST FUND -6,014 DEFERRED INCOME TAX EXPENSE -1,400
LINE 9	

efile GRAPHIC print - DO NOT PROCESS As Filed Data -					DLN: 93493316038158	16038158
SCHEDULE R Related Orga	Organizations a	inizations and Unrelated Partnerships	Partnership	S	OMB No 1545-0047	545-0047
(Form 990) ► Complete if the organ	Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.	on Form 990, Part	IV, line 33, 34, 35b	, 36, or 37.	2017	17
Department of the Treasura Internal Revenue Service	Schedule R (Form 990)	and its instructions	is at <u>www.irs.gov/</u>	form990.	Open to Public Inspection	Public ction
Name of the organization GREAT SALT LAKE COUNCIL - BSA				Employer identification number	ation number	
				87-0212460		
Part I Identification of Disregarded Entities Complete If the or		ganization answered "Yes" on Form 990, Part IV, line 33	990, Part IV, line	13.		
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity	
(1) TETON WHITEWATER LLC 525 SOUTH FOOTHILL BLVD SALT LAKE CITY, UT 84113 52-2345234	RAFTING	WY	448,378	178,927 GSL	GSLC-BSA	
Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.	s Complete if the organ	nization answered '	Yes" on Form 990	, Part IV, line 34 beca	ause it had one or r	nore
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b) (13) controlled entity?
(1)GREAT SALT LAKE COUNCIL BSA-TRUST FUND 525 SOUTH FOOTHILL BLVD SALT LAKE CITY, UT 84113	SUPPORT	15	501(C)(3)	509(A)(3) G	GSLC-BSA	+
23-7172000						
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	.00	Cat No 50135Y	, ,		Schedule R (Form 990) 2017	990) 2017

art III Identification of Related Organizations Taxable as a Palone or or more related organizations treated as a partnership du	Partnership Comple p during the tax year.	Complete x year.	e if the org	Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had during the tax year.	vered "Yes	' on Form	990, Part IV	', line 34 be	cause it h	ad
(a) Name, address, and EIN of related organization	(b) Primary activity	Legal domicile (state or	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from	(f) Share of total income	(g) Share of end-of-year assets	Predominant Share of Share of Disproprtionate Code V-UBI General or Percentage normelated, total income end-of-year allocations? Amount in box managing ownership saxcluded from Schedule K-1 Schedule K-1	Code V-UBI of the code V-UBI of the code Schedule K-1	(j) General or managing partner?	(k) Percentage ownership

Identification of Related Organizations Taxable as a Partnership Comple one or more related organizations treated as a partnership during the tax year.	artnership uring the ta	Complet x year.	e if the org	Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had oduring the tax year.	vered "Yes'	on Form	990, Part I	v, line 34 be	ecause it	had
(a) Name, address, and EIN of related organization	(b) Primary activity	Legal Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?	Share of Share of Disproprtionate companies and ord-year allocations assets (form 1065)	(j) General or managing partner?	(k) Percentage ownership
							Yes No		Yes No	

	Yes No			,		
				514)		
				sections 512-		country)
<u>원</u>				tax under		foreign
Sch				excluded from		or
		assets		unrelated,	entity	state
amo	allocations?	end-of-year	total income	Income(related, total income end-of-year allocations? amo	controlling	domicile
ز	riedollillalit Jilaie of Diale of Displopitionate	חומות	הום הום הום	Leanningii	בוער	בעלק













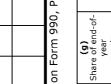


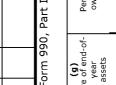


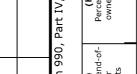


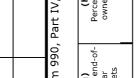


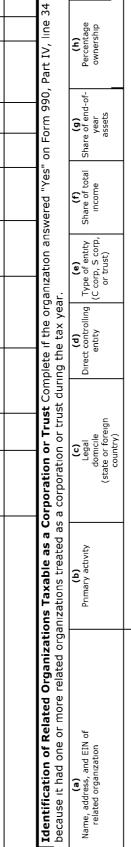














(f) Share of total ıncome

(d)
Direct controlling Type of entity
(C corp, S corp, or trust)

(c)
Legal
domicile
(state or foreign
country)

because it had one or more related organizations treated as a corporation or trust during the tax year.

(b) Primary activity

(a)
Name, address, and EIN of related organization

Part IV





Schedule R (Form 990) 2017

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(13) cont entity	Уes	

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(13) conti entity	Yes	

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on 512(controll ntity?	'N	
Section 5 (13) cont entity	Yes	

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edule R (Form 990) 2017		Page 3
art V Transactions With Related Organizations Complete If the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.		
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule	Yes	S No
During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
Receipt of (i) Interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.	re.	Ŷ
Gift, grant, or capital contribution to related organization(s)	a.	°N
Gift, grant, or capital contribution from related organization(s)	Ų.	°N
Loans or loan guarantees to or for related organization(s)	D.	٩
Loans or loan guarantees by related organization(s)	e.	°N

- Perf	Performance of services or membership or fundraising solicitations for related organization(s)				•	•	•							•	•	٠	٠	•
m Perl	m Performance of services or membership or fundraising solicitations by related organization(s)				•	•	•	•	-					•	•			
n Sha	$oldsymbol{n}$ Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .			•	•	•						•	•	•	•			
o Sh	Sharing of paid employees with related organization(s)	٠		-			•	•	•	٠	-	•				•		
p Rei	Reimbursement paid to related organization(s) for expenses		•	•	•						•	•	•	•				
q Rel	Reimbursement paid by related organization(s) for expenses			•	•	•						•	•	•				

ŝ

1p 1q

10 Yes

	1r Yes	1s Yes			nvolved	
	1r	T.			발	
			nsaction thresholds	(P)	Method of determining amount involved	CASH
			elationships and tra	(c)	Amount involved	144,980
			information on who must complete this line, including covered relationships and transaction thresholds	(q)	Transaction type (a-s)	S
	٠	-	line,			
	:	٠	e this			
		•	nplet			
		-	st cor			
	•	•	in Lu o			
		•	n wh			
			o uoi			
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	•	•	ınfo			

2 If the answer to any of the above is "Yes," see the instructions for s Other transfer of cash or property from related organization(s). r Other transfer of cash or property to related organization(s) .

(a)
Name of related organization

(1)GREAT SALT LAKE COUNCIL BSA-TRUST FUND

Schedule R (Form 990) 2017

Percentage ownership 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 3 ŝ (j) General or managing partner? Yes (I) Code V-UBI amount in box K-1 (Form 1065) of Schedule ŝ (h)
Disproprtionate
allocations? Unrelated Organizations Taxable as a Partnership Complete of the organization answered "Yes" on Form 990, Part IV, line 37. Yes (g)
Share of
end-of-year
assets (f) Share of total income (e)
Are all partners
section
501(c)(3)
organizations? ŝ Yes (d)
Predominant income excluded from tax under sections 512-(related, unrelated, (c) Legal domicile (state or foreign country) (b) Primary activity (a)
Name, address, and EIN of entity

Schedule R (Form 990) 2017

Schedule R (Form 990) 2017 Part VII Supplemental Information Provide additional information for responses to questions on Schedule R (see instructions) Schedule R (Form 990) 2017