For Paperwork Reduction Act Notice, see the separate instructions.

DLN: 93493289018260

OMB No. 1545-0047 2019

Department of the Treasury Internal Revenue Service

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

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

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

Inspection

|   |   |  | alendar year, or tax year beginning 01-01-2019 ,and endi   | ng 12-31-2   | 2019   |   |   |   |
|---|---|--|--|--|--|---|---|---|
| _   |   | applicable:  | C Name of organization SOUTHWEST FLORIDA COUNCIL INC   |  |  | D Employer  | identifi  | cation number   |
|   |   | change<br>hange  | 88 BOY SCOUTS OF AMERICA   |  |  | 59-11504  | 88  |   |
| □ In  | tial re   | eturn  | Doing business as  |  |  |   |   |   |
|   |   | irn/terminated<br>ed return  | Number and street (or P.O. box if mail is not delivered to street address)   | Room/suite   |  | E Telephone i   | number  |   |
| □ Ap  | plicati   | ion pending  | 1801 BOY SCOUT DRIVE   |  |  | (239) 936   | 8-8072  |   |
|   |   |  | City or town, state or province, country, and ZIP or foreign postal code<br>FORT MYERS, FL 33907   |  |  |   |   | 024 205   |
|   |   |  | <b>F</b> Name and address of principal officer:  | L  | 4(a) Io  | <b>G</b> Gross recei  |   | 821,385   |
|   |   |  | JOHN G GRAHAM<br>1801 BOY SCOUT DRIVE  | '  |  | triis a group retui<br>ibordinates?   | 111 101   | □Yes <b>☑</b> No  |
|   |   |  | FORT MYERS, FL 33907   | +  | <b>H(b)</b> Ar   | e all subordinates<br>cluded?   | 5   | ☐ Yes ☐No   |
| I Ta  | x-exe   | empt status:   | <b>☑</b> 501(c)(3) □ 501(c)( ) <b>◄</b> (insert no.) □ 4947(a)(1) or □   | I  | If   | "No," attach a list   | •   | ,   |
| J W   | ebsi  | ite:► WW   | /W.SWFLCOUNCILBSA.ORG  | r  | H(c) G   | roup exemption no   | umber   | <b>&gt;</b>   |
| V For   | n of o  | ranization   | ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶  | L  | Year of f  | ormation: 1967  | <b>1</b> State o  | of legal domicile: FL   |
| K FUII  | 11 01 0   | organizacion.  | Corporation — must — Association — other P   |  |  |   |   |   |
| P   | art I   | Sum  | mary scribe the organization's mission or most significant activities:   |  |  |   |   |   |
| Governance                                      |   | SCOUTS OF SCOUTS | ORATION SHALL PROMOTE, WITHIN THE TERRITORY COVERED BY AMERICA AND IN ACCORDANCE WITH THE CONGRESSIONAL CIDER AMERICA, THE SCOUTING PROGRAM OF PROMOTING THE ABIL. SELVES AND OTHERS, TRAINING THEM IN SCOUTCRAFT, AND TE VIRTUES, USING THE METHODS WHICH ARE NOW IN COMMON USEMPHASIS SHALL BE PLACED UPON THE EDUCATIONAL PROGRAM, AND CODES OF THE SCOUTING PROGRAM FOR CHARACTER DESTINESS. TRADITIONAL SCOUTING - IN THE BSA, SCOUTING IS SECUB SCOUTING IS THE LARGEST OF THE THREE PROGRAMS, A | HARTER, BY ITY OF BOYS ACHING THI SE BY THE BOYS VELOPMENT CONSIDERE | LAWS, AS AND YEM PATION SCOOLS SCOOLS SCOOLS BY SCOOLS B | AND RULES AND F<br>COUNG MEN AND V<br>RIOTISM, COURAC<br>DUTS OF AMERICA<br>UTS OF AMERICA<br>ENSHIP TRAINING<br>E ONE MOVEMENT   | REGULA<br>WOMEN<br>GE, SEL<br>A. IN AG<br>AND TI<br>G, AND<br>T WITH            | ATIONS OF THE BO'<br>N TO DO THINGS<br>LF- RELIANCE, AND<br>CHIEVING THIS<br>HE OATHS,<br>MENTAL AND<br>THREE MAIN                                      |
| <b>×</b> 5                                      |   |  |  |  |  |   |   |   |
| Activities &                                    |   |  | s box $\blacktriangleright$ $\square$ if the organization discontinued its operations or dispo   |  |  | 25% of its net ass  |   |   |
| St.W  | l   |  | of voting members of the governing body (Part VI, line 1a)   |  |  | •   | 3   | 28  |
| ď   | 1   |  | of independent voting members of the governing body (Part VI, lin<br>ober of individuals employed in calendar year 2019 (Part V, line 2a   | •  |  |   | 5   | 28  |
|   | 1   |  | nber of volunteers (estimate if necessary)   | •  | ٠  |   | 6   | 2,200   |
|   | 1   |  | elated business revenue from Part VIII, column (C), line 12  |  |  |   | 7a  | 13,178  |
|   | Ь   | Net unrel  | ated business taxable income from Form 990-T, line 39  |  |  |   | 7b  |   |
|   |   |  |  |  |  |   |   |   |
|   |   |  |  |  |  | Prior Year  |   | Current Year  |
| ġ   | l   |  | ions and grants (Part VIII, line 1h)   |  |  | 861,21  | 3   | 1,007,168   |
| ēnuē/   | 9   | Program  | service revenue (Part VIII, line 2g)   |  |  | 861,21<br>509,61  | 3   | 1,007,168<br>460,23   |
| Ravenue   | 9<br>10   | Program<br>Investme  | service revenue (Part VIII, line 2g)   | ·<br>·   |  | 861,21<br>509,61<br>406,43  | 3<br>1<br>6   | 1,007,16a<br>460,23<br>2,648,98   |
| Ravenue   | 9<br>10<br>11   | Program<br>Investme<br>Other rev   | service revenue (Part VIII, line 2g)   |  |  | 861,21.<br>509,61<br>406,43<br>375,96   | 3<br>1<br>6<br>7  | 1,007,168<br>460,23<br>2,648,98<br>330,309  |
| Ravenue   | 9<br>10<br>11<br>12   | Program<br>Investme<br>Other rev<br>Total reve   | service revenue (Part VIII, line 2g)   |  |  | 861,21. 509,61 406,43 375,96 2,153,22   | 3<br>1<br>6<br>7  | 1,007,166<br>460,23<br>2,648,98<br>330,309<br>4,446,69  |
| Ravenue   | 9<br>10<br>11<br>12<br>13   | Program Investme Other rev Total reve Grants ar  | service revenue (Part VIII, line 2g)   |  |  | 861,21.<br>509,61<br>406,43<br>375,96   | 3<br>1<br>6<br>7  | 1,007,168<br>460,23<br>2,648,98<br>330,309  |
| Ravenu  | 9<br>10<br>11<br>12<br>13<br>14   | Program Investme Other rev Total reve Grants an  | service revenue (Part VIII, line 2g)   | •  |  | 861,21. 509,61 406,43 375,96 2,153,22   | 3<br>1<br>6<br>7<br>7<br>8  | 1,007,166<br>460,23<br>2,648,98<br>330,309<br>4,446,69  |
| Ravenu  | 9<br>10<br>11<br>12<br>13<br>14<br>15   | Program Investme Other rev Total revo Grants ar Benefits p Salaries,   | service revenue (Part VIII, line 2g)   | ·<br>·<br>· 5-10)  |  | 861,21. 509,61 406,43: 375,96 2,153,22 15,36:   | 3<br>1<br>6<br>7<br>7<br>8  | 1,007,166<br>460,23<br>2,648,98<br>330,309<br>4,446,69<br>19,91   |
| Ravenu  | 9<br>10<br>11<br>12<br>13<br>14<br>15   | Program Investme Other rev Total revo Grants ar Benefits p Salaries, a Professio   | service revenue (Part VIII, line 2g)   | ·<br>·<br>· 5-10)  |  | 861,21. 509,61 406,43: 375,96 2,153,22 15,36:   | 3<br>1<br>6<br>7<br>7<br>8  | 1,007,166<br>460,23<br>2,648,98<br>330,309<br>4,446,69<br>19,91   |
| Exp en ses Revenue                              | 9<br>10<br>11<br>12<br>13<br>14<br>15<br>16a<br>b   | Program Investme Other rev Total rev Grants ar Benefits p Salaries, a Professio  | service revenue (Part VIII, line 2g)   | 55–10)   |  | 861,21. 509,61 406,43: 375,96 2,153,22 15,36:   | 3<br>1<br>1<br>6<br>7<br>7<br>7<br>8  | 1,007,166<br>460,23<br>2,648,98<br>330,30<br>4,446,69<br>19,91  |
| Ravenu  | 9<br>10<br>11<br>12<br>13<br>14<br>15<br>16a<br>b   | Program Investme Other rev Total reve Grants ar Benefits p Salaries, a Professio Total fundr Other exp   | service revenue (Part VIII, line 2g)   | 55–10)   |  | 861,21. 509,61 406,43: 375,96 2,153,22 15,36: 1,032,79  | 3<br>1<br>1<br>6<br>7<br>7<br>8<br>8<br>2<br>2                                  | 1,007,166<br>460,23:<br>2,648,98:<br>330,309<br>4,446,69<br>19,91   |
| Expenses Revenu                                 | 9<br>10<br>11<br>12<br>13<br>14<br>15<br>16a<br>b<br>17   | Program Investme Other rev Total reve Grants ar Benefits p Salaries, a Professio Total fundr Other exp   | service revenue (Part VIII, line 2g)   | 5 5-10)  |  | 861,21. 509,61 406,43: 375,96 2,153,22: 15,36: 1,032,79.  1,189,91: 2,238,07: -84,85.   | 3<br>1<br>1<br>6<br>7<br>7<br>8<br>8<br>2<br>2<br>9<br>9<br>9                   | 1,007,166<br>460,23:<br>2,648,98:<br>330,309<br>4,446,69-<br>19,91:<br>(1,054,640)<br>(1,257,40:<br>2,331,960)<br>2,114,734                             |
| Expenses Revenu                                 | 9<br>10<br>11<br>12<br>13<br>14<br>15<br>16a<br>b<br>17   | Program Investme Other rev Total reve Grants ar Benefits p Salaries, a Professio Total fundr Other exp   | service revenue (Part VIII, line 2g)   | 5 5-10)  | Beginn   | 861,21. 509,61 406,43 375,96 2,153,22 15,36: 1,032,79.  1,189,91 2,238,07   | 3<br>1<br>1<br>6<br>7<br>7<br>8<br>8<br>2<br>2<br>9<br>9<br>9                   | 1,007,166<br>460,23<br>2,648,98<br>330,309<br>4,446,69<br>19,91<br>(1,054,640<br>(1,257,40)<br>2,331,960  |
| Expenses Revenu                                 | 9<br>10<br>11<br>12<br>13<br>14<br>15<br>16a<br>b<br>17<br>18<br>19   | Program Investme Other rev Total reve Grants ar Benefits p Salaries, a Professio Total fundr Other exp Total exp Revenue   | service revenue (Part VIII, line 2g)   | 5 5-10)  | Beginn   | 861,21. 509,61 406,43: 375,96 2,153,22: 15,36: 1,032,79.  1,189,91: 2,238,07: -84,85.   | 3 1 1 6 6 7 7 7 8 8 2 2 9 9 9 9 2 2 III   | 1,007,166<br>460,23:<br>2,648,98:<br>330,309<br>4,446,69-<br>19,91:<br>(1,054,640)<br>(1,257,40:<br>2,331,960)<br>2,114,734                             |
| Expenses Revenu                                 | 9<br>10<br>11<br>12<br>13<br>14<br>15<br>16a<br>b<br>17<br>18<br>19   | Program Investme Other rev Total reve Grants ar Benefits p Salaries, a Professio Total fundr Other exp Total exp Revenue   | service revenue (Part VIII, line 2g)   | 5 5-10)  | Beginn   | 861,21. 509,61 406,43: 375,96 2,153,22 15,36: 1,032,79.  1,189,91: 2,238,07: -84,85.  sing of Current Yea   | 3 1 1 6 6 7 7 7 8 8 2 2 9 9 9 2 2 1 r 4   | 1,007,166 460,231 2,648,983 330,300 4,446,694 19,911 (1,054,640) (1,257,400) 2,331,960 2,114,734 End of Year  |
| Ravenu  | 9<br>10<br>11<br>12<br>13<br>14<br>15<br>16a<br>b<br>17<br>18<br>19   | Program Investme Other rev Total reve Grants ar Benefits p Salaries, a Professio Total fundr Other exp Total exp Revenue  Total asso Total liab Net asset  | service revenue (Part VIII, line 2g)   | 5 5-10)  | Beginn   | 861,21. 509,61 406,43: 375,96 2,153,22 15,36: 1,032,79: 1,189,91: 2,238,07: -84,85: sing of Current Yea   | 3 1 1 6 6 7 7 7 8 8 9 9 9 9 2 2 1 1 F 4 8 8                                     | 1,007,166 460,23: 2,648,98: 330,309 4,446,699 19,911 (1,054,646) (1,257,40) 2,331,960 2,114,734 End of Year 14,671,476                                  |
| Net Assets or Expenses Revenu                   | 9<br>10<br>11<br>12<br>13<br>14<br>15<br>16a<br>b<br>17<br>18<br>19   | Program Investme Other rev Total reve Grants ar Benefits p Salaries, a Professio Total fundr Other exp Total exp Revenue  Total asse Total liab Net asset  | service revenue (Part VIII, line 2g)   | . 5-10)  |  | 861,21. 509,61 406,43 375,96 2,153,22 15,36 1,032,79  1,189,91 2,238,07 -84,85 sing of Current Yea 13,558,56 681,65 12,876,90   | 3 1 1 6 6 7 7 7 8 8 9 9 9 9 2 2 1 1 1 4 8 8 6 6                                 | 1,007,166 460,23: 2,648,98: 330,309 4,446,699 19,91  1,054,646  1,257,400 2,331,960 2,114,734 End of Year  14,671,476 681,100 13,990,374                |
| Not Assets or Expenses Revenue Revenue Balances | 9<br>10<br>11<br>12<br>13<br>14<br>15<br>16a<br>b<br>17<br>18<br>19<br>20<br>21<br>22<br>artillar pen<br>ledge<br>nowl          | Program Investme Other rev Total reve Grants ar Benefits p Salaries, a Professio Total fundr Other exp Total exp Revenue  Total asset  Signational beliefedge.   | service revenue (Part VIII, line 2g)   | s 5–10)  | hedules  | 861,21. 509,61 406,43: 375,96 2,153,22 15,36: 1,032,79: 1,189,91: 2,238,07: -84,85: sing of Current Yea 13,558,56: 681,65: 12,876,90: and statements,   | 3 1 1 6 7 7 7 8 8 9 9 9 9 2 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1                       | 1,007,166 460,23: 2,648,98: 330,309 4,446,699 19,91  1,054,646  1,257,40: 2,331,966 2,114,736 End of Year  14,671,476 681,10: 13,990,376 the best of my |
| B   | 9<br>10<br>11<br>12<br>13<br>14<br>15<br>16a<br>b<br>17<br>18<br>19<br>20<br>21<br>22<br>artillar pen<br>ledge<br>nowl          | Program Investme Other rev Total reve Grants ar Benefits p Salaries, a Professio Total fundr Other exp Total exp Revenue  Total asso Total liab Net asset Sign: halties of pe e and belie ledge.  JOHN O Type o  | service revenue (Part VIII, line 2g)   | . 5–10)  | hedules<br>) is base   | 861,21. 509,61 406,43 375,96 2,153,22 15,36: 1,032,79.  1,189,91: 2,238,07: -84,85. sing of Current Yea 13,558,56: 681,65: 12,876,90: and statements, ed on all informati   | 3 1 1 6 7 7 7 8 8 2 9 9 9 2 2 ir 4 8 8 6 6 and to on of w                       | 1,007,166 460,23: 2,648,98: 330,309 4,446,699 19,91  1,054,646  1,257,40: 2,331,966 2,114,736 End of Year  14,671,476 681,10: 13,990,376 the best of my |
| Net Assets of Expenses Revenue                  | 9<br>10<br>11<br>12<br>13<br>14<br>15<br>16a<br>b<br>17<br>18<br>19<br>20<br>21<br>22<br>art II<br>r pen<br>ledge<br>nowl       | Program Investme Other rev Total reve Grants ar Benefits p Salaries, a Professio Total fundr Other exp Total exp Revenue  Total asso Total liab Net asset Sign: halties of pe e and belie ledge.  JOHN O Type o  | service revenue (Part VIII, line 2g)   | ppanying sch   | hedules<br>) is base   | 861,21. 509,61 406,43: 375,96 2,153,22 15,36: 1,032,79: 1,189,91: 2,238,07: -84,85: sing of Current Yea 13,558,56: 681,65: 12,876,90: and statements, ed on all informati   | 3 1 1 6 7 7 7 8 8 2 9 9 9 2 2 ir 4 8 8 6 6 and to on of w                       | 1,007,166 460,23: 2,648,98: 330,309 4,446,699 19,91: 1,054,646  1,257,40: 2,331,966 2,114,736 End of Year  14,671,476 681,10: 13,990,376 the best of my |
| Her Assets of Expenses Revenue Revenue Balances | 9<br>10<br>11<br>12<br>13<br>14<br>15<br>16a<br>b<br>17<br>18<br>19<br>20<br>21<br>22<br>artillar pennededgenowl                | Program Investme Other rev Total reve Grants ar Benefits p Salaries, a Professio Total fundr Other exp Total exp Revenue  Total asset Sign: alties of pe and belie ledge.  JOHN O Type o   | service revenue (Part VIII, line 2g)   | ppanying sch   | hedules<br>) is base   | 861,21. 509,61 406,43: 375,96 2,153,22 15,36: 1,032,79.  1,189,91: 2,238,07: -84,85: sing of Current Yea 13,558,56: 681,65: 12,876,90: and statements, ed on all informati  | 3 1 1 6 6 7 7 7 8 8 9 9 9 9 2 2 1   | 1,007,166 460,23: 2,648,98: 330,309 4,446,699 19,91: 1,054,646  1,257,40: 2,331,966 2,114,736 End of Year  14,671,476 681,10: 13,990,376 the best of my |
| Her Assets or Expenses Revenue Revenue Revenue  | 9<br>10<br>11<br>12<br>13<br>14<br>15<br>16a<br>b<br>17<br>18<br>19<br>20<br>21<br>22<br>22<br>art II<br>r pen<br>ledge<br>nowl | Program Investme Other rev Total reve Grants ar Benefits p Salaries, a Professio Total fundr Other exp Total exp Revenue  Total asset Sign: halties of pe and belie ledge.  JOHN OTYPE o  P  Cr  | service revenue (Part VIII, line 2g)   | ppanying sch   | hedules<br>) is base   | 861,21. 509,61 406,43: 375,96 2,153,22 15,36: 1,032,79.  1,189,91: 2,238,07: -84,85. sing of Current Yea 13,558,56: 681,65: 12,876,90: and statements, ed on all informati 2020-08-26 Date  Check ☐ if self-employed Firm's EIN ▶ 32-03 | 3 1 1 6 7 7 7 8 8 2 2 9 9 9 9 2 2 1 1 4 8 8 6 6 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | 1,007,166 460,23: 2,648,98: 330,309 4,446,699 19,91: 1,054,646  1,257,40: 2,331,966 2,114,736 End of Year  14,671,476 681,10: 13,990,376 the best of my |
| Her Assets of Expenses Revenue Revenue Balances | 9<br>10<br>11<br>12<br>13<br>14<br>15<br>16a<br>b<br>17<br>18<br>19<br>20<br>21<br>22<br>22<br>art II<br>r pen<br>ledge<br>nowl | Program Investme Other rev Total reve Grants ar Benefits p Salaries, a Professio Total fundr Other exp Total exp Revenue  Total asset Sign: halties of pe and belie ledge.  JOHN OTYPE o  P  Cr  | service revenue (Part VIII, line 2g)   | ppanying sch   | hedules<br>) is base   | 861,21. 509,61 406,43: 375,96 2,153,22 15,36: 1,032,79.  1,189,91: 2,238,07: -84,85. sing of Current Yea 13,558,56: 681,65: 12,876,90: and statements, sed on all informati 2020-08-26 Date  Check                                      | 3 1 1 6 7 7 7 8 8 2 2 9 9 9 9 2 2 1 1 4 8 8 6 6 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | 1,007,166 460,23: 2,648,98: 330,309 4,446,699 19,91: 1,054,646  1,257,40: 2,331,966 2,114,736 End of Year  14,671,476 681,10: 13,990,376 the best of my |

Cat. No. 11282Y

Form **990** (2019)

| rm  | 990 (2019)   |   |   |  |                               |   | Page  |
|---|--|---|---|--|-------------------------------|---|---|
| Pa  | rt III Statement   | of Program Servic   | e Accomplis   | hments   |                               |   |   |
|   | Check if Sched   | dule O contains a respo   | nse or note to a  | any line in this Part III .  |                               |   | ✓   |
|   |  | rganization's mission:  |   |  |                               |   |   |
| A EF HE THE A F   | MERICA AND IN ACCOF<br>RICA, THE SCOUTING P<br>RES, TRAINING THEM I<br>HODS WHICH ARE NOW<br>EDUCATIONAL PROGRA<br>FACTER DEVELOPMENT<br>GIDERED TO BE ONE M | RDANCE WITH THE COL<br>PROGRAM OF PROMOTI<br>N SCOUTCRAFT, AND T<br>I IN COMMON USE BY<br>MM OF THE BOY SCOUT<br>, CITIZENSHIP TRAINI<br>OVEMENT WITH THREE | NGRESSIONAL (<br>NG THE ABILIT<br>FEACHING THEN<br>THE BOY SCOUT<br>S OF AMERICA<br>NG, AND MENTA | CHARTER, BYLAWS, AND<br>Y OF BOYS AND YOUNG M<br>1 PATRIOTISM, COURAGE<br>IS OF AMERICA. IN ACHI<br>AND THE OATHS, PROMI<br>AL AND PHYSICAL FITNES | SS. TRADITIONAL SCOUTING - IN | HE BOY SCOUTS (<br>FOR THEMSELVE<br>D VIRTUES, USIN<br>S SHALL BE PLAC<br>TNG PROGRAM FO<br>I THE BSA, SCOU | OF<br>S AND<br>G THE<br>ED UPC<br>OR<br>TING IS |
|   | Did the organization (   | undertake any significa   | nt program serv   | vices during the year which  | ch were not listed on         |   |   |
|   | •  | e prior Form 990 or 990-EZ?   |   |  |                               |   |   |
|   | •  |   |   |  |                               |   |   |
|   | _  | cease conducting, or m  | ake significant (   | changes in how it conduct  | ts, any program               | П., Г   |   |
|   |  |   |   |  |                               | ∟ Yes b   | <b>⊻</b> l No                                   |
| HE EDUCATIONAL PROGRAM OF THE BOY SCOUTS OF AMERICA AND THE OATHS, PROMISES, AND CODES OF THE SCOUTING PROGRAM FOR HARACTER DEVELOPMENT, CITIZENSHIP TRAINING, AND MENTAL AND PHYSICAL FITNESS. TRADITIONAL SCOUTING - IN THE BSA, SCOUTING ID NSIDERED TO BE ONE MOVEMENT WITH THREE MAIN PROGRAMS: CUB SCOUTING IS THE LARGEST OF THE THREE PROGRAMS, AVAILABLE TO DUTH FROM KINDERGARDEN TO FIFTH-GRA  2. Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? |  |   |   |  |                               |   |   |
|   | Section $501(c)(3)$ and  | d 501(c)(4) organizatio   | ns are required   | to report the amount of  |                               |   |   |
|   | (Code:   | ) (Expenses \$  | 2,012,533   | including grants of \$   | 19,917 ) (Revenue \$          | 460,235 )   |   |
|   | See Additional Data  |   |   |  |                               | . ,   |   |
|   | (Code:   | ) (Expenses \$  |   | including grants of \$   | ) (Revenue \$                 | )   |   |
|   |  |   |   |  |                               |   |   |
|   |  |   |   |  |                               |   |   |
| _   | (Code:   | ) (Expenses \$  |   | including grants of \$   | ) (Revenue \$                 | )   |   |
|   | (Code:   | ) (Expenses \$  |   | including grants of \$   | ) (Revenue \$                 | )   |   |
|   |  |   | ıle O.)   | including grants of \$   | ) (Revenue \$                 | )   |   |
| <u> </u>  |  | res (Describe in Schedu   | ıle O.)   |  | ) (Revenue \$  ) (Revenue \$  | )   |   |

Checklist of Required Schedules

Νo

Nο

Nο

Nο

Nο

Nο

No

Form **990** (2019)

15

16

17

18

19

20a

20b

21

|     |   |     | Yes | No |
|-----|---|-----|-----|----|
| 1   | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 😼   | 1   | Yes |    |
| 2   | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 💆   | 2   | Yes |    |
| 3   | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>   | 3   |     | No |
| 4   | <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>  | 4   |     | No |
| 5   | Is the organization a section $501(c)(4)$ , $501(c)(5)$ , or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III   | 5   |     | No |
| 6   | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D,</i> Part   <b>3</b>                                    | 6   |     | No |
| 7   | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II  | 7   |     | No |
| 8   | Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D,</i> Part III  | 8   |     | No |
| 9   | Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV             | 9   |     | No |
| 0   | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V  | 10  | Yes |    |
| 1   | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or $X$ as applicable.  |     |     |    |
| а   | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.  | 11a | Yes |    |
| b   | Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🥞   | 11b | Yes |    |
|     | Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 2   | 11c |     | No |
| 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 in Part X, line 16? If "Yes," complete Schedule D, Part IX 🕏  | 11d |     | No |
| е   | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🥦   | 11e | Yes |    |
|     | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🕏  | 11f | Yes |    |
|     | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII  | 12a | Yes |    |
|     | Was the organization included in consolidated, independent audited financial statements for the tax year?  If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional  | 12b |     | No |
| .3  | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E   | 13  |     | No |
| .4a | Did the organization maintain an office, employees, or agents outside of the United States?   | 14a |     | No |
| b   | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV | 14b |     | No |
| .5  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any   |     |     |    |

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

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . . .

**b** If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

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

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,"

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 . . . . . .

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| rm 9 | 990 (2019)   |     |     | Page 4 |
|------|--|-----|-----|--------|
| Part | Checklist of Required Schedules (continued)  |     |     |        |
|      |  |     | Yes | No     |
|      | 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 |        |
|      | 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 |        |
|      | 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 |     | No     |
| b    | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  | 24b |     |        |
|      | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?   | 24c |     |        |
| d    | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  | 24d |     |        |
|      | 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     |
|      | 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? <i>If "Yes," complete Schedule L, Part I </i>  | 25b |     | No     |
|      | Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II  | 26  |     | No     |
|      | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L,Part III | 27  |     | No     |
|      | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):  |     |     |        |
|      | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV   | 28a |     | No     |
| b    | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV  | 28b |     | No     |
|      | A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>   | 28c |     | No     |
| 9    | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M   | 29  |     | No     |
|      | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M   | 30  |     | No     |
| 1    | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I   | 31  |     | No     |
|      | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II   | 32  |     | No     |
|      | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>  | 33  |     | No     |
|      | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1   | 34  |     | No     |
| 5a   | Did the organization have a controlled entity within the meaning of section 512(b)(13)?  | 35a |     | No     |
| b    | If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  | 35b |     |        |
|      | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2   | 36  |     | No     |
|      | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  | 37  |     | No     |
|      | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O  | 38  | Yes |        |
| Part | 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     |
| 1a   | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   1a   2  | 1 1 |     |        |

**b** Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .

 ${f c}$  Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

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**1**c

1b

| 01111 | Chatamanta Barandina Othan IDC Filings and Tay Compliance (continued)   |     |     | rage 3 |
|-------|---|-----|-----|--------|
|       | Statements Regarding Other IRS Filings and Tax Compliance (continued)   |     |     |        |
| 2a    | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return   |     |     |        |
| b     | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)   | 2b  | Yes |        |
| 3a    | Did the organization have unrelated business gross income of \$1,000 or more during the year?   | За  | Yes |        |
| b     | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O   | 3b  | Yes |        |
|       | 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)?  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). | 4a  |     | No     |
| Ea    | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?   | 5a  |     | No No  |
|       |   |     |     |        |
|       | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  | 5b  |     | No     |
|       | If "Yes," to line 5a or 5b, did the organization file Form 8886-T?  | 5c  |     |        |
|       | 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     |
|       | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?   | 6b  |     |        |
|       | 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  |     | No     |
|       | If "Yes," did the organization notify the donor of the value of the goods or services provided?   | 7b  |     |        |
| С     | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  | 7c  |     | No     |
|       | If "Yes," indicate the number of Forms 8282 filed during the year   |     |     |        |
| е     | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?   | 7e  |     | No     |
| f     | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  | 7f  |     | No     |
| _     | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  | 7g  |     | No     |
| h     | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  | 7h  |     | No     |
| 8     | <b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?  | 8   |     |        |
| 9     | Sponsoring organizations maintaining donor advised funds.   |     |     |        |
| а     | Did the sponsoring organization make any taxable distributions under section 4966?  | 9a  |     |        |
| b     | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?   | 9b  |     |        |
| 10    | Section 501(c)(7) organizations. Enter:   |     |     |        |
| а     | Initiation fees and capital contributions included on Part VIII, line 12 10a  |     |     |        |
| b     | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b   |     |     |        |
| 11    | Section 501(c)(12) organizations. Enter:  |     |     |        |
| а     | Gross income from members or shareholders   |     |     |        |
| b     | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  |     |     |        |
|       | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  | 12a |     |        |
| b     | If "Yes," enter the amount of tax-exempt interest received or accrued during the year.  |     |     |        |
| 13    | 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 |     |        |
|       | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans   |     |     |        |
|       | Enter the amount of reserves on hand  |     |     |        |
|       | Did the organization receive any payments for indoor tanning services during the tax year?  | 14a |     | No     |
|       | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O   | 14b |     |        |
| 15    | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?  | 15  |     | No     |
| 16    | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.   | 16  |     | No     |

| rm 99  | 90 (2019)   |               |           | Page |
|--------|---|---------------|-----------|------|
| Part \ | Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.  Check if Schedule O contains a response or note to any line in this Part VI | " respo       | onse to i | ines |
| Sect   | ion A. Governing Body and Management  |               |           |      |
|        |   |               | Yes       | No   |
|        | inter the number of voting members of the governing body at the end of the tax year 28  |               |           |      |
| b      | f there are material differences in voting rights among members of the governing ody, or if the governing body delegated broad authority to an executive committee or imilar committee, explain in Schedule O.  |               |           |      |
| • E    | inter the number of voting members included in line 1a, above, who are independent 1b 28  |               |           |      |
|        | oid any officer, director, trustee, or key employee have a family relationship or a business relationship with any other fficer, director, trustee, or key employee?  | 2             |           | No   |
|        | oid the organization delegate control over management duties customarily performed by or under the direct supervision f officers, directors or trustees, or key employees to a management company or other person? .  | 3             |           | No   |
|        | oid the organization make any significant changes to its governing documents since the prior Form 990 was filed? .  | 4             |           | No   |
| D      | oid the organization become aware during the year of a significant diversion of the organization's assets?  | 5             |           | No   |
|        | oid the organization have members or stockholders?  | 6             | Yes       |      |
|        | oid the organization have members, stockholders, or other persons who had the power to elect or appoint one or more nembers of the governing body?  | 7a            | Yes       |      |
| р      | are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or ersons other than the governing body?  | 7b            | Yes       |      |
|        | old the organization contemporaneously document the meetings held or written actions undertaken during the year by<br>the following:  |               |           |      |
|        | he governing body?  | 8a            | Yes       |      |
| Е      | ach committee with authority to act on behalf of the governing body?  | 8b            | Yes       |      |
| 0      | s there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the rganization's mailing address? If "Yes," provide the names and addresses in Schedule O  | 9             |           | No   |
| ect    | <b>cion B. Policies</b> (This Section B requests information about policies not required by the Internal Revenue  | <u>e Code</u> |           |      |
| _      |   |               | Yes       | No   |
|        | oid the organization have local chapters, branches, or affiliates?  | 10a           | Yes       |      |
| a      | f "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, nd branches to ensure their operations are consistent with the organization's exempt purposes?  | 10b           | Yes       |      |
| f      | las the organization provided a complete copy of this Form 990 to all members of its governing body before filing the orm?  | 11a           | Yes       |      |
|        | Describe in Schedule O the process, if any, used by the organization to review this Form 990  | <u> </u>      |           |      |
|        | oid the organization have a written conflict of interest policy? If "No," go to line 13   | 12a           | Yes       |      |
| С      | Vere officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to onflicts?  | 12b           | Yes       |      |
| S      | old the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in inchedule O how this was done   | 12c           | Yes       |      |
|        | old the organization have a written whistleblower policy?   | 13            | Yes       |      |
| D      | oid the organization have a written document retention and destruction policy?  | 14            | Yes       |      |
|        | ersons, comparability data, and contemporaneous substantiation of the deliberation and decision?  |               | Var       |      |
|        | 'he organization's CEO, Executive Director, or top management official  | 15a           | Yes       |      |
|        | Other officers or key employees of the organization   | 15b           | Yes       |      |
|        | f "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  |               |           |      |
| t      | old the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a axable entity during the year?  | 16a           |           | No   |
| 11     | f "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt tatus with respect to such arrangements?      | 16b           |           |      |
|        | ion C. Disclosure   |               |           |      |
| L      | ist the states with which a copy of this Form 990 is required to be filed▶<br>FL  |               |           |      |
|        | ection 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s nly) available for public inspection. Indicate how you made these available. Check all that apply.   |               |           |      |
|        | ☑ Own website ☑ Another's website ☑ Upon request ☑ Other (explain in Schedule O)  |               |           |      |
| С      | olicy, and financial statements available to the public during the tax year.  |               |           |      |

20 State the name, address, and telephone number of the person who possesses the organization's books and records:
▶JOHN G GRAHAM 1801 BOY SCOUT DRIVE FORT MYERS, FL 33907 (239) 936-8072

| <ul> <li>List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.</li> <li>Isist all of the organization's current key employees, if any. See instructions for definition of "key employee."</li> <li>List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organizations.</li> <li>List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 freportable compensation from the organization and any related organizations.</li> <li>List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$100,000 of reportable compensation from the organizations.</li> <li>Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.</li> <li>(A)  Name and title          (B)  Average hours per week (list any hours per week (list any hours per week (list any hours below dotted line)          (C)  Name and title          (D)  Reportable compensation from the organization and any officer and a director/trustee)          (D)  Reportable compensation from the organization of the organization of the organization from th</li></ul>                         | Form 990 (2019)                              |   |                                   |                          |                               |                         |                              |        |  |   |                                  | Pag   | ge <b>7</b> |  |
|--|--|---|-----------------------------------|--------------------------|-------------------------------|-------------------------|------------------------------|--------|--|---|----------------------------------|---|-------------|--|
| As Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax rear.  ■ List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0 - in columns (D), (E), and (F) if no compensation was paid.  ■ List all of the organization's current key employees, if any. See instructions for definition of "key employee."  ■ List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organizations.  ■ List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 freportable compensation from the organization and any related organizations for the order in which to list the persons above.  ■ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.  ■ (B)  Name and title  ■ (C)  Position (do not check more than spendal properties of the organization of other organization of the organization o        |  |   | Truste                            | es, I                    | Key                           | En                      | nploy                        | ees    | , Highest Comp   | ensated Employ  | yees,                            |   |             |  |
| La Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax rear.  List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.  List all of the organization's furrent key employees, if any. See instructions for definition of "key employee."  List all of the organization's furrent key employees, if any. See instructions for definition of "key employee."  List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 from the organization and any related organizations.  List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organization and any related organization or any current officer, director, or trustee.  (A)  Name and title  (B)  Average hours per week (list any hours for related organizations below dotted line)  Average hours per beneficer and a director/trustee)  For related organizations below dotted line)  List all of the organization organizations organization organ       | Check if Schedule O contains a               | response or no                                  | te to an                          | y line                   | in t                          | his                     | Part VI                      | ١.     |  |   |                                  | . [   |             |  |
| ■ List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.  ■ List all of the organization's current key employees, if any. See instructions for definition of "key employee."  ■ List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.  ■ List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization, more than \$10,000 of reportable compensation from the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.  ■ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.  ■ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization.  ■ List all of the organization which to list the persons above.  □ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.  ■ (B)  Average hours per week (list any hours for related organizations below dotted line)  ■ (C)  Reportable compensation from the organization organization organization organization organizations organi      | Section A. Officers, Directors, Tru          | istees, Key E                                   | mploy                             | ees,                     | an                            | d H                     | lighe                        | st C   | Compensated En   | nployees  |                                  |   |             |  |
| ■ List all of the organization's current key employees, if any. See instructions for definition of "key employee."  ■ List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.  ■ List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 freportable compensation from the organization and any related organizations.  ■ List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.  ■ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization. Sie instructions for the order in which to list the persons above.  □ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.  ■ Check this box if neither the organization nor any related organization organization from the organization of related organizations below dotted line)  ■ Check this box if neither the organization below dotted line)  ■ Check this box if neither the organization or any related organization of from the organization of from the organization of the compensation from the organization and related organizations below dotted line)  ■ Check this box if neither the organization or any related organization organization organization organization organization organization organization       | year.  |   | •                                 |                          |                               |                         |                              |        | , ,  |   | -                                | n's ta  | Κ           |  |
| List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.      ● List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.      ● List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organization and any related organization.      ● List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization.      ● List all of the organization than \$10,000 of reportable compensation from the organization nor any related organization and any related organization compensated any current officer, director, or trustee.   | of compensation. Enter -0- in columns (D), ( | E), and (F) if no                               | compe                             | nsati                    | on w                          | /as                     | oaid.                        |        | .,   |   |                                  |   |             |  |
| who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.  ■ List all of the organization from the organization and any related organizations.  ■ List all of the organization from the organization and any related organization, more than \$10,000 of reportable compensation from the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.  ■ List all of the organization's <b>former directors or trustees</b> that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organizations.  ■ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.  ■ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.  ■ Check this box if neither the organization nor any related organization one box, unless person is both an officer and a director/trustee)  ■ Check this box if neither the organization nor any related organization is both an officer and a director/trustee)  ■ Check this box if neither the organization nor any related organization is both an officer and a director/trustee)  ■ Check this box if neither the organization nor any related organization one box, unless person is both an officer and a director/trustee)  ■ Check this box if neither the organization nor any related organization one box, unless person is both an officer and a director/trustee)  ■ Check this box if neither the organization nor any related organization organization (W-2/1099-MISC)  ■ Check this box if neither the organization nor any related organization organization nor any related organization organization organization (W-2/1099-MISC)  ■ Check this box if neither the organization nor any related organization nor any related organization nor any related organization nor any neithe |  |   |                                   |                          |                               |                         |                              |        |  |   |                                  |   |             |  |
| ■ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.  Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.  (A)  Name and title  (B)  Average hours per week (list any hours below dotted line)  (C)  C(D)  Reportable compensation from the organization (do not check more than one box, unless person is both an officer and a director/trustee)  (C)  (D)  Reportable compensation from the organization organization (W-2/1099-MISC)  (W-2/1099-MISC)  MISC)  (F)  Estimated amount of other compensation from the organization organization organizations organizations organizations organizations.   |  |   |                                   |                          |                               |                         |                              |        |  |   |                                  |   |             |  |
| Average hours per week (list any hours for related organizations) below dotted line)    Continue to the person of the order in which to list the persons above.    Continue to the order in which to list the persons above.   | of reportable compensation from the organiz  | ation and any re                                | elated o                          | rgani                    | zatio                         | ons.                    |                              |        | . ,  | ·   | ·                                |   |             |  |
| (A) Name and title  (B) Average hours per week (list any hours for related organizations below dotted line)  (B) Average hours per week (list any hours for related organizations below dotted line)  (C) Position (do not check more than one box, unless person is both an officer and a director/trustee)  (C) Position (do not check more than one box, unless person is both an officer and a director/trustee)  (B) Average hours per week (list any hours for related organization (W-2/1099-MISC)  (B) Reportable compensation from the organizations (W-2/1099-MISC)  MISC)  (F) Estimated amount of other compensation from the organization and related organizations organizations)  | organization, more than \$10,000 of reportab | le compensatio                                  | n from t                          |                          |                               |                         |                              |        |  |   | Э                                |   |             |  |
| Name and title  Average hours per week (list any hours for related organizations below dotted line)  Name and title  Average hours per week (list any hours for related organizations below dotted line)  Position (do not check more than one box, unless person is both an officer and a director/trustee)  Officer         | Check this box if neither the organizatio    | n nor any relate                                | d organ                           | nizatio                  | on co                         | omp                     | ensate                       | d ar   | ny current officer, di                                 | rector, or trustee.   |                                  |   |             |  |
| it steed   |  | Average<br>hours per<br>week (list<br>any hours | than o<br>is b                    | ne bo<br>oth a<br>direct | o no<br>ox, u<br>n of<br>or/t | t che<br>inles<br>ficer | s pers                       | on     | Reportable<br>compensation<br>from the<br>organization | Reportable<br>compensation<br>from related<br>organizations | Estir<br>amount<br>compe<br>fror | Estimated<br>amount of othe<br>compensation<br>from the |             |  |
| See Additional Data Table  |  | organizations<br>below dotted                   | Individual trustee<br>or director | Institutional Trustee    | Officer                       | Key employee            | Highest compensated employee | Former |  | ` '   | rel                              | ated  |             |  |
|  | See Additional Data Table                    |   |                                   |                          |                               |                         |                              |        |  |   |                                  |   |             |  |
|  |  |   |                                   |                          |                               |                         |                              |        |  |   |                                  |   |             |  |
|  |  |   |                                   |                          |                               |                         |                              |        |  |   |                                  |   |             |  |
|  |  |   |                                   |                          |                               |                         |                              |        |  |   |                                  |   |             |  |
|  |  |   |                                   |                          |                               |                         |                              |        |  |   |                                  |   |             |  |
|  |  |   |                                   |                          |                               |                         |                              |        |  |   |                                  |   | —           |  |
|  |  |   |                                   |                          |                               |                         |                              |        |  |   |                                  |   | —           |  |
|  |  |   |                                   |                          |                               |                         |                              |        |  |   |                                  |   |             |  |
|  |  |   |                                   |                          |                               |                         |                              |        |  |   |                                  |   |             |  |
|  |  |   |                                   |                          |                               |                         |                              |        |  |   |                                  |   |             |  |
|  |  |   |                                   |                          |                               |                         |                              |        |  |   |                                  |   |             |  |
|  |  |   |                                   |                          |                               |                         |                              |        |  |   |                                  |   |             |  |
|  |  |   |                                   |                          |                               |                         |                              |        |  |   |                                  |   |             |  |
|  |  |   |                                   |                          |                               |                         |                              |        |  |   |                                  |   |             |  |

|     | (A)<br>Name and title  | (B) Average hours per week (list any hours            | Average hours per week (list any hours for related or related hours per week (list any hours for related hours per than one box, unless person is both an officer and a director/trustee) from the organization (W-2/1099- (W-2/1099- |                       |           |              |                              |        |           |                | Reportable<br>compensatior<br>from related<br>organizations |       | (F) Estima amount o compens      | ited<br>f other<br>sation<br>the |
|-----|--|---|--|-----------------------|-----------|--------------|------------------------------|--------|-----------|----------------|---|-------|----------------------------------|----------------------------------|
|     |  | for related<br>organizations<br>below dotted<br>line) | Individual trustee<br>or director  | Institutional Trustee | Officer   | Key employee | Highest compensated employee | Former |           | /1099-<br>ISC) | (W-2/1099-<br>MISC)   |       | organizati<br>relati<br>organiza | ed                               |
| See | Additional Data Table  |   |  |                       |           |              |                              |        |           |                |   |       |                                  |                                  |
|     |  |   |  |                       |           |              |                              |        |           |                |   |       |                                  |                                  |
|     |  |   |  |                       |           |              |                              |        |           |                |   |       |                                  |                                  |
|     |  |   |  |                       |           |              |                              |        |           |                |   |       |                                  |                                  |
| -   |  |   |  |                       |           |              |                              |        |           |                |   |       |                                  |                                  |
|     |  |   |  |                       |           |              |                              |        |           |                |   | -     |                                  |                                  |
|     |  |   |  |                       |           |              |                              |        |           |                |   |       |                                  |                                  |
|     |  |   |  |                       |           |              |                              |        |           |                |   |       |                                  |                                  |
|     |  |   |  |                       |           |              |                              |        |           |                |   |       |                                  |                                  |
| c T | Sub-Total  | art VII, Section                                      |  |                       | •         |              | <b>*</b>                     |        |           | 206,511        |   |       |                                  | 148,342                          |
| 2   | Total number of individuals (including of reportable compensation from the                 | but not limited                                       | to thos  |                       |           | bove         | e) who                       | rece   |           |                | 00,000  |       |                                  | <u> </u>                         |
|     |  |   |  |                       |           |              |                              |        |           |                |   |       | Yes                              | No                               |
| 3   | Did the organization list any <b>former</b> of line 1a? If "Yes," complete Schedule J      | ,   |  |                       | ey e<br>• | mplo         | oyee,                        | or hi  | ghest cor | npensated      | employee on   | 3     |                                  | No                               |
| 4   | For any individual listed on line 1a, is organization and related organizations individual | the sum of repo                                       | ortable o  |                       |           |              |                              |        |           |                | n the   |       |                                  | No                               |
| 5   | Did any person listed on line 1a receivs ervices rendered to the organization?             |   |  |                       |           |              |                              |        |           |                | ividual for   | 5     | Yes                              | No                               |
| Se  | ection B. Independent Contract   | ors   |  |                       |           |              |                              |        |           |                |   |       |                                  |                                  |
| 1   | Complete this table for your five higher from the organization. Report comper              |   |  |                       |           |              |                              |        |           |                |   | npens | ation                            |                                  |
|     | Name a   | (A)<br>and business addre                             | ess  |                       |           |              |                              |        |           | Desc           | (B)<br>ription of services                                  |       | (C<br>Compen                     |                                  |
|     |  |   |  |                       |           |              |                              |        |           |                |   |       |                                  |                                  |
|     |  |   |  |                       |           |              |                              |        |           |                |   |       |                                  |                                  |

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

compensation from the organization ▶

Form **990** (2019)

| Part  |            | (2019) Statement  | of F      | Revenus         |            |                                       |                                       |  |   | Page <b>9</b>  |
|---|------------|---|-----------|-----------------|------------|---------------------------------------|---------------------------------------|--|---|--|
| -rain   | VIII       | <del></del>   |           |                 | respo      | onse or note to any                   | line in this Part VIII                |  |   | 🗆  |
|   |            |   |           |                 | pr 9       |                                       | (A)<br>Total revenue                  | (B) Related or exempt function revenue | (C)<br>Unrelated<br>business<br>revenue | (D) Revenue excluded from tax under sections 512 - 514 |
| 10  | 1          | a Federated campa   | igns      | · .             | 1a         | 168,346                               |                                       | revenue                                | I                                       | 312 - 314  |
| ants  |            | <b>b</b> Membership due:  | s.        | · į             | <b>1</b> b |                                       |                                       |  |   |  |
| ا<br>ساق  |            | <b>c</b> Fundraising even   | its .     | . [             | 1c         |                                       |                                       |  |   |  |
| ifts,<br>ar A   |            | <b>d</b> Related organiza   |           | L               | 1d         |                                       |                                       |  |   |  |
| s, G<br>imi   |            | e Government grants   |           | L               | 1e         | 146,554                               |                                       |  |   |  |
| tion<br>r Si  |            | f All other contribution and similar amounts above  |           |                 | 1f         | 692,268                               |                                       |  |   |  |
| Contributions, Gifts, Grants<br>and Other Similar Amounts |            | g Noncash contribution lines 1a - 1f:\$   | ns in     | cluded in       |            |                                       |                                       |  |   |  |
| ont<br>nd (   |            |   |           | [               | <b>1</b> g |                                       |                                       |  |   |  |
| ة ت   |            | h Total. Add lines  | 1a-1      | r               | •          | <b>&gt;</b>                           | 1,007,168                             |  |   |  |
|   | 2-         | ACTIVITY REVENUE  |           |                 |            | Business Code                         | 294,588                               | 294,588                                |   |  |
| an  |            | a ACTIVITY REVENUE 294,588 294,588 294,588 b CAMPING REVENUE 165,647 165,647                  |           |                 |            |                                       |                                       |  |   |  |
| Program Service Revenue                                   | b          | CAMPING REVENUE   |           |                 |            |                                       | 165,647                               | 165,647                                |   |  |
| e P.  | c          |   |           |                 |            |                                       |                                       |  |   | 147,92!  |
| ervic   | ٠          | ·   |           |                 |            |                                       |                                       |  |   |  |
| ٦.<br>ک   | d          |   |           |                 |            |                                       |                                       |  |   |  |
| ograi   | e          | •   |           |                 |            |                                       |                                       |  |   |  |
| ď   |            |   |           |                 |            |                                       |                                       |  |   |  |
|   |            | All other program   |           |                 |            | 460,235                               |                                       |  |   |  |
|   |            | Total. Add lines 2 Investment income  |           |                 |            | ·                                     | 1                                     |  |   |  |
|   | 5          | similar amounts) .  | •         |                 | •          | •                                     | 150,250                               | 2,325                                  |   | 147,925  |
|   |            | Income from invest Royalties  |           | it or tax-exe   |            | ona proceeas •                        | ·                                     |  |   |  |
|   |            | ,   |           | (i) Rea         |            | (ii) Personal                         |                                       |  |   |  |
|   | 6 <i>a</i> | Gross rents   | 6a        |                 | 30,459     |                                       |                                       |  |   |  |
|   |            | Less: rental  |           |                 |            |                                       |                                       |  |   |  |
|   | _          | expenses<br>Rental income   | 6b        |                 | 16,403     | 3                                     |                                       |  |   |  |
|   | C          | or (loss)   | 6с        |                 | 14,056     | 5                                     |                                       |  |   |  |
|   | (          | Net rental income   | or (      |                 |            | · · · · · · · · · · · · · · · · · · · | 14,056                                |  | 13,178                                  | 878  |
|   | 7:         | 7a Gross amount _ (i) Securities  |           |                 |            | (ii) Other                            |                                       |  |   |  |
|   | ,          | from sales of<br>assets other<br>than inventory   | 7a        | 2,4             | 193,001    | 5,73:                                 | 1                                     |  |   |  |
|   | b          | Less: cost or<br>other basis and<br>sales expenses  | 7b        |                 |            |                                       | _                                     |  |   |  |
|   | С          | Gain or (loss)  | 7c        | 2,4             | 193,001    | 5,73                                  | 1                                     |  |   |  |
|   |            | l Net gain or (loss)  |           |                 |            | · · · •                               | 2,498,732                             | 2,498,732                              |   |  |
| Other Revenue   | Oc         | of Gross income from fu<br>(not including \$<br>contributions reporte<br>See Part IV, line 18 | d on l    | of line 1c).    | 8a         |                                       |                                       |  |   |  |
| Re  | ŀ          | Less: direct expen  | ses       |                 | 8b         |                                       | -                                     |  |   |  |
| ther  | •          | Net income or (los  | s) fr     | om fundrais     | ing ev     | ents                                  | -                                     |  |   |  |
|   | 9a         | Gross income from<br>See <b>Part</b> IV, line 19  | gami<br>• | ing activities. | 9a         |                                       |                                       |  |   |  |
|   |            | Less: direct expen  |           |                 | 9b         |                                       |                                       |  |   |  |
|   | (          | Net income or (los  | 55) T     | om gaming       | activiti   | les <b>▶</b>                          | 1                                     |  |   |  |
|   | 10         | aGross sales of inve  | entor     | ry, less        | 10-        | 657,191                               |                                       |  |   |  |
|   | ŀ          | Less: cost of good  |           |                 | 10a<br>10b |                                       |                                       |  |   |  |
|   |            | Net income or (los  |           |                 | invent     | ory ►                                 | ـــــــــــــــــــــــــــــــــــــ |  |   | 298,903  |
|   |            | Miscellaneo   | us R      | evenue          |            | Business Code                         | 17.250                                |  |   | 17.250   |
|   | 11         | laOTHER INCOME  |           |                 |            |                                       | 17,350                                |  |   | 17,350   |
|   | i          | ·   |           |                 |            |                                       |                                       |  |   |  |
|   |            |   |           |                 |            |                                       |                                       |  |   |  |
|   | •          |   |           |                 |            |                                       |                                       |  |   |  |
|   | •          | All other revenue   | •         |                 |            |                                       |                                       |  |   |  |
|   |            | Total. Add lines 1  |           |                 |            | •                                     | 17,350                                |  |   |  |
|   | 12         | <b>2 Total revenue.</b> S   | ee ir     | nstructions     |            |                                       | ·                                     |  | 12.170                                  | 465.050  |
|   |            |   |           |                 |            | ·                                     | 4,446,694                             | 2,961,292                              | 13,178                                  | 465,056  |

| Form 990 (2019)  |                        |                                    |   | Page <b>10</b>                        |
|--|------------------------|------------------------------------|---|---------------------------------------|
| Part IX Statement of Functional Expenses   |                        |                                    |   |                                       |
| Section 501(c)(3) and 501(c)(4) organizations must co  |                        |                                    |   | mn (A).                               |
| Check if Schedule O contains a response or note to an  | y line in this Part IX |                                    |   | <u> U</u>                             |
| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.   | (A)<br>Total expenses  | (B)<br>Program service<br>expenses | (C)<br>Management and<br>general expenses | <b>(D)</b><br>Fundraising<br>expenses |
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21   |                        |                                    |   |                                       |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22  | 19,917                 | 19,917                             |   |                                       |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.  |                        |                                    |   |                                       |
| <b>4</b> Benefits paid to or for members   |                        |                                    |   |                                       |
| <b>5</b> Compensation of current officers, directors, trustees, and key employees  | 218,484                | 191,003                            | 11,031                                    | 16,450                                |
| <b>6</b> 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   | 592,210                | 517,723                            | 29,899                                    | 44,588                                |
| <b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)   | 80,510                 | 72,913                             | 2,638                                     | 4,959                                 |
| 9 Other employee benefits  | 102,690                | 93,071                             | 3,340                                     | 6,279                                 |
| <b>10</b> Payroll taxes  | 60,746                 | 52,945                             | 3,131                                     | 4,670                                 |
| 11 Fees for services (non-employees):  |                        |                                    |   |                                       |
| a Management   |                        |                                    |   |                                       |
| <b>b</b> Legal   | 1,500                  | 904                                | 596                                       |                                       |
| c Accounting   | 52,641                 | 31,724                             | 20,917                                    |                                       |
| <b>d</b> Lobbying  |                        | ,                                  |   |                                       |
| e Professional fundraising services. See Part IV, line 17  |                        |                                    |   |                                       |
| f Investment management fees   | 70,023                 |                                    | 70,023                                    |                                       |
| g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)   | 32,206                 | 19,408                             | 12,798                                    |                                       |
| 12 Advertising and promotion   | 2,961                  | 2,628                              | 307                                       | 26                                    |
| 13 Office expenses   | 57,091                 | 46,093                             | 3,629                                     | 7,369                                 |
| 14 Information technology  | 0.7031                 | .0,050                             | 5,025                                     |                                       |
| 15 Royalties   |                        |                                    |   |                                       |
| <u> </u>   | 311,389                | 290,497                            | 9,788                                     | 11,104                                |
| <b>16</b> Occupancy  | 70,690                 | 60,432                             | 2,462                                     | 7,796                                 |
| 17 Travel  | 70,090                 | 00,432                             | 2,402                                     | 7,790                                 |
| 19 Conferences, conventions, and meetings  | 7,234                  | 5,999                              | 690                                       | 545                                   |
| 20 Interest  | 3,705                  | 2,910                              | 196                                       | 599                                   |
|  | 3,703                  | 2,910                              | 190                                       |                                       |
| 21 Payments to affiliates  | 122 710                | 125 021                            | 3.006                                     | E 002                                 |
| 22 Depreciation, depletion, and amortization   | 133,710                | 125,821                            | 2,006                                     | 5,883                                 |
| <ul> <li>23 Insurance</li> <li>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.)</li> </ul> | 19,767                 | 18,007                             | 465                                       | 1,295                                 |
| a SUPPLIES   | 281,786                | 273,803                            | 3,636                                     | 4,347                                 |
| u 0011 1110  |                        |                                    | ,   | ,                                     |
| b RECOGNITION AWARDS   | 105,969                | 102,298                            |   | 3,671                                 |
| c LFL LICENSE FEES   | 45,976                 | 27,707                             | 18,269                                    |                                       |
| d WRITE OFF PLEDGES  | 26,780                 | 23,774                             | 2,775                                     | 231                                   |
| e All other expenses   | 33,975                 | 32,956                             | 942                                       | 77                                    |
| 25 Total functional expenses. Add lines 1 through 24e  | 2,331,960              | 2,012,533                          | 199,538                                   | 119,889                               |
| <b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.   |                        |                                    |   |                                       |

Check here ▶ ☐ if following SOP 98-2 (ASC 958-720).

Form 990 (2019)

2

3

Assets

17

19

20

21

Liabilities 22

Fund Balances

ō 29

Assets 30

27

28

31

32

33

(B)

End of year

Beginning of year

6,727,006

3,539,280

1,350

1,510,416

188.158

199,283

53,194

3,241,849

8,364,314

13,558,564

240,074

55.895

385,689

681.658

6,699,802

6,177,104

12,876,906

13,558,564

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Page **11** 

1,275

1,828,394

174,250

45,422

3,187,726

9,434,409

14,671,476

207,391

88.851

384.860

681.102

13,990,374

13,990,374

14,671,476

Form 990 (2019)

Cash-non-interest-bearing . . . . . Savings and temporary cash investments . Pledges and grants receivable, net . . .

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

Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled 

Accounts receivable, net Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).

Notes and loans receivable, net . . . Inventories for sale or use . .

Prepaid expenses and deferred charges . basis. Complete Part VI of Schedule D

10a 10b

10a Land, buildings, and equipment: cost or other Investments—publicly traded securities . Investments—other securities. See Part IV, line 11 .

b Less: accumulated depreciation Investments—program-related. See Part IV, line 11

11 12 13 14 Intangible assets . 15 Other assets. See Part IV, line 11 . . .

Total assets. Add lines 1 through 15 (must equal line 34) .

Accounts payable and accrued expenses .

16 18 Grants payable . Deferred revenue . . . Tax-exempt bond liabilities . .

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

Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity 

Secured mortgages and notes payable to unrelated third parties . . . Unsecured notes and loans payable to unrelated third parties . Other liabilities (including federal income tax, payables to related third parties,

23

24 25 and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D

Capital stock or trust principal, or current funds .

Total liabilities and net assets/fund balances .

Net assets with donor restrictions .

complete lines 29 through 33.

Total net assets or fund balances

Total liabilities. Add lines 17 through 25 . .

26

Organizations that follow FASB ASC 958, check here <a> \square</a> and complete lines 27, 28, 32, and 33. Net assets without donor restrictions

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

Retained earnings, endowment, accumulated income, or other funds

Organizations that do not follow FASB ASC 958, check here > \(\begin{align\*} \text{and} \end{and} \)

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

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

3h

### **Additional Data**

Software ID:

Software Version:

**EIN:** 59-1150488

Name: SOUTHWEST FLORIDA COUNCIL INC

88 BOY SCOUTS OF AMERICA

Form 990 (2019)

### ----

RETAIL SHOP OPERATION, FINANCE MANAGEMENT AND OVERALL ORGANIZATIONAL GOVERNANCE.

Form 990, Part III, Line 4a:

IT IS THE MISSION OF THE SOUTHWEST FLORIDA COUNCIL, INC., BOY SCOUTS OF AMERICA, THAT IT SHALL PROMOTE, WITHIN THE TERRITORY COVERERED BY THE CHARTER GRANTED BY THE BOY SCOUTS OF AMERICA AND IN ACCORDANCE WITH THE CONGRESSIONAL CHARTER, BY LAWS, AND RULES AND REGULATIONS OF THE BOY SCOUTS OF AMERICA THE SCOUTING PROGRAM. THE SOUTHWEST FLORIDA COUNCIL TERRITORY INCLUDES CHARLOTTE, COLLIER, DESOTO, HENDRY(LABELLE), LEE, MANATEE AND SARASOTA COUNTIES. THE COUNCIL PROVIDES UNIT OPERATION SUPPORT TO ENABLE COMMUNITY CHARTER PARTNERS TO DELIVER B.S.A. PROGRAMS. THE LOCAL COUNCIL DELIVERED THE SCOUTING PROGRAM TO 20,000 PLUS YOUTH AND 2,200 PLUS REGISTERED ADULT VOLUNTEERS IN 2019 THROUGH 275 UNITS CHARTERED BY COMMUNITY PARTNERS. THESE UNITS INCLUDED CUB SCOUT PACKS, SCOUTS BSA TROOPS, VENTURING CREWS, EXPLORING POSTS AND LEARNING FOR LIFE GROUPS. PROGRAM SUPPORT SERVICES INCLUDE: PROGRAM COORDINATION. MEMBERSHIP RECRUITMENT/NEW UNIT ORGANIZATION. CAMP FACILITY OPERATIONS.

ADULT VOLUNTEER TRAINING, RISK MANAGEMENT, DISTRICT/COUNTY OPERATIONS, PROFESSIONAL STAFF SUPPORT, COUNCIL SERVICE CENTER SERVICES, SCOUT

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

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

and Independent Contractors

CHUCK DONELSON

**EXECUTIVE BO** 

PETE DORAGH

**EXECUTIVE BO** 

MARY FISCHER

**EXECUTIVE BO** 

VP-MEMBERSHI

JOSEPHINE GAGLIARDI

....... COUNCIL ATTO

JAMES FETTERMAN

|                               | any hours   | and                               | a dir                 | ecto | r/tr         | ustee)                       | )      | organization         | organizations        | from the                                     |
|-------------------------------|---|-----------------------------------|-----------------------|------|--------------|------------------------------|--------|----------------------|----------------------|--|
|                               | for related<br>organizations<br>below dotted<br>line) | Individual trustee<br>or director | Institutional Trustee | 1 () | Key employee | Highest compensated employee | Former | (W- 2/1099-<br>MISC) | (W- 2/1099-<br>MISC) | organization and<br>related<br>organizations |
| JOHN G GRAHAM<br>SCOUT EXECUT | 2.00  | X                                 |                       | x    |              |                              |        | 206,511              | 0                    | 148,342                                      |
| BILL COEN VP-DISTRICT         | 2.00  | х                                 |                       | х    |              |                              |        | 0                    | 0                    | 0  |

| SCOUT EXECUT   |      |   |   |  | , |   |  |
|----------------|------|---|---|--|---|---|--|
| BILL COEN      | 2.00 | Y | Х |  | 0 | 0 |  |
| VP-DISTRICT    |      | ^ | ^ |  | 0 | 0 |  |
| DAVID DALE     | 2.00 |   |   |  | 0 | 0 |  |
| PRESIDENT      |      | ^ |   |  |   | 0 |  |
| DOMINIC DIMAIO | 2.00 | v | ~ |  | 0 | 0 |  |
| VP - AT LARG   |      | ^ | ^ |  | 0 | U |  |

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| VI DISTRICT    |      |    |     |   |   |   |     |      |     |
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| DAVID DALE     | 2.00 | ×  |     |   |   |   | 0   | 0    | 0   |
| PRESIDENT      |      | ^  |     |   |   |   | 9   | 3    |     |
| DOMINIC DIMAIO | 2.00 | ×  |     | Х |   |   | 0   | 0    | 0   |
| VP - AT LARG   |      | Α, |     |   |   |   | ,   | ,    |     |
| DAVID DIGNAM   | 2.00 | V  |     |   |   |   |     |      |     |
|                |      | ΙX | i I | X | I | 1 | 1 0 | ı Ul | . 0 |

| DAVID DALE     | 2.00 | Х |   |  | 0   | 0 | 0 |
|----------------|------|---|---|--|-----|---|---|
| PRESIDENT      |      | ^ |   |  |     | 0 |   |
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| VP - AT LARG   |      | X | Х |  | l " | U | 0 |
| DAVID DIGNAM   | 2.00 | V |   |  | 0   | 0 | 0 |
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(A) (E) (B) (C) (D) (F) Name and Title Position (do not check more Reportable Estimated Average Reportable than one box, unless amount of other hours per compensation compensation person is both an officer compensation week (list from related from the and a director/trustee) any hours organization organizations from the

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

|                                  | for related                            | . 1                               |                       |         |              |                              | ′ 1       | Organización           | (W D/4 DOD           | mom the                                      |  |
|----------------------------------|--|-----------------------------------|-----------------------|---------|--------------|------------------------------|-----------|------------------------|----------------------|--|--|
|                                  | organizations<br>below dotted<br>line) | Individual trustee<br>or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former    | - (W- 2/1099-<br>MISC) | (W- 2/1099-<br>MISC) | organization and<br>related<br>organizations |  |
| JOE GLOWACKI<br>EXECUTIVE BO     | 2.00                                   | X                                 |                       |         |              |                              |           | o                      | 0                    | 0  |  |
| LEON GOLDSMITH COUNCIL COMM      | 2.00                                   | X                                 |                       | х       |              |                              |           | 0                      | O                    | 0  |  |
| GARY HOYT VP-PHYSICAL            | 2.00                                   |                                   |                       | х       |              |                              |           | 0                      | 0                    | 0  |  |
| GILBERT SMITH JR<br>EXECUTIVE BO | 2.00                                   |                                   |                       |         |              |                              |           | 0                      | 0                    | 0  |  |
| DANIEL LOVE                      | 2.00                                   |                                   |                       |         |              |                              | $\bigcap$ | ,                      | '                    |  |  |

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DANIEL LOVE

**EXECUTIVE BO** 

MIKE LYSTER

VP-ENDOWMENT

**BLAIR MCVETY** 

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STEVEN NISBET

EXECUTIVE BO

JAMES PILON

COUNCIL ATTO

STEVE PONTIUS

**EXECUTIVE BO** 

**EXECUTIVE BO** 

and Independent Contractors

(A) (E) (B) (C) (D) (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 a director/trustee) organizations any hours organization from the

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

|                               | any hours   | and a director/trustee)           |                       |         |              |                              |        | organization         | organizations        | from the                                     |  |
|-------------------------------|---|-----------------------------------|-----------------------|---------|--------------|------------------------------|--------|----------------------|----------------------|--|--|
|                               | for related<br>organizations<br>below dotted<br>line) | Individual trustee<br>or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | (W- 2/1099-<br>MISC) | (W- 2/1099-<br>MISC) | organization and<br>related<br>organizations |  |
| BILL POTEET EXECUTIVE BO      | 2.00  | х                                 |                       |         |              |                              |        | 0                    | 0                    | 0  |  |
| KEVIN RAMBOSK<br>EXECUTIVE BO | 2.00  | х                                 |                       |         |              |                              |        | 0                    | 0                    | 0  |  |
| LEM SHARP EXECUTIVE BO        | 2.00  | х                                 |                       |         |              |                              |        | 0                    | 0                    | 0  |  |
| TYRONE SHINN VP-FINANCE       | 2.00  | х                                 |                       | х       |              |                              |        | 0                    | 0                    | 0  |  |
| JIM THIELEN                   | 2.00  | 1                                 |                       |         |              |                              | $\Box$ |                      |                      |  |  |

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| VP-FINANCE   |
|--------------|
| TYRONE SHINN |
| EXECUTIVE BO |
| LEM SHARP    |

VP- PROGRAM

MARVIN THOMAS

**EXECUTIVE BO** 

.........

DAVID VERINDER

VP-GOVERNANC

JIM WILSON

**EXECUTIVE BO** 

**EXECUTIVE BO** 

**BOB CLARKE** 

**EXECUTIVE BO** 

TOM UHLER

and Independent Contractors

| efile GRAPHIC print - DO N |          |                                    | <u> 1t - DO NOT</u>                      | PROCESS                            | DLN: 9   | LN: 93493289018260  |                                     |  |   |
|----------------------------|----------|------------------------------------|--|------------------------------------|--|---|-------------------------------------|--|---|
| SCI                        | HED      | ULE A                              |  | Public (                           | Charity Statu  | e and Dul   | hlic Sunn                           | ort  | OMB No. 1545-0047                               |
|                            | m 99     |                                    |  | olete if the or                    | ganization is a sect<br>4947(a)(1) nonexe<br>▶ Attach to Form                              | ion 501(c)(3) o<br>empt charitable<br>990 or Form 99        | organization or<br>trust.<br>00-EZ. | · a section  | 2019  |
|                            |          | the Treasury                       | <b>▶</b> G                               | o to <u>www.irs.</u>               | . <u>gov/Form990</u> for i   | nstructions and   | l the latest info                   | ormation.  | Open to Public<br>Inspection                    |
| Nam                        | e of th  | <b>he organiza</b><br>FLORIDA COUI |  |                                    |  |   |                                     | Employer identific   | ation number                                    |
|                            |          | JTS OF AMERIC                      | :A                                       |                                    |  |   |                                     | 59-1150488   |   |
|                            | rt I     |                                    |  |                                    | <b>is</b> (All organization<br>it is: (For lines 1 thro                                    |   |                                     | See instructions.  |   |
| 1                          | nganiz   |                                    | •  |                                    | sociation of churches  | •   |                                     | (A)(i).  |   |
| 2                          |          | ·                                  |  | ,                                  | L)(A)(ii). (Attach Sch   |   |                                     |  |   |
| 3                          |          |                                    |  |                                    | ice organization desc  | ,   |                                     |  |   |
| 4                          |          | ·                                  | ,  | ·                                  | -  |   |                                     | ,.<br>170(b)(1)(A)(iii). E   | nter the hospital's                             |
|                            | Ш        | name, city,                        |  | ization operate                    | a in conjunction with  | a nospital descri   | ibed iii <b>sectioii</b> .          | 170(b)(1)(A)(III). L   | inter the hospitars                             |
| 5                          |          | -                                  | ation operated<br>( <b>iv).</b> (Complet |                                    | of a college or unive  | rsity owned or op   | perated by a gov                    | ernmental unit descri  | bed in <b>section 170</b>                       |
| 6                          |          | A federal, s                       | tate, or local g                         | overnment or                       | governmental unit de   | scribed in <b>sectio</b>                                    | on 170(b)(1)(A                      | ()(v).   |   |
| 7                          | <b>✓</b> |                                    |  | nally receives a<br>vi). (Complete |  | s support from a  | governmental u                      | init or from the gener   | al public described in                          |
| 8                          |          |                                    |  |                                    | 170(b)(1)(A)(vi).  | (Complete Part I  | I.)                                 |  |   |
| 9                          |          |                                    |  |                                    | scribed in <b>170(b)(1)</b><br>ee instructions. Enter                                      |   |                                     | with a land-grant coll<br>college or university:                         | ege or university or a                          |
| 10                         |          | from activit<br>investment         | ies related to i<br>income and u         | ts exempt fund<br>nrelated busine  | ctions—subject to cer  | tain exceptions,  | and (2) no more                     | ns, membership fees,<br>than 331/3% of its su<br>sses acquired by the c  | -   |
| 11                         |          | An organiza                        | ation organized                          | l and operated                     | exclusively to test fo   | r public safety. S  | See <b>section 509</b>              | (a)(4).  |   |
| 12                         |          | more public                        | ly supported o                           | organizations d                    |  | 09(a)(1) or sec   | ction 509(a)(2                      | s of, or to carry out th<br>). See section 509(a<br>s 12e, 12f, and 12g. |   |
| a                          |          | organizatio                        |  | to regularly a                     |  |   |                                     | zation(s), typically by<br>of the supporting orga                        |   |
| b                          |          | manageme                           | nt of the suppo                          |                                    | tion vested in the sar   |   |                                     | organization(s), by ha<br>ge the supported orga                          |   |
| С                          |          |                                    |  |                                    |  |   |                                     | nd functionally integra  | ted with, its                                   |
| d                          |          | Type III n                         | on-functiona<br>integrated. The          | Ily integrated<br>ne organization  |  | ization operated<br>fy a distribution                       | in connection wi                    | nd E.<br>th its supported orgar<br>l an attentiveness req                |   |
| e                          |          | Check this                         | box if the orga                          | nization receiv                    |  | nation from the I   |                                     | pe I, Type II, Type II   | I functionally                                  |
| f                          | Enter    |                                    | of supported                             |                                    | · · · · · · · · · ·  | -   |                                     | <u></u>  |   |
| g                          | Provi    | de the follow                      | ing information                          | n about the su                     | pported organization(  | s).   |                                     |  |   |
|                            | (i) N    | Name of supp<br>organizatior       |  | (ii) EIN                           | (iii) Type of<br>organization<br>(described on lines<br>1- 10 above (see<br>instructions)) | (iv) Is the organization listed in your governing document? |                                     | (v) Amount of<br>monetary support<br>(see instructions)                  | (vi) Amount of other support (see instructions) |
|                            |          |                                    | Yes No                                   |                                    |  |   |                                     |  |   |
|                            |          |                                    |  |                                    |  |   |                                     |  |   |
|                            |          |                                    |  |                                    |  |   |                                     |  |   |
| Tota                       |          | manle Darde                        | bian Ast No.                             |                                    | structions for   | Cat. No. 11285  |                                     | <br>Schedule A (Form 9   | 00 000 F7\ 0010                                 |

|            |  |                           |                      |                      | ı                       |                   |                     |
|------------|--|---------------------------|----------------------|----------------------|-------------------------|-------------------|---------------------|
|            | Calendar year<br>(or fiscal year beginning in) ▶                       | (a) 2015                  | <b>(b)</b> 2016      | (c) 2017             | (d) 2018                | <b>(e)</b> 2019   | (f) Total           |
| L          | Gifts, grants, contributions, and                                      |                           |                      |                      |                         |                   |                     |
|            | membership fees received. (Do not                                      | 1,280,555                 | 977,855              | 788,523              | 861,213                 | 1,007,168         | 4,915,314           |
| ,          | include any "unusual grant.")<br>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  | 1 200 555                 | 077.055              | 700 500              | 264 242                 | 1 007 101         | 101501              |
|            | <b>Total.</b> Add lines 1 through 3                                    | 1,280,555                 | 977,855              | 788,523              | 861,213                 | 1,007,168         | 4,915,314           |
| 5          | The portion of total contributions by each person (other than a        |                           |                      |                      |                         |                   |                     |
|            | governmental unit or publicly  |                           |                      |                      |                         |                   |                     |
|            | supported organization) included on                                    |                           |                      |                      |                         |                   |                     |
|            | line 1 that exceeds 2% of the  |                           |                      |                      |                         |                   |                     |
|            | amount shown on line 11, column (f)                                    |                           |                      |                      |                         |                   |                     |
|            | Dublic commant College to the College                                  |                           |                      |                      |                         |                   |                     |
| •          | <b>Public support.</b> Subtract line 5 from line 4.                    |                           |                      |                      |                         |                   | 4,915,314           |
| S          | ection B. Total Support  |                           |                      |                      | I                       |                   | 1                   |
|            | Calendar year  | (a) 2015                  | <b>(b)</b> 2016      | (c) 2017             | (d) 2018                | (e) 2019          | (f) Total           |
|            | (or fiscal year beginning in) 🕨  | . ,                       |                      |                      |                         |                   | 1 .                 |
| 7          | Amounts from line 4  | 1,280,555                 | 977,855              | 788,523              | 861,213                 | 1,007,16          | 4,915,314           |
| 8          | Gross income from interest,  |                           |                      |                      |                         |                   |                     |
|            | dividends, payments received on securities loans, rents, royalties and | 97,712                    | 114,723              | 137,741              | 148,924                 | 148,92            | 648,025             |
|            | income from similar sources  |                           |                      |                      |                         |                   |                     |
| 9          | Net income from unrelated business                                     |                           |                      |                      |                         |                   |                     |
| -          | activities, whether or not the   | 23,504                    | 2,978                | 12,304               | 34,191                  | 13,82             | 86,799              |
|            | business is regularly carried on                                       |                           |                      |                      |                         |                   |                     |
| LO         |  | C4E C22                   | 505.056              | 625 642              | 672.420                 | 657.10            | 2 207 740           |
|            | or loss from the sale of capital assets (Explain in Part VI.)          | 645,622                   | 595,856              | 635,643              | 673,428                 | 657,19            | 3,207,740           |
| 1          |  |                           |                      |                      |                         |                   |                     |
|            | 10   |                           |                      |                      |                         |                   | 8,857,878           |
| L <b>2</b> | Gross receipts from related activities,                                | etc. (see instructio      | ns)                  |                      |                         | 12                | 1,548,328           |
| L3         | First five years. If the Form 990 is fo                                | r the organization'       | s first, second, thi | rd, fourth, or fifth | tax year as a sec       | tion 501(c)(3) or | ganization,         |
|            | check this box and <b>stop here</b>                                    |                           |                      |                      |                         | ▶                 |                     |
| S          | ection C. Computation of Public  |                           |                      |                      |                         |                   |                     |
| 4          | Public support percentage for 2019 (lin                                | ne 6, column (f) div      | vided by line 11, c  | olumn (f))           |                         | 14                | 55.490 %            |
| .5         | Public support percentage for 2018 Sc                                  | hedule A, Part II, li     | ne 14                |                      |                         | 15                | 56.520 %            |
|            | 33 1/3% support test—2019. If the                                      | organization did n        | ot check the box o   | n line 13, and lin   | e 14 is 33 1/3% or      |                   |                     |
|            | and <b>stop here.</b> The organization quali                           |                           |                      |                      |                         |                   | _                   |
| b          | 33 1/3% support test—2018. If th                                       | e organization did        | not check a box o    | n line 13 or 16a, a  | and line 15 is 33 1     | /3% or more, che  | —                   |
| _          | box and <b>stop here.</b> The organization                             |                           |                      |                      |                         |                   |                     |
| 7~         | 10%-facts-and-circumstances test                                       | — <b>2019.</b> If the ora | anization did not    | check a box on lin   | e 13. 16a. or 16b.      | and line 14       |                     |
| . / a      | is 10% or more, and if the organization                                | n meets the "facts-       | and-circumstance     | s" test, check this  | box and <b>stop he</b>  | re. Explain       |                     |
|            | in Part VI how the organization meets                                  |                           |                      |                      |                         |                   |                     |
|            | organization   |                           |                      |                      |                         |                   | ▶ 🗆                 |
| h          | 10%-facts-and-circumstances tes  |                           |                      |                      | ne 13, 16a, 16b, d      | or 17a, and line  | · · · · <del></del> |
|            | 15 is 10% or more, and if the organiz                                  | ation meets the "fa       | acts-and-circumsta   | ances" test, check   | this box and <b>sto</b> | p here.           |                     |
|            | Explain in Part VI how the organization                                | on meets the "facts       | -and-circumstance    | es" test. The orga   | nization qualifies a    | as a publicly     |                     |
|            | supported organization   |                           |                      |                      |                         |                   | ▶ 🗆                 |
| .8         | Private foundation. If the organization                                |                           |                      |                      |                         | and see           |                     |

| Р         | art III Support Schedule for  |                    |                       |                       |                      |                      |                     |
|-----------|---|--------------------|-----------------------|-----------------------|----------------------|----------------------|---------------------|
|           | (Complete only if you cl  |                    |                       |                       |                      |                      | er Part II. If      |
| S         | the organization fails to ection A. Public Support                            | quality under      | the tests listed i    | pelow, please co      | ompiete Part II.)    |                      |                     |
| 30        | Calendar year   | ( ) 2015           | (1) 2016              | ( ) 2247              | (1) 2010             | ( ) 2010             | (O.T.)              |
|           | (or fiscal year beginning in) ▶   | (a) 2015           | <b>(b)</b> 2016       | (c) 2017              | (d) 2018             | (e) 2019             | (f) Total           |
| 1         | Gifts, grants, contributions, and   |                    |                       |                       |                      |                      |                     |
|           | membership fees received. (Do not include any "unusual grants.").             |                    |                       |                       |                      |                      |                     |
| 2         | Gross receipts from admissions,   |                    |                       |                       |                      |                      |                     |
|           | merchandise sold or services  |                    |                       |                       |                      |                      |                     |
|           | performed, or facilities furnished in any activity that is related to the     |                    |                       |                       |                      |                      |                     |
|           | organization's tax-exempt purpose   |                    |                       |                       |                      |                      |                     |
| 3         | Gross receipts from activities that are                                       |                    |                       |                       |                      |                      |                     |
|           | not an unrelated trade or business  |                    |                       |                       |                      |                      |                     |
| 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  |                    |                       |                       |                      |                      |                     |
| 7a        | Amounts included on lines 1, 2, and   |                    |                       |                       |                      |                      |                     |
| <b>L</b>  | 3 received from disqualified persons<br>Amounts included on lines 2 and 3     |                    |                       |                       |                      |                      |                     |
| D         | received from other than disqualified   |                    |                       |                       |                      |                      |                     |
|           | persons that exceed the greater of  |                    |                       |                       |                      |                      |                     |
|           | \$5,000 or 1% of the amount on line 13 for the year.                          |                    |                       |                       |                      |                      |                     |
| c         | Add lines 7a and 7b   |                    |                       |                       |                      |                      |                     |
| 8         | Public support. (Subtract line 7c   |                    |                       |                       |                      |                      |                     |
|           | from line 6.)   |                    |                       |                       |                      |                      |                     |
| Se        | ection B. Total Support   |                    | 1                     | <del></del>           |                      |                      | Г                   |
|           | Calendar year<br>(or fiscal year beginning in) ▶                              | (a) 2015           | <b>(b)</b> 2016       | (c) 2017              | (d) 2018             | (e) 2019             | (f) Total           |
| 9         | Amounts from line 6   |                    |                       |                       |                      |                      |                     |
| 10a       | Gross income from interest,   |                    |                       |                       |                      |                      |                     |
|           | dividends, payments received on   |                    |                       |                       |                      |                      |                     |
|           | securities loans, rents, royalties and income from similar sources.           |                    |                       |                       |                      |                      |                     |
| b         | Unrelated business taxable income   |                    |                       |                       |                      |                      |                     |
|           | (less section 511 taxes) from   |                    |                       |                       |                      |                      |                     |
|           | businesses acquired after June 30, 1975.                                      |                    |                       |                       |                      |                      |                     |
| С         | Add lines 10a and 10b.  |                    |                       |                       |                      |                      |                     |
| 11        | Net income from unrelated business  |                    |                       |                       |                      |                      |                     |
|           | activities not included in line 10b,  |                    |                       |                       |                      |                      |                     |
|           | whether or not the business is regularly carried on.                          |                    |                       |                       |                      |                      |                     |
| 12        | Other income. Do not include gain or  |                    |                       |                       |                      |                      |                     |
|           | loss from the sale of capital assets  |                    |                       |                       |                      |                      |                     |
| 12        | (Explain in Part VI.) <b>Total support.</b> (Add lines 9, 10c,                |                    |                       |                       |                      |                      |                     |
| 13        | 11, and 12.).   |                    |                       |                       |                      |                      |                     |
| 14        | First five years. If the Form 990 is for                                      | the organization   | n's first, second, th | nird, fourth, or fift | h tax year as a sec  | tion 501(c)(3) o     | ganization <u>,</u> |
|           | check this box and <b>stop here</b>   |                    |                       |                       |                      |                      | ▶ ⊔                 |
|           | ection C. Computation of Public S   |                    |                       | ! (6))                |                      | 1 1                  |                     |
| 15        | Public support percentage for 2019 (lin                                       |                    | •                     |                       |                      | 15                   |                     |
| 16        | Public support percentage from 2018 S   | -                  | <u> </u>              |                       |                      | 16                   |                     |
|           | ection D. Computation of Investr<br>Investment income percentage for 201      |                    |                       | line 13 column (f     | :))                  | 17                   |                     |
| 17<br>10  | Investment income percentage for 201  | -                  |                       | -                     |                      | 17                   |                     |
| 18<br>10- | 331/3% support tests—2019. If the   |                    | •                     |                       |                      | 18   33 1/3% and lin | e 17 is not         |
|           | more than 33 1/3%, check this box and s                                       |                    |                       |                       |                      |                      |                     |
|           | more than 33 1/3%, check this box and s<br>33 1/3% support tests—2018. If the |                    |                       |                       |                      |                      |                     |
| ט         | not more than 33 1/3%, check this box   | -                  |                       |                       | •                    |                      | _                   |
| 20        | Private foundation. If the organization                                       | -                  | -                     |                       |                      |                      |                     |
|           | Frivate foundation. If the organization                                       | ni ulu not check a | a DOX ON UNE 14, I    | .a, or iad, check     | , unis pox and see I | HSGRUCHONS           | . 📂 📖               |

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

10a

answer line 10b below.

the organization had excess business holdings).

Sections A and D, and complete Part V.) Section A. All Supporting Organizations Yes No

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 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). 2

Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below. 3a Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the

determination. 3b 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

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 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

4b 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. 4c 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 5a amendment to the organizing document).

Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? 5b

5c Substitutions only. Was the substitution the result of an event beyond the organization's control? Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other 6

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) . 7

Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

8 complete Part I of Schedule L (Form 990 or 990-EZ). 8

Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as

defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"

provide detail in Part VI. 9a

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Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting
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than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its

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

9c

10a

10b

Schedule A (Form 990 or 990-EZ) 2019

9b

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Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in
which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
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Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

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

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

|    | edule A (101111 330 01 330 E2) 2013  |        |         | age 3 |  |  |  |
|----|--|--------|---------|-------|--|--|--|
| Pa | rt IV Supporting Organizations (continued)   |        |         |       |  |  |  |
| _  |  |        | Yes     | No    |  |  |  |
|    | 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    |         |       |  |  |  |
|    | 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 <b>Part VI</b> .  | 11c    |         |       |  |  |  |
| S  | 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 <b>Part VI</b> 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   | -      |         |       |  |  |  |
| 2  | operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting   |        |         |       |  |  |  |
|    | organization.  |        |         |       |  |  |  |
| S  | ection C. Type II 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 <b>Part VI</b> how control or management of the   | 1      |         |       |  |  |  |
|    | supporting organization was vested in the same persons that controlled or managed the supported organization(s).   |        |         |       |  |  |  |
| S  | ection D. All Type III Supporting Organizations  |        | v       |       |  |  |  |
| _  |  |        | Yes     | No    |  |  |  |
| 1  | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing   |        |         |       |  |  |  |
|    | documents in effect on the date of notification, to the extent not previously provided?  |        |         |       |  |  |  |
| 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 <b>Part VI</b> 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 <b>Part VI</b> 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 instruction)  | ions): |         |       |  |  |  |
|    | The organization satisfied the Activities Test. Complete line 2 below.   |        |         |       |  |  |  |
|    | b  |        |         |       |  |  |  |
| •  | The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see  | instru | ctions) |       |  |  |  |
| 2  | Activities Test. Answer (a) and (b) below.   | ſ      | 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 <b>Part VI identify those supported organizations and explain</b> 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     |         |       |  |  |  |
| ı  | 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>b</b> Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in <b>Part VI.</b> the role played by the organization in this regard.  | 3h     |         |       |  |  |  |

3b

Schedule A (Form 990 or 990-EZ) 2019 Page 6 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 1 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) Net short-term capital gain 1 2 Recoveries of prior-year distributions 3 Other gross income (see instructions) 3 Add lines 1 through 3 4 4 5 Depreciation and depletion 5 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 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) 1 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 d Total (add lines 1a, 1b, and 1c) **1**d e Discount claimed for blockage or other factors (explain in detail in Part VI): Acquisition indebtedness applicable to non-exempt use assets 2 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) Multiply line 5 by .035 6 6 7 Recoveries of prior-year distributions 7 8 Minimum Asset Amount (add line 7 to line 6) 8 Current Year Section C - Distributable Amount Adjusted net income for prior year (from Section A, line 8, Column A) 1 2 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 4 5 5 Income tax imposed in prior year 6 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

| 2 | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity |  |
|---|---|--|
| 3 | Administrative expenses paid to accomplish exempt purposes of supported organizations   |  |
| 4 | Amounts paid to acquire exempt-use assets   |  |
| 5 | Qualified set-aside amounts (prior IRS approval required)   |  |
| 6 | Other distributions (describe in <b>Part VI</b> ). See instructions   |  |
| 7 | Total annual distributions. Add lines 1 through 6.  |  |
| _ |   |  |

| 7 Total annual distributions. Add lines 1 through 6.  |                             |  |   |
|---|-----------------------------|--|---|
| 8 Distributions to attentive supported organizations to who details in <b>Part VI</b> ). See instructions | sive (provide               |  |   |
| 9 Distributable amount for 2019 from Section C, line 6  |                             |  |   |
| 10 Line 8 amount divided by Line 9 amount   |                             |  |   |
| Section E - Distribution Allocations (see instructions)   | (i)<br>Excess Distributions | (ii)<br>Underdistributions<br>Pre-2019 | (iii)<br>Distributable<br>Amount for 2019 |
|   |                             | 110 2013                               | Allibant for 2013                         |
| 1 Distributable amount for 2019 from Section C, line 6  |                             | 116 2015                               | Allount for 2013                          |

| details in <b>Part VI</b> ). See instructions   | (                           |  |   |
|---|-----------------------------|--|---|
| 9 Distributable amount for 2019 from Section C, line 6  |                             |  |   |
| 10 Line 8 amount divided by Line 9 amount   |                             |  |   |
| Section E - Distribution Allocations (see instructions)   | (i)<br>Excess Distributions | (ii)<br>Underdistributions<br>Pre-2019 | (iii)<br>Distributable<br>Amount for 2019 |
| 1 Distributable amount for 2019 from Section C, line 6  |                             |  |   |
| 2 Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in <b>Part VI</b> ). See instructions. |                             |  |   |
| 3 Excess distributions carryover, if any, to 2019:  |                             |  |   |
| a From 2014   |                             |  |   |
| <b>b</b> From 2015  |                             |  |   |
| c From 2016   |                             |  |   |
| <b>d</b> From 2017  |                             |  |   |
| e From 2018.  |                             |  |   |

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

f Total of lines 3a through e

instructions)

See instructions.

a Excess from 2015. . . . . **b** Excess from 2016. . . . . c Excess from 2017. . . . . **d** Excess from 2018. . . . . e Excess from 2019. . . . .

3j and 4c. 8 Breakdown of line 7:

\$

g Applied to underdistributions of prior years h Applied to 2019 distributable amount i Carryover from 2014 not applied (see

j Remainder. Subtract lines 3g, 3h, and 3i from 3f. 4 Distributions for 2019 from Section D, line 7:

a Applied to underdistributions of prior years b Applied to 2019 distributable amount c Remainder. Subtract lines 4a and 4b from 4. 5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI.

6 Remaining underdistributions for 2019. 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 2020. Add lines

| Schedule A ( | Form 990 or 990-EZ)                           | 2019 Page <b>8</b>   |  |  |  |  |  |  |
|--------------|---|--|--|--|--|--|--|--|
| Part VI      | Section A, lines 1, 2, Part IV, Section D, li | cal Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, les 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; lon 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 les 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See |  |  |  |  |  |  |
|              |   | Facts And Circumstances Test   |  |  |  |  |  |  |
| 000 Sahar    | lula A. Cummlama                              | atal Tafawastian   |  |  |  |  |  |  |
| 990 Sched    | lule A, Suppleme                              | ntal Information   |  |  |  |  |  |  |
| Ret          | Return Reference Explanation                  |  |  |  |  |  |  |  |
| PART II, LII | NE 10   | MISCELLANEOUS 2,550,549  |  |  |  |  |  |  |

efile GRAPHIC print - DO NOT PROCESS **SCHEDULE D** 

As Filed Data -

DLN: 93493289018260

OMB No. 1545-0047

# **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.

Open to Public Inspection

2019

Department of the Treasury Internal Revenue Service

(Form 990)

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

| Na  | me of the organization   | Employer identification number       |  |  |  |
|-----|--|--------------------------------------|--|--|--|
|     | JTHWEST FLORIDA COUNCIL INC<br>BOY SCOUTS OF AMERICA   | 59-1150488                           |  |  |  |
| Pa  | Organizations Maintaining Donor Advised Funds or Other Similar Funds o   | r Accounts.                          |  |  |  |
|     | Complete if the organization answered "Yes" on Form 990, Part IV, line 6.  (a) Donor advised funds   | (b) Funds and other accounts         |  |  |  |
| 1   | Total number at end of year  | (b) runus una cuner accounts         |  |  |  |
| 2   | Aggregate value of contributions to (during year)  |                                      |  |  |  |
| 3   | Aggregate value of grants from (during year)   |                                      |  |  |  |
| 4   | Aggregate value at end of year   |                                      |  |  |  |
| 5   | Did the organization inform all donors and donor advisors in writing that the assets held in donor ad  |                                      |  |  |  |
|     | organization's property, subject to the organization's exclusive legal control?  | Yes No                               |  |  |  |
| 6   | Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose c private benefit?  |                                      |  |  |  |
| Pa  | rt II Conservation Easements.  Complete if the organization answered "Yes" on Form 990, Part IV, line 7.   |                                      |  |  |  |
| 1   | Purpose(s) of conservation easements held by the organization (check all that apply).  |                                      |  |  |  |
|     |  | historically important land area     |  |  |  |
|     |  | ertified historic structure          |  |  |  |
|     | Preservation of open space   | erimed materie structure             |  |  |  |
| 2   | Complete lines 2a through 2d if the organization held a qualified conservation contribution in the for   | m of a conservation                  |  |  |  |
|     | easement on the last day of the tax year.  | 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 historic structure included in (a)   | 2c                                   |  |  |  |
| d   | Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register   | 2d                                   |  |  |  |
| 3   | Number of conservation easements modified, transferred, released, extinguished, or terminated by tax year •  | the organization during the          |  |  |  |
| 4   | Number of states where property subject to conservation easement is located <b>&gt;</b>  |                                      |  |  |  |
| 5   | Does the organization have a written policy regarding the periodic monitoring, inspection, handling of   |                                      |  |  |  |
|     | and enforcement of the conservation easements it holds?  | ☐ Yes ☐ No                           |  |  |  |
| 6   | Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing co  | nservation easements during the year |  |  |  |
| 7   | Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conserved \$\)  | ation easements during the year      |  |  |  |
| 8   | Does each conservation easement reported on line 2(d) above satisfy the requirements of section 17   | 70(h)(4)(B)(i)                       |  |  |  |
|     | and section 170(h)(4)(B)(ii)?  | ☐ Yes ☐ No                           |  |  |  |
| 9   | In Part XIII, describe how the organization reports conservation easements in its revenue and exper balance sheet, and include, if applicable, the text of the footnote to the organization's financial state the organization's accounting for conservation easements.  |                                      |  |  |  |
| Par | Organizations Maintaining Collections of Art, Historical Treasures, or Other Complete if the organization answered "Yes" on Form 990, Part IV, line 8.   | er Similar Assets.                   |  |  |  |
| 1a  | If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue sta art, historical treasures, or other similar assets held for public exhibition, education, or research in fi provide, in Part XIII, the text of the footnote to its financial statements that describes these items. |                                      |  |  |  |
| b   | If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statem historical treasures, or other similar assets held for public exhibition, education, or research in further following amounts relating to these items:   |                                      |  |  |  |
| (   | (i) Revenue included on Form 990, Part VIII, line 1  | ▶\$                                  |  |  |  |
|     | ii)Assets included in Form 990, Part X   |                                      |  |  |  |
| 2   | If the organization received or held works of art, historical treasures, or other similar assets for finar following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:   | •                                    |  |  |  |
| 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) 2019

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

 ${f c}$  Leasehold improvements

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

**d** Equipment .

**e** Other .

| Jene       | dule D           | (10111 990) 2019                                      |  |                          |               |             |                  |               |               | Page Z            |
|------------|------------------|---|--|--------------------------|---------------|-------------|------------------|---------------|---------------|-------------------|
| Par        | 1111             | Organizations Ma                                      | aintaining Collecti  | ons of Art, Histo        | orical T      | reasure     | s, or Other      | Similar As    | sets (con     | ntinued)          |
| 3          |                  | the organization's acq<br>(check all that apply):     |  |                          | •             | the follo   | wing that are a  | significant ι | ise of its co | ollection         |
| а          |                  | Public exhibition                                     |  | •                        | i 🗆           | Loan or     | exchange pro     | grams         |               |                   |
| b          |                  | Scholarly research                                    |  | •                        |               | Other       |                  |               |               |                   |
| c          |                  | Preservation for future                               | e generations  |                          |               |             |                  |               |               |                   |
| 4          | Provid<br>Part > | de a description of the                               | -  | ns and explain how       | they furt     | her the o   | rganization's e  | xempt purpo   | se in         |                   |
| 5          |                  | g the year, did the orga<br>s to be sold to raise fur |  |                          |               |             |                  |               | ☐ Yes         | □ No              |
| Pa         | rt IV            |   | odial Arrangemen<br>ganization answered                      |                          | 90, Part      | : IV, line  | 9, or reporte    | ed an amou    | ınt on For    | m 990, Part       |
| 1a         |                  | e organization an agent<br>led on Form 990, Part )    |  |                          |               |             |                  |               | ☐ Yes         | □ No              |
| b          | If "Ye           | es," explain the arrange                              | ment in Part XIII and  | complete the followi     | na tahle      |             |                  | Δ             | mount         |                   |
| c          |                  | ning balance  |  | •                        | -             |             | 1c               |               |               |                   |
| d          | _                | ions during the year .                                |  |                          |               |             | _ 1d             |               |               |                   |
| е          |                  | butions during the year                               |  |                          |               |             |                  |               |               |                   |
| f          |                  | g balance   |  |                          |               |             | 46               |               |               |                   |
| 2a         | Did +h           | e organization include                                | an amount on Form 9  | 90 Part X line 21 f      | or escro      | v or custo  | odial account li | ahility?      | □ vos         |                   |
| b          |                  | s," explain the arrange                               |  |                          |               |             |                  | •             | _             | <b>□ 140</b>      |
|            | rt V             | Endowment Fund  |  | ck flere ii tile explai  | iation na     | s been pr   | Ovided III Fait  | <u> </u>      |               |                   |
|            |                  |   | ganization answered  | d "Yes" on Form 9        | 90, Part      | : IV, line  | 10.              |               |               |                   |
|            |                  |   | (a   | Current year (l          | ) Prior ye    |             | Two years back   |               |               | ) Four years back |
| <b>1</b> a | Beginn           | ing of year balance .                                 |  | 8,364,312                | · ·           | 3,275       | 8,073,802        | <u> </u>      | 980,738       | 5,924,341         |
| b          | Contrib          | outions   |  | 4.645.000                |               | 9,411       | 16,044           |               | 939,278       | 118,479           |
|            |                  | estment earnings, gair                                | · —  | 1,645,390                | -28           | 8,798       | 1,186,252        | <u>'</u>      | 519,776       | 78,984            |
|            |                  | or scholarships                                       | <u> </u>   |                          |               |             |                  |               |               |                   |
| е          |                  | expenditures for facilities                           | es   | 505,274                  | 30            | 8,142       | 234,106          | 5             | 336,620       | 114,833           |
| f          | •                | strative expenses .                                   | —  | 70,020                   | 5             | 1,434       | 48,717           | ,             | 29,370        | 26,233            |
|            |                  | year balance  | <u> </u>   | 9,434,408                |               | 4,312       | 8,993,275        |               | 073,802       | 5,980,738         |
| 2          |                  | de the estimated percei                               |  | ar end halance (line     | 1 a colu      | mn (a)) l   | held as:         | <u>'</u>      |               | <u> </u>          |
| a          |                  | l designated or quasi-e                               |  | 70 %                     | . ig, colc    | (a)) i      | icia as.         |               |               |                   |
| b          |                  | anent endowment ►                                     |  |                          |               |             |                  |               |               |                   |
| c          |                  | orarily restricted endov                              | <br>vment ► 50.130 %   | 'n                       |               |             |                  |               |               |                   |
| ·          |                  | ercentages on lines 2a,                               | ***************************************                      | *********                |               |             |                  |               |               |                   |
| 3a         | Are th           | nere endowment funds<br>nization by:                  |  |                          | hat are h     | eld and a   | administered fo  | r the         |               | Yes No            |
|            | <b>(i)</b> ur    | related organizations                                 |  |                          |               |             |                  |               | 3a(i)         | ) Yes             |
| b          |                  | elated organizations .s" on 3a(ii), are the rel       |  | <br>ed as required on So | <br>chedule F |             | ·                |               | 3a(ii<br>3b   |                   |
| 4          | Descr            | ibe in Part XIII the inte                             | ended uses of the orga                                       | nization's endowme       | nt funds.     |             |                  |               |               |                   |
| Pa         | rt VI            | Land, Buildings,                                      |  | l IIVaall as Farm 2      | 00 5- :       | . T\ /   !: | 11. 0 5-         | 000 . D =     | mb V III      | 10                |
|            | Descri           | Complete if the org                                   | ganization answered<br>(a) Cost or other bas<br>(investment) |                          |               |             | 11a. See Fo      |               |               | Book value        |
|            | 1 - 1            |   |  |                          |               | 62.742      |                  |               |               | 1 462 742         |
|            | Land<br>Buildin  |   |  |                          |               | 58.215      |                  | 2.608.437     |               | 1,462,742         |
| O          |                  |   |  |                          |               |             |                  |               |               |                   |

2,000

1,039,918

64,131

1,833

113,502

59,871

167

926,416

4,260

| Part VII                 | Investments—Other Securities.   | Town 000 Be 1 T/ !!  |              | Coo F 202          | Dest 1  | / line 12   |
|--------------------------|---|----------------------|--------------|--------------------|---|---|
|                          | Complete if the organization answered "Yes" on F  (a) Description of security or category                                     | (b) Book value       | ne 11t       | (c) Meth           | od of v                                       | aluation:   |
| (1) Financia             | (including name of security)  |                      |              | Cost or end-o      | t-year  | market value                                      |
|                          | held equity interests   |                      |              |                    |   |   |
| (A) BSA ASS              | SET MANAGEMENT LLC  | 9,434,409            |              |                    | F   |   |
| (B)                      |   |                      |              |                    |   |   |
| (C)                      |   |                      |              |                    |   |   |
| (D)                      |   |                      |              |                    |   |   |
| (E)                      |   |                      |              |                    |   |   |
| (F)                      |   |                      |              |                    |   |   |
| (G)                      |   |                      |              |                    |   |   |
| (H)                      |   |                      |              |                    |   |   |
|                          | n (b) must equal Form 990, Part X, col. (B) line 12.)   | 9,434,409            |              |                    |   |   |
| Part VIII                | Investments—Program Related. Complete if the organization answered 'Yes' on F   | orm 990, Part IV, li | ne 110       | c. See Form 990,   | Part :  | X, line 13.                                       |
|                          | (a) Description of investment   |                      |              | (b) Book value     |   | ) Method of valuation:<br>t or end-of-year market |
| (1)                      |   |                      |              |                    |   | value   |
| (2)                      |   |                      |              |                    |   |   |
| (3)                      |   |                      |              |                    |   |   |
|                          |   |                      |              |                    |   |   |
| (4)                      |   |                      |              |                    |   |   |
| (5)                      |   |                      |              |                    |   |   |
| (6)                      |   |                      |              |                    |   |   |
| (7)                      |   |                      |              |                    |   |   |
| (8)                      |   |                      |              |                    |   |   |
| (9)<br>                  |   |                      |              |                    |   |   |
| Total. (Colum<br>Part IX | n (b) must equal Form 990, Part X, col.(B) line 13.)  Other Assets.   |                      | <u> </u>     |                    |   |   |
| ruit 1X                  | Complete if the organization answered 'Yes' on Fo   |                      | ne 11d       | . See Form 990, Pa | art X, li                                     |   |
| (1)                      | (a) Description   | 1                    |              |                    |   | (b) Book value                                    |
| (2)                      |   |                      |              |                    |   |   |
| (3)                      |   |                      |              |                    |   |   |
| (4)                      |   |                      |              |                    |   |   |
| (5)                      |   |                      |              |                    |   |   |
| (6)                      |   |                      |              |                    |   |   |
|                          |   |                      |              |                    |   |   |
| (7)<br>(8)               |   |                      |              |                    |   |   |
|                          |   |                      |              |                    |   |   |
| (9)                      | (b) (C) (C) (T) (T)   |                      |              |                    |   |   |
|                          | Other Liabilities.  |                      | <u> </u>     |                    | <u>.                                     </u> |   |
| 1.                       | Complete if the organization answered 'Yes' on Fo  (a) Description of li-   |                      | <u>e 11e</u> | or 11f.See Form    | 990,  | Part X, line 25. (b) Book value                   |
| (1) Federal              | income taxes  |                      |              |                    |   |   |
| (3)                      |   |                      |              |                    |   |   |
| (4)<br>————              |   |                      |              |                    |   |   |
| (5)                      |   |                      |              |                    |   |   |
| (6)                      |   |                      |              |                    |   |   |
| (7)                      |   |                      |              |                    |   |   |
| (8)                      |   |                      |              |                    |   |   |
| (9)                      |   |                      |              |                    |   |   |
|                          | n (b) must equal Form 990, Part X, col.(B) line 25.)  |                      |              | )                  | •   | 384,860   |
|                          | or uncertain tax positions. In Part XIII, provide the text of<br>'s liability for uncertain tax positions under FIN 48 (ASC 7 |                      |              |                    |   |   |

Page 4

3.391.808

-984,863

70,023

4,446,694

2,278,340

16,403

70,023

2.331.960

Schedule D (Form 990) 2019

2,261,937

2e

16,403

70.023

2e

3

4c

5

Subtract line 2e from line 1 . . . . . . . . . . . 3 3 4,376,671 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 70,023

> 2a 2b

2c

2d

4a

4b

Explanation

4b b Add lines **4a** and **4b** . . . . . . . . 4c C

5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) . . . . . . . 5

Part XI 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 . . .

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

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements . . . . . . 1

Investment expenses not included on Form 990, Part VIII, line 7b . . . b 

Subtract line 2e from line 1 . . . . . . . .

Donated services and use of facilities . .

Prior year adjustments . . . . .

Other (Describe in Part XIII.) . . .

Add lines 2a through 2d .

Return Reference

See Additional Data Table

Schedule D (Form 990) 2019

1

2

e

2

C

d

е 3

4

5

Add lines **4a** and **4b** . . . . . . . . . . . . Part XIII Supplemental Information

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

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

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

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

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

| chedule D (Form 990) 2019                      | Page <b>5</b> |
|--|---------------|
| Part XIII Supplemental Information (continued) |               |
| Return Reference Explanation                   |               |
|  |               |
|  |               |
|  |               |
|  |               |
|  |               |
|  |               |
|  |               |
|  |               |

Schedule D (Form 990) 2019

## Additional Data

Software ID: Software Version:

**EIN:** 59-1150488

Name: SOUTHWEST FLORIDA COUNCIL INC 88 BOY SCOUTS OF AMERICA

| Supplemental Information |             |
|--------------------------|-------------|
| Return Reference         | Explanation |

SCHEDULE D, PAGE 3, PART X THE INTERNAL REVENUE SERVICE HAS DETERMINED THAT THE ORGANIZATION IS EXEMPT FROM FEDERAL I NCOME TAXES UNDER SECTION 501(C)3 OF THE INTERNAL REVENUE CODE. THE ORGANIZATION IS A NOT-

FOR-PROFIT FLORIDA CORPORATION AND THEREFORE IS NOT SUBJECT TO STATE INCOME TAX TAXES. THE INTERNAL REVENUE CODE PROVIDES FOR TAXATION OF UNRELATED BUSINESS INCOME UNDER CERTAIN CI RCUMSTANCES. THE ORGANIZATION REPORTS NO UNRELATED BUSINESS TAXABLE INCOME, HOWEVER, SUCH STATUS IS SUBJECT TO FINAL DETERMINATION UPON EXAMINATION OF THE RELATED TAX RETURNS BY TH E APPROPRIATE TAXING AUTHORITIES. THE ORGANIZATION'S TAX FILINGS ARE SUBJECT TO AUDIT BY V ARIOUS TAXING AUTHORITIES. CERTAIN INCOME TAX RETURNS FILED BY THE ORGANIZATION REMAIN OPE N TO EXAMINATION BY THESE GOVERNMENT AGENCIES. THE ORGANIZATION FOLLOWS ASC TOPIC 740, "IN COME TAXES" IN ACCOUNTING FOR UNCERTAIN TAX POSITIONS. THE ORGANIZATION HAS EVALUATED ITS TAX POSITIONS AND ANY ESTIMATES UTILIZED IN ITS TAX RETURNS, AND CONCLUDED THAT THE ORGANI ZATION HAS TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENTS TO THE FINANCIAL STAT EMENTS TO COMPLY WITH THE PROVISIONS OF THIS GUIDANCE. INTEREST AND PENALTIES ASSOCIATED W ITH UNCERTAIN TAX POSITIONS WILL BE RECOGNIZED IN INCOME TAX EXPENSE, IF REQUIRED.

| Supplemental Information                |                       |  |  |  |  |  |  |  |
|---|-----------------------|--|--|--|--|--|--|--|
| Return Reference                        | Explanation           |  |  |  |  |  |  |  |
| SCHEDULE D, PAGE 4, PART XI,<br>LINE 2D | RENTAL EXPENSE 16,403 |  |  |  |  |  |  |  |

| upplemental Information                  |                        |  |  |  |  |  |  |  |
|--|------------------------|--|--|--|--|--|--|--|
| Return Reference                         | Explanation            |  |  |  |  |  |  |  |
| SCHEDULE D, PAGE 4, PART XII,<br>LINE 2D | RENTAL EXPENSES 16,403 |  |  |  |  |  |  |  |

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - |

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I | Content of the select landscape mode (21" x 8.5") when printing.

(Form 990)

Department of the

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

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

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

OMB No. 1545-0047

2019

DLN: 93493289018260

Open to Public Inspection

| Internal Revenue Service                                 |                         | P G0 t0 <u>ww</u>      | <u>w.m.s.gov/1 omm550</u> 101 | the latest information  | 5111                          |                              |                           |
|--|-------------------------|------------------------|-------------------------------|-------------------------|-------------------------------|------------------------------|---------------------------|
| Name of the organization<br>SOUTHWEST FLORIDA COUNCIL    | INC                     |                        |                               |                         |                               | Employer identific           | ation number              |
| 88 BOY SCOUTS OF AMERICA                                 |                         |                        |                               |                         |                               | 59-1150488                   |                           |
| Part I General Inform                                    | nation on Grants        | and Assistance         |                               |                         |                               |                              |                           |
| Does the organization mai<br>the selection criteria used |                         |                        |                               |                         |                               | ce, and                      | ☐ Yes ☑ No                |
| 2 Describe in Part IV the org                            |                         |                        |                               |                         |                               |                              | ⊔ Yes ⊻ No                |
| Part III Grants and Other                                | Assistance to Don       | nestic Organizations a | nd Domestic Governme          | ents. Complete if the o | rganization answered "Yes     | " on Form 990, Part IV, line | 21, for any recipient     |
| (a) Name and address of                                  | (b) EIN                 | (c) IRC section        | (d) Amount of cash            | (e) Amount of non-      | (f) Method of valuation       | (g) Description of           | (h) Purpose of grant      |
| organization<br>or government                            | (b) EIN                 | (if applicable)        | grant                         | cash<br>assistance      | (book, FMV, appraisal, other) | noncash assistance           | or assistance             |
| (1)  |                         |                        |                               |                         |                               |                              |                           |
| (2)  |                         |                        |                               |                         |                               |                              |                           |
| (3)  |                         |                        |                               |                         |                               |                              |                           |
| (4)  |                         |                        |                               |                         |                               |                              |                           |
| (5)  |                         |                        |                               |                         |                               |                              |                           |
| (6)  |                         |                        |                               |                         |                               |                              |                           |
| (7)  |                         |                        |                               |                         |                               |                              |                           |
| (8)  |                         |                        |                               |                         |                               |                              |                           |
| (9)  |                         |                        |                               |                         |                               |                              |                           |
| (10)   |                         |                        |                               |                         |                               |                              |                           |
| (11)   |                         |                        |                               |                         |                               |                              |                           |
| (12)   |                         |                        |                               |                         |                               |                              |                           |
| 2 Enter total number of sect                             | . , . ,                 | -                      |                               |                         |                               |                              |                           |
| 3 Enter total number of other                            |                         |                        | <u> </u>                      | Cat. No. 5005           |                               |                              | edule I (Form 990) 2019   |
| TOT PAPELWOLK REGUCTION ACT NOTE                         | ce, see the Instruction | nis ioi fullii 330.    |                               | Cat. No. 3003:          | <b>7</b> F                    | SCH                          | cuuic 1 (FUIIII 990) 2019 |

Schedule I (Form 990) 2019

Explanation

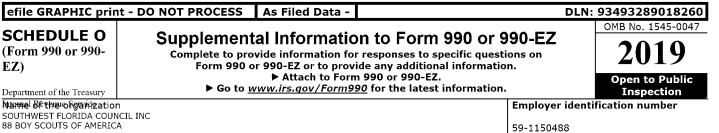
**Return Reference** 

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

| efil  | e GRAPHIC pi                                | rint - DO NOT PROCESS   | As Filed Data  | a -  | DLN: 93               | 49328  | 9018   | 260  |  |
|-------|---|---|--|--|-----------------------|--------|--------|------|--|
| Sch   | edule J                                     | C   | ИВ No.   | 1545-0   | 0047                  |        |        |      |  |
| (Forr | n 990)                                      |   | For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  Attach to Form 990. |  |                       |        |        |      |  |
| •     | tment of the Treasury<br>al Revenue Service | ► Go to <u>www.irs.go</u>   |  | instructions and the latest inform   | nation.               | Open t | to Pul |      |  |
| Nar   | ne of the organiz                           |   |  |  | Employer identifica   |        |        |      |  |
|       | JTHWEST FLORIDA (<br>BOY SCOUTS OF AMI      |   |  |  | 59-1150488            |        |        |      |  |
| Pa    | rt I Questi                                 | ons Regarding Compensa  | ntion  |  | 33 1130 100           |        |        |      |  |
|       |   |   |  |  |                       |        | Yes    | No   |  |
| 1a    |   |   |  | f the following to or for a person liste<br>y relevant information regarding the |                       |        |        |      |  |
|       | First-class                                 | s or charter travel   |  | Housing allowance or residence for   | personal use          |        |        |      |  |
|       | _   | companions  | 닏  | Payments for business use of perso   |                       |        |        |      |  |
|       |   | nification and gross-up payment                                       |  | Health or social club dues or initiation   |                       |        |        |      |  |
|       | ☐ Discretion                                | nary spending account   | Ш  | Personal services (e.g., maid, chauf   | feur, chef)           |        |        |      |  |
| b     |   |   |  | follow a written policy regarding pay<br>ve? If "No," complete Part III to expl  |                       | 1b     |        |      |  |
| 2     |   |   |  | or allowing expenses incurred by all   | - 1-2                 | 2      |        |      |  |
|       | directors, truste                           | ees, officers, including the CEO/                                     | executive Directo  | r, regarding the items checked on Lir  | le la?                |        |        |      |  |
| 3     |   |   |  | ed to establish the compensation of the  | ne                    |        |        |      |  |
|       |   |   |  | not check any boxes for methods<br>CEO/Executive Director, but explain i         | n Part III.           |        |        |      |  |
|       |   | -   |  | ,  |                       |        |        |      |  |
|       |   | ation committee<br>ent compensation consultant                        | H  | Written employment contract Compensation survey or study                         |                       |        |        |      |  |
|       |   | of other organizations  | <u> </u>   | Approval by the board or compensa  | tion committee        |        |        |      |  |
| 4     |   | -   | 990 Part VII Se  | ction A, line 1a, with respect to the f  |                       |        |        |      |  |
| •     | related organiza                            |   | 330, Tare VII, 30  | etion //, inte 1a, with respect to the r   | mig organization or a |        |        |      |  |
| а     | Receive a sever                             | ance payment or change-of-cor   | ntrol payment? .   |  |                       | 4a     |        | No   |  |
| b     |   | • • •   |  | ified retirement plan?   |                       | 4b     |        | No   |  |
| c     | Participate in, o                           | r receive payment from, an equ  | ity-based comper   | nsation arrangement?   |                       | 4c     |        | No   |  |
|       | If "Yes" to any o                           | of lines 4a-c, list the persons an                                    | d provide the app  | olicable amounts for each item in Part   | : III.                |        |        |      |  |
|       | Only E01(a)(2                               | s), 501(c)(4), and 501(c)(29  | ) organizations  | must complete lines E-0  |                       |        |        |      |  |
| 5     |   |   | -  | the organization pay or accrue any   |                       |        |        |      |  |
|       |   | ontingent on the revenues of:   |  | o. gaza pa, o. acc. ac c,  |                       |        |        |      |  |
| а     | The organization                            | n?  |  |  |                       | 5a     |        | No   |  |
| b     | Any related orga                            | anization?  |  |  |                       | 5b     |        | No   |  |
|       | If "Yes," on line                           | 5a or 5b, describe in Part III.                                       |  |  |                       |        |        |      |  |
| 6     |   | ed on Form 990, Part VII, Section<br>Contingent on the net earnings o |  | the organization pay or accrue any   |                       |        |        |      |  |
| а     | The organization                            | n?  |  |  |                       | 6a     |        | No   |  |
| b     |   |   |  |  |                       | 6b     |        | No   |  |
|       | •   | 6a or 6b, describe in Part III.                                       |  |  |                       |        |        |      |  |
| 7     | payments not d                              | escribed in lines 5 and 6? If "Ye                                     | s," describe in Pa   | the organization provide any nonfixed rt III                                     |                       | 7      |        | No   |  |
| 8     | subject to the ir                           | nitial contract exception describe                                    | ed in Regulations  | red pursuant to a contract that was<br>section 53.4958-4(a)(3)? If "Yes," de<br> |                       |        |        | N-   |  |
| 9     | If "Yes" on line                            | 8, did the organization also follo                                    | ow the rebuttable  | presumption procedure described in   | Regulations section   | 9      |        | No_  |  |
| For F | <u>``</u>                                   | uction Act Notice, see the Ins  |  |  | 0053T Schedule J      |        | 990)   | 2019 |  |

|  |                |  | / Employees, and Hi                                      |   |  |                                 |                                    |  |
|--|----------------|--|--|---|--|---------------------------------|------------------------------------|--|
| For each individual whose                                      |                |  |  |   | organization on row (i) an                     | nd from related organizati      | ons, described in the              |  |
| instructions, on row (ii). I<br><b>Note.</b> The sum of columr | o no<br>is (B) | ot list any individuals that<br>)(i)-(iii) for each listed ind | : are not listed on Form 9<br>dividual must equal the to | 90, Part VII.<br>Ital amount of Form 990, | Part VII, Section A, line                      | 1a, applicable column (D)       | and (E) amounts for tha            | t individual.                                  |
| (A) Name and Title   |                |  | of W-2 and/or 1099-MIS                                   |   | (C) Retirement and other deferred compensation | ( <b>D)</b> Nontaxable benefits | (E) Total of columns<br>(B)(i)-(D) | <b>(F)</b> Compensation in column (B) reported |
|  |                | compensation   | compensation   | reportable<br>compensation                |  |                                 |                                    | as deferred on prior<br>Form 990               |
| 1 JOHN G GRAHAM<br>SCOUT EXECUTIVE/SEC                         | (i)            | 206,511  |  |   | 148,342  |                                 | 354,853                            |  |
|  | (ii)           |  |  |   |  |                                 |                                    |  |
|  |                |  |  |   |  |                                 |                                    |  |
|  |                |  |  |   |  |                                 |                                    |  |
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|  |                |  |  |   |  |                                 |                                    |  |





| 990 | Schedule | Ο, | Supplemental | Information |
|-----|----------|----|--------------|-------------|
|     |          |    |              |             |

| Return Reference                        | Explanation  |
|---|--|
| FORM 990 -<br>ORGANIZATION'S<br>MISSION | THE CORPORATION SHALL PROMOTE, WITHIN THE TERRITORY COVERED BY THE CHARTER FROM TIME TO TI ME GRANTED IT BY THE BOY SCOUTS OF AMERICA AND IN ACCORDANCE WITH THE CONGRESSIONAL CHARTE R, BYLAWS, AND RULES AND REGULATIONS OF THE BOY SCOUTS OF AMERICA, THE SCOUTING PROGRAM OF PROMOTING THE ABILITY OF BOYS AND YOUNG MEN AND WOMEN TO DO THINGS FOR THEMSELVES AND OTH ERS, TRAINING THEM BILITY OF BOYS AND YOUNG MEN AND WOMEN TO DO THINGS FOR THEMSELVES AND OTH ERS, TRAINING THEM BILITY OF BOYS AND YOUNG MEN AND WOMEN TO DO THINGS FOR THEMSELVES AND OTH ERS, TRAINING THEM BILITY OF BOYS WHICH ARE NOW IN COMMON USE BY THE BOY SCOUTS OF AMERICA, IN ACHIEVING THIS PURPOSE, EMPHASIS SHALL BE PLACED UPON THE EDUCATIONAL PROGRAM OF THE BOY SCOUTS OF AMERICA AND THE AOTHS, PROMISES, AND CODES OF THE SCOUTING PROGRAM FOR C HARACTER DEVELOPMENT, CITIZENSHIP TRAINING, AND MENTAL AND PHYSICAL FITNESS. TRADITIONAL S COUTING - IN THE BSA, SCOUTING IS CONSIDERED TO BE ONE MOVEMENT WITH THREE MAIN PROGRAMS: CUB SCOUTING IS THE LARGEST OF THE THREE PROGRAMS, AVAILABLE TO YOUTH FROM KINDERGARDEN TO FIFTH-GRADE OR 5 TO 10 YEARS. THE PROGRAM IS DESIGNED TO PURSUE THE AIMS OF CHARACTER DEVELOPMENT, CITIZENSHIP TRAINING, AND PERSONAL FITNESS. CUB SCOUTING IS DIVIDED INTO AGE-GEN DER LEVELS. SCOUTS BSA IS THE FLAGSHIP PROGRAM OF THE BSA FOR YOUTH AGES 10 TO 18. IT USES OUTDOOR ACTIVITIES SUCH AS CAMPING, AQUATICS AND HIKING TO ACHIEVE THE AIMS OF CHARACTER, CITIZENSHIP AND PERSONAL FITNESS TRAINING, THE ORDER OF THE ARROW IS THE BOY SCOUTING NAT IONAL HONOR SOCIETY FOR EXPERIENCED CAMPERS, BASED ON NATIVE AMERICAN TRADITIONS AND IS DE DICATED TO THE IDEAL OF CHEERFUL SERVICE AND BROTHERHOOD. VENTURING IS A PROGRAM FOR YOUTH 14(AND WHO HAVE COMPLETED THE EIGHTH GRADE) THROUGH 20 YEARS OF AGE. VENTURING'S PURPOSE IS TO PROVIDE POSITIVE EXPERIENCES TO HELP YOUNG PEOPLE MATURE AND TO PREPARE THEM TO BECO ME RESPONSIBLE AND CARRING ADULTS. LEARNING FOR LIFE/EXPLORING PROGRAMS DESIGNED TO SUPPORT SCHOOLS AND COMMUNITY-BASED ORGANIZATIONS IN THE IR |

Return Reference Explanation

FORM 990 - THEIR COMMUNITIES. LOCAL COMMUNITY ORGANIZATIONS INITIATE A SPECIFIC EXPLORER POST BY MAT ORGANIZATION'S CHING THEIR PEOPLE AND PROGRAM RESOURCES TO THE INTERESTS OF YOUNG PEOPLE IN THE COMMUNITY . THE RESULT IS A PROGRAM OF ACTIVITIES THAT HELPS YOUTH PURSUE THEIR SPECIAL INTERESTS, G ROW, AND DEVELOP. EXPLORING PROGRAMS ARE BASED ON FIVE AREAS OF EMPHASIS: CAREER OPPORTUNI TIES, LIFE SKILLS, CITIZENSHIP, CHARACTER EDUCATION, AND LEADERSHIP EXPERIENCE.

990 Schedule O, Supplemental Information

Return

| Reference    | ·   |
|--------------|---|
| FORM 990,    | SCOUT VOLUNTEERS SERVE IN MANY CAPACITIES, FROM BOARD MEMBERS WHO LEAD IN STRATEGIC PLANNING      |
| PAGE 1,      | FOR THE COUNCIL, TO DISTRICT VOLUNTEERS WHO PROVIDE LEADER TRAINING OR MENTORING, TO UNIT LEADERS |
| PART I, LINE | WHO ORGANIZE MEETINGS, ENCOURAGE ADVANCEMENT, AND PROVIDE OUTDOOR LEARNING EXPERIENCES FOR        |
| 16           | VOLITH THERE WERE 2 220 REGISTERED ADULT VOLUNTEERS IN 2019                                       |

Explanation

| Return<br>Reference                          | Explanation  |
|--|--|
| FORM 990,<br>PAGE 2,<br>PART III,<br>LINE 4A | IT IS THE MISSION OF THE SOUTHWEST FLORIDA COUNCIL, INC., BOY SCOUTS OF AMERICA, THAT IT SHALL PROMOTE, WITHIN THE TERRITORY COVERERED BY THE CHARTER GRANTED BY THE BOY SCOUTS OF AMERICA AND IN ACCORDANCE WITH THE CONGRESSIONAL CHARTER, BY LAWS, AND RULES AND REGULATIONS OF THE BOY SCOUTS OF AMERICA THE SCOUTING PROGRAM. THE SOUTHWEST FLORIDA COUNCIL TERRITORY INCLUDES CHARLOTTE, COLLIER, DESOTO, HENDRY(LABELLE), LEE, MANATEE AND SARASOTA COUNTIES. THE COUNCIL PROVIDES UNIT OPERATION SUPPORT TO ENABLE COMMUNITY CHARTER PARTNERS TO DELIVER B.S.A. PROGRAMS. THE LOCAL COUNCIL DELIVERED THE SCOUTING PROGRAM TO 20,000 PLUS YOUTH AND 2,200 PLUS REGISTERED ADULT VOLUNTEERS IN 2019 THROUGH 275 UNITS CHARTERED BY COMMUNITY PARTNERS. THESE UNITS INCLUDED CUB SCOUT PACKS, SCOUTS BSA TROOPS, VENTURING CREWS, EXPLORING POSTS AND LEARNING FOR LIFE GROUPS. PROGRAM SUPPORT SERVICES INCLUDE: PROGRAM COORDINATION, MEMBERSHIP RECRUITMENT/NEW UNIT ORGANIZATION, CAMP FACILITY OPERATIONS, ADULT VOLUNTEER TRAINING, RISK MANAGEMENT, DISTRICT/COUNTY OPERATIONS, PROFESSIONAL STAFF SUPPORT, COUNCIL SERVICE CENTER SERVICES, SCOUT RETAIL SHOP OPERATION, FINANCE MANAGEMENT AND OVERALL ORGANIZATIONAL GOVERNANCE. |

990 Schedule O, Supplemental Information

Return Explanation

Deference

| Reference |   |
|-----------|---|
| FORM 990, | ACTIVE MEMBERS MAY ELECT THE MEMBERS OF THE GOVERNING BODY AND APPROVE SIGNIFICANT DECISIONS OF |
| PAGE 6,   | THE GOVERNING BODY.   |
| PART VI,  |   |
| LINE 6    |   |

990 Schedule O, Supplemental Information

Return Explanation

Reference

| Reference            |   |
|----------------------|---|
| FORM 990,<br>PAGE 6, | ACTIVE MEMBERS MAY ELECT THE MEMBERS OF THE GOVERNING BODY AND APPROVE SIGNIFICANT DECISIONS OF THE GOVERNING BODY. |
| PART VI,             |   |
| LINE 7A              |   |

990 Schedule O, Supplemental Information

Return

| Reference | —p  |
|-----------|---|
| FORM 990, | ACTIVE MEMBERS MAY VOTE AT THE ANNUAL MEETING TO RECEIVE AND APPROVE FINANCIAL STATEMENTS AS OF |
| PAGE 6,   | THE CLOSE OF ITS MOST RECENT COMPLETE FISCAL YEAR AND OTHER SUCH BUSINESS AS MAY COME BEFORE    |
| PART VI,  | THE MEETING. ACTIVE MEMBERS MAY ALSO VOTE IN REGULAR AND SPECIAL MEETINGS ON MATTERS INCLUDING, |
| LINE 7B   | BUT NOT LIMITED TO WHETHER TO MERGE WITH ANOTHER COUNCIL OR COUNCILS.                           |

Explanation

Return Explanation
Reference

LINE 11B

FORM 990, THE RETURN IS GIVEN TO THE ORGANIZATION TO REVIEW AND SIGN 8879 BEFORE EFILING.
PART VI.

| Return<br>Reference                          | Explanation   |
|--|---|
| FORM 990,<br>PAGE 6,<br>PART VI,<br>LINE 12C | AT LEAST ONCE A YEAR, THE COUNCIL DISTRIBUTES A CONFLICT OF INTEREST CERTIFICATION AND DISCLOSURE FORM TO ITS OFFICERS, DIRECTORS AND PROFESSIONAL EMPLOYEES. THE COVERED PERSONS ARE REQUIRED TO COMPLETE AND SIGN THE CERTIFICATE AND DISCLOSURE FORM, WHICH IS RETAINED IN THE COUNCIL FILES. THE CERTIFICATION AND DISCLOSURE FORMS ARE REVIEWED NO LESS THAN ANNUALLY BY THE SCOUT EXECUTIVE AND TREASURER. ADDITIONALLY, THE COUNCIL COMPILES AND MAINTAINS A LIST OF POTENTIALLY CONFLICTED ENTITIES AND INDIVIDUALS. PROPOSED TRANSACTIONS ARE THEN MATCHED AGAINST THE LIST AS A MEANS OF IDENTIFYING POSSIBLE CONFLICTS. THE SCOUT EXECUTIVE IS ULTIMATELY RESPONSIBLE FOR MAINTAINING THE LIST AND SCREENING FOR POSSIBLE CONFLICTS OF INTEREST. THE COUNCIL ALSO REQUESTS IN WRITING THAT ITS MAJOR VENDORS AND SERVICE PROVIDERS DISCLOSE ANY RELATIONSHIP - PERSONAL, FINANCIAL, OR OTHERWISE - THAT THE VENDOR OR SERVICE PROVIDER HAS WITH ANY OF THE COUNCIL'S DIRECTORS, OFFICERS, EMPLOYEES OR VOLUNTEERS IN ORDER TO ASSIST THE COUNCIL IN MONITORING COMPLIANCE WITH ITS CONFLICT OF INTEREST POLICY. IN ADDITION, THE COUNCIL PERIODICALLY REVIEWS MAJOR TRANSACTIONS TO ENSURE ANY COMPENSATION PAID CONTINUES TO BE REASONABLE. IF A POSSIBLE CONFLICT IS IDENTIFIED WITH RESPECT TO A PROPOSED TRANSACTION, THE COUNCIL FOLLOWS PROCEDURES SET FORTH IN ITS CONFLICT OF INTEREST POLICY TO DETERMINE WHETHER AN ACTUAL CONFLICT EXISTS AND THE PROCEDURES FOR ADDRESSING THE CONFLICT OF INTEREST. IF A COVERED PERSON FAILS TO DISCLOSE AN ACTUAL OR POSSIBLE CONFLICT OF INTEREST, APPROPRIATE DISCIPLINARY AND CORRECTIVE ACTION IS TAKEN INCLUDING POSSIBLE TERMINATION FOR A COVERED EMPLOYEE AND PROHIBITION FROM PARTICIPATING IN THE DELIBERATIONS OF THE GOVERNING BODY FOR A BOARD MEMBER. |

Return

| Reference                                    | Explanation   |
|--|---|
| FORM 990,<br>PAGE 6,<br>PART VI,<br>LINE 15A | EACH YEAR THE COUNCIL PRESIDENT APPOINTS AN INDEPENDENT COMPENSATION AND BENEFITS COMMITTEE WHOSE RESPONSIBILITIES ARE TO REVIEW THE PERFORMANCE OF THE SCOUT EXECUTIVE AND TO ESTABLISH A COMPENSATION PACKAGE FOR HIM OR HER SUBJECT TO APPROVAL BY THE EXECUTIVE BOARD. THE COMPENSATION OF THE SCOUT EXECUTIVE IS REVIEWED AND APPROVED, IN ADHERENCE WITH NATIONAL B.S.A. COMPENSATION RANGES AND GUIDELINES AS WELL AS USING DATA AS TO COMPARABLE COMPENSATION FOR SIMILARLY QUALIFIED PERSONS IN FUNCTIONALLY COMPARABLE POSITIONS AT SIMILARLY SITUATED ORGANIZATIONS. THERE IS CONTEMPORANEOUS DOCUMENTATION AND RECORD KEEPING WITH RESPECT TO THE DELIBERATIONS AND DECISIONS REGARDING THE COMPENSATION ARRANGEMENT. TOTAL COMPENSATION PROGRAM AND POLICIES DEVELOPED BY THE BSA NATIONAL COUNCIL (BOTH IN AGGREGATE AND BY COMPONENT) ARE CONSISTENT WITH MARKET PRACTICE. |

Explanation

FORM 990.

## Return Explanation Reference EACH YEAR THE COUNCIL PRESIDENT APPOINTS AN INDEPENDENT COMPENSATION AND BENEFITS COMMITTEE

PAGE 6. WHOSE RESPONSIBILITY IS TO ESTABLISH A COMPENSATION PACKAGE FOR KEY EMPLOYEES BASED ON PART VI. PERFORMANCE REVIEWS CONDUCTED BY THE SCOUT EXECUTIVE USING DATA AS TO COMPARABLE LINE 15B COMPENSATION FOR SIMILARLY QUALIFIED PERSONS IN FUNCTIONALLY COMPARABLE POSITIONS AT SIMILARLY SITUATED ORGANIZATIONS. THERE IS CONTEMPORANEOUS DOCUMENTATION AND RECORD KEEPING WITH RESPECT TO THE DELIBERATIONS AND DECISIONS REGARDING THE COMPENSATION ARRANGEMENT.

Return Explanation
Reference

FORM 990, THE COUNCIL IS INCLUDED IN THE GROUP EXEMPTION FILING OF THE NATIONAL COUNCIL, BOY SCOUTS OF PAGE 6, AMERICA, AND THEREFORE, DOES NOT FILE FORM 1023.

PART VI, LINE 18

990 Schedule O, Supplemental Information

| Return<br>Reference                         | Explanation   |
|---|---|
| FORM 990,<br>PAGE 6,<br>PART VI,<br>LINE 19 | IF THE GOVERNING DOCUMENTS (ARTICLES OF INCORPORATION, BYLAWS, AND CONSTITUTION) AND POLICIES OF THE COUNCIL ARE SUBJECT TO THE FEDERAL DISCLOSURE RULES (OR STATE PUBLIC DISCLOSURE RULES), THESE DOCUMENTS WILL BE MADE PUBLICALLY AVAILABLE 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 AVAILABLE FOR PUBLIC INSPECTION AT THE COUNCIL'S SERVICE CENTER LOCATED AT 1801 BOY SCOUT DRIVE, FORT MYERS, FL 33907. ALL DOCUMENTS AS REQUIRED BY FEDERAL, STATE AND LOCAL LAW, INCLUDING BUT NOT LIMITED TO THE IRS FORM 990, AND IF APPLICABLE, THE IRS 990T, ANNUAL REPORT, AUDITED FINANCIAL STATEMENTS, MINUTES OF THE EXECUTIVE BOARD MEETINGS. |

Return Explanation
Reference

LINE 9

FORM 990, RENTAL EXPENSE 16,403 RENTAL EXPENSES -16,403
PART XI.