** PUBLIC DISCLOSURE COPY **

Form **990**

Department of the Treasury

Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047 **2018**Open to Public

Inspection

_	1 01 111	e 25 to calefidat year, or tax year beginning	enumg	_	
В	Check if applicab	NARRAGANSETT COUNCIL BOY SCOUTS OF		D Employer identif	fication number
	chan			05-0	0308384
	Initial returr Final	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numb	
	returr termi	n-			
	ated Amer	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	10,440,352.
H	returr Appli		7.7.7	H(a) Is this a group	
	tion pend	F Name and address of principal officer: TIMOTHY C. MCCANDLI			s? Yes X No
_		PO BOX 14777, EAST PROVIDENCE, RI 0293		1	included? Yes No
		empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) d	or 527	,	a list. (see instructions)
		te: ► WWW.NARRAGANSETTBSA.ORG			on number ▶ 1761
-		forganization: X Corporation Trust Association Other	L Year	of formation: 1917	M State of legal domicile: RI
P	art I	Summary			
e	1	Briefly describe the organization's mission or most significant activities: THE			
& Governance		WITHIN THE TERRITORY COVERED BY THE CHAR!			
ern	2	Check this box if the organization discontinued its operations or dispos	sed of more	than 25% of its net a	
νõκ	3	Number of voting members of the governing body (Part VI, line 1a)		3	75
<u>«</u>	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	75
es	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)		5	338
Viti	6	Total number of volunteers (estimate if necessary)		6	3924
Activities	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
4	b	Net unrelated business taxable income from Form 990-T, line 38			0.
				Prior Year	Current Year
Ф	8	Contributions and grants (Part VIII, line 1h)	9,543,957.		
Revenue	9	Program service revenue (Part VIII, line 2g)		3,369,483.	
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		1,160,397.	1,164,014.
Œ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		831,979.	
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		14,905,816.	
_		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		220,659.	
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	
10		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		3,367,185.	
Expenses	160			0.	
ben	loa h	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 238,04	13	0.	0.
EX	17			3,720,325.	3,439,247.
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		7,308,169.	
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		7,503,109.	
LSS		Revenue less expenses. Subtract line 18 from line 12			· · · · · · · · · · · · · · · · · · ·
Net Assets or Fund Balances		T . I (7) / 1	Be	ginning of Current Year	
Sse Bala	20	Total assets (Part X, line 16)		32,973,902.	
et A	21	Total liabilities (Part X, line 26)		649,194.	
		Net assets or fund balances. Subtract line 21 from line 20		32,324,708.	30,395,101.
	art II	Signature Block			
		Ities of perjury, I declare that I have examined this return, including accompanying schedules			ny knowledge and belief, it is
true	, correc	ct, and complete. Declaration of preparer (other than officer) is based on all information of wh	ich preparer	has any knowledge.	
		Signature of officer		Doto	
Sig	n		. /	Date	
Her	e	TIMOTHY C. MCCANDLESS, SCOUT EXECUTIVE Type or print name and title	S/CEO		
			- 1)oto I	I DTIN
		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Paid		JEAN M. RYAN, CPA JEAN M. RYAN, CE	A 1	0/31/19 self-emplo	
	parer	Firm's name SANSIVERI, KIMBALL & CO., LLP		Firm's EIN	05-0255779
Use	Only	Firm's address 50 HOLDEN STREET			4 004 0700
		PROVIDENCE, RI 02908		Phone no.40	1-331-0500
May	v the II	RS discuss this return with the preparer shown above? (see instructions)			X Yes No

NARRAGANSETT COUNCIL BOY SCOUTS OF 05-0308384 Page 2 Part III | Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III X Briefly describe the organization's mission: THE CORPORATION SHALL PROMOTE, WITHIN THE TERRITORY COVERED BY THE CHARTER FROM TIME TO TIME GRANTED IT BY THE BOY SCOUTS OF AMERICA AND IN ACCORDANCE WITH THE CONGRESSIONAL CHARTER, BYLAWS, AND RULES AND REGULATIONS OF THE BOY SCOUTS OF AMERICA, THE SCOUTING PROGRAM FOR Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes X No If "Yes," describe these new services on Schedule O. If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 6, 281, 509. including grants of \$ 365, 505.) (Revenue \$) (Expenses \$ THE SCOUTING PROGRAM INCLUDES THE FOLLOWING: LION SCOUTS-A FUN INTRODUCTION TO THE SCOUTING PROGRAM FOR KINDERGARTEN-AGE YOUTH EAGER TO GET GOING! LIONS DO ADVENTURES WITH THEIR ADULT PARTNERS AND OTHER LIONS EVERY MONTH. THIS PROGRAM INTRODUCES YOUTH AND THEIR FAMILIES TO SCOUTING AND THE OUTDOORS AS IT BUILDS A FOUNDATION OF CHARACTER. A LION DEN IS PART OF THE CUB SCOUT PACK. TIGER SCOUTS-ONE-YEAR, FAMILY-ORIENTED PROGRAM FOR A GROUP OF TEAMS, EACH CONSISTING OF A FIRST-GRADE (OR 7-YEAR-OLD) BOY OR GIRL AND AN ADULT PARTNER (USUALLY A PARENT). A TIGER DEN IS PART OF THE CUB SCOUT PACK. CUB SCOUTING-FAMILY- AND COMMUNITY-CENTERED APPROACH TO LEARNING CITIZENSHIP, COMPASSION, AND COURAGE THROUGH SERVICE PROJECTS, CEREMONIES, GAMES, AND OTHER ACTIVITIES PROMOTING CHARACTER DEVELOPMENT (Code: _____) (Expenses \$ 39,361. including grants of \$ 4,500.) (Revenue \$ 42,025. LEARNING FOR LIFE/EXPLORING PROGRAMS: LEARNING FOR LIFE OFFERS PROGRAMS DESIGNED TO SUPPORT SCHOOLS AND COMMUNITY-BASED ORGANIZATIONS IN THEIR EFFORTS TO PREPARE YOUTH TO SUCCESSFULLY HANDLE THE COMPLEXITIES OF CONTEMPORARY SOCIETY AND TO ENHANCE THEIR SELF-CONFIDENCE, MOTIVATION AND SELF-ESTEEM. THE PROGRAMS FOCUS ON CHARACTER DEVELOPMENT AND CAREER EDUCATION. LEARNING FOR LIFE PROGRAMS HELP YOUTH DEVELOP SOCIAL AND LIFE SKILLS, ASSIST IN CHARACTER AND CAREER DEVELOPMENT, AND HELP YOUTH FORMULATE POSITIVE PERSONAL VALUES. IT PREPARES YOUTH TO MAKE ETHICAL DECISIONS THAT WILL HELP THEM ACHIEVE THEIR FULL POTENTIAL. EXPLORING IS A WORKSITE-BASED PROGRAM. IT IS PART OF LEARNING FOR LIFE'S CAREER EDUCATION PROGRAM ALSO FOR YOUNG MEN AND WOMEN WHO ARE 14 (AND HAVE COMPLETED THE EIGHTH GRADE) THROUGH 20 YEARS OLD. EXPLORING'S PURPOSE (Code:) (Expenses \$ including grants of \$ (Revenue \$ Other program services (Describe in Schedule O.)

SEE SCHEDULE O FOR CONTINUATION(S)

Form **990** (2018)

including grants of \$

6,320,870.

(Expenses \$

832002 12-31-18

Total program service expenses

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			_
•	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	<u> </u>		
•	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9	X	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, 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	X	<u> </u>
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	X	ļ
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			٦,
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
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			v
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	اعدا	X	
10-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f		\vdash
124		12a	X	İ
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	124		
b	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
_	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			,,
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	ا بہ ا		X
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		<u> </u>

Part IV	Checklis	t of Required	Schedules	(continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	00	X	
24.0	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23	Λ	
24 a	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			х
h	Schedule K. If "No," go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24D		_
·	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		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		-	
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		x_
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
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		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			l
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
_	Note. All Form 990 filers are required to complete Schedule O	38	X	
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			<u> </u>
_	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		Yes	No
_	1			
b	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
C	(gambling) winnings to prize winners?	1c	Х	
83200	4 12-31-18	Form	990	(2018)

Form **990** (2018)

<u>Form</u>	990 (2018) AMERICA	03-0306	<u> </u>	P	age C
Pai	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)				
	FARE A COLOR OF WATER WATER AND A COLOR OF THE COLOR OF T	1 [1	Yes	No
Za	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	2a 338			
h	filed for the calendar year ending with or within the year covered by this return		2b	Х	ĺ
ь	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions		20		
2-			3a		x
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule	·······	3b		<u> </u>
	At any time during the calendar year, did the organization have an interest in, or a signature or other		SU		
4 a	financial account in a foreign country (such as a bank account, securities account, or other financial	=	4a		x
h	If "Yes," enter the name of the foreign country:	accounty?	4 a		
D	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	Accounts (FRAR)			ĺ
52	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year.		5b		X
C	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 to		- July 1		<u> </u>
oa	any contributions that were not tax deductible as charitable contributions?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribu		- Ju		
	were not tax deductible?	-	6b		
7	Organizations that may receive deductible contributions under section 170(c).	•••••			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices provided to the payor?	7a	Х	l
	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	Х	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w				
Ū	to file Form 8282?	•	7с		X
ч	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	h	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont		7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file F		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiz		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained				
		•	8		
9	Sponsoring organizations maintaining donor advised funds.				
а	· · · · · · · · · · · · · · · · · · ·		9a		1
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	11a			l
b	Gross income from other sources (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a		1
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			1
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				<u> </u>
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		<u> </u>
	Note. See the instructions for additional information the organization must report on Schedule O.				1
b	Enter the amount of reserves the organization is required to maintain by the states in which the	1 1			
	organization is licensed to issue qualified health plans	1 1			
С	Enter the amount of reserves on hand		<u> </u>		177
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul		14b		₩
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remun-				x
	excess parachute payment(s) during the year?		15		┝
	If "Yes," see instructions and file Form 4720, Schedule N.		4.		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	nt income?	16	-	<u>├</u> ^
	If "Yes," complete Form 4720, Schedule O.			L	

NARRAGANSETT COUNCIL BOY SCOUTS OF **AMERICA**

Form 990 (2018)

05-0308384

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI		<u></u>				X
<u>Sec</u>	tion A. Governing Body and Management						
				_		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	L	75	T		
	If there are material differences in voting rights among members of the governing body, or if the governing				1		
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	ļ			1		
b	Enter the number of voting members included in line 1a, above, who are independent	1b		75			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	ip with	any other		ļ		
	officer, director, trustee, or key employee?			L	2	X	
3	Did the organization delegate control over management duties customarily performed by or under the	ne dire	ct supervision	Γ			
	of officers, directors, or trustees, or key employees to a management company or other person?			[3		X
4	Did the organization make any significant changes to its governing documents since the prior Form				4		X
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?			5		X
6	Did the organization have members or stockholders?				6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a			Π [
	more members of the governing body?				7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			···· [
	persons other than the governing body?			ŀ	7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye			····· [
	The governing body?			İ	8a	X	
b	Each committee with authority to act on behalf of the governing body?				8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea			·····			
	the state of the s				9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R						
			<u> </u>			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			Γ	10a	X	
	If "Yes," did the organization have written policies and procedures governing the activities of such c			·····			
_	and branches to ensure their operations are consistent with the organization's exempt purposes?				10b	X	
112	Has the organization provided a complete copy of this Form 990 to all members of its governing boo				11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	,	3				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13				12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	e to co	nflicts?	····	12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y			·····			
·	in Schedule O how this was done				12c	X	
13	Did the organization have a written whistleblower policy?				13	X	
14	Did the organization have a written document retention and destruction policy?				14	X	
15	Did the process for determining compensation of the following persons include a review and approv			····			
13	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
•	The organization's CEO, Executive Director, or top management official			l	15a	Х	ĺ
	Other officers or key employees of the organization			t	15b	X	
b	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			····			
160	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment	with a				
IUa	taxable entity during the year?				16a		х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate			····			
b	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization						
	exempt status with respect to such arrangements?				16b		
800	tion C. Disclosure	······					
	List the states with which a copy of this Form 990 is required to be filed ▶RI, MA						
17 12	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, a	nd 99	0-T (Section 501	(c)(3)s	only	avail	able
18	for public inspection. Indicate how you made these available. Check all that apply.	00	(222	,(-)			· -
	Own website Another's website X Upon request Other (explain	n in Sc	hedule O)				
40	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co			/. and	finan	cial	
19	statements available to the public during the tax year.		z. manost pone	, ,		J	
20	State the name, address, and telephone number of the person who possesses the organization's be	ooks =	nd records				
20	MARC CARDIN, DIRECTOR OF SUPPORT SERVICE/CFO - (40)	01)	351-870)			
	10 RISHO AVENUE, EAST PROVIDENCE, RI 02914						
	TO ALDRO MANDE, MANDE THOUSE, THE COURT				Form	000	(2018)

Form 990 (2018)

05-0308384

Page 7

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

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

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

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

(A)	(B)	l	411120		C)	прс	11341	(D)	(E)	(F)
Name and Title	Average	(do		Pos	ition) than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	is bot or/trus	h an	compensation	compensation	amount of
	week (list any	\vdash					Ė	from the	from related organizations	other compensation
	hours for	r direc				pa		organization	(W-2/1099-MISC)	from the
	related	stee o	ustee			ensal		(W-2/1099-MISC)	·	organization
	organizations	af tru	onal t		ployee	comb				and related
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former		•	organizations
(1) ALBERT KANDARIAN JR., CLU, CHFC	1.50	-	=		×	工む	<u> </u>		-	
EXECUTIVE BOARD MEMBER		х			ŀ			0.	0.	0.
(2) ANDERS MARTENSON, III, MD	1.50									
EXECUTIVE BOARD MEMBER		Х						0.	0.	0.
(3) ANDREW A. BROWN	1.50									
EXECUTIVE BOARD MEMBER		X						0.	0.	0.
(4) ANDREW ERICKSON	1.50									
EXECUTIVE BOARD MEMBER		Х						0.	0.	0.
(5) ANDREW HEWITT	1.50									
EXECUTIVE BOARD MEMBER		Х						0.	0.	0.
(6) ARTHUR LANGLAIS	1.50									
EXECUTIVE BOARD MEMBER		Х						0.	0.	0.
(7) CHARLES S. MELLEN	1.50									
VP ASSET MANAGEMENT		X		X				0.	0.	0.
(8) DANA GAEBE, ESQ.	1.50									
LEGAL COUNSEL		X						0.	0.	0.
(9) DANIEL E. BURGOYNE, ESQ	1.50									
NORTHWEST SERVICE AREA CHA		X						0.	0.	0.
(10) DANIEL RYAN	1.50							_		
EXECUTIVE BOARD MEMBER		X						0.	0.	0.
(11) DAVID HUMPHREY, CPA, CVA	1.50							_	_	
EXECUTIVE BOARD MEMBER		Х						0.	0.	0.
(12) DAVID PAULSON	1.50									_
EXECUTIVE BOARD MEMBER		Х						0.	0.	0.
(13) DAVID SANTORO, CFP, MBA	1.50		ľ							_
EXECUTIVE BOARD MEMBER		X						0.	0.	0.
(14) DENNIS DION	1.50									•
EXECUTIVE BOARD MEMBER	4 50	X						0.	0.	0.
(15) DENNIS F. LEAHY	1.50									•
ASSISTANT TREASURER	1 50	X		Х				0.	0.	0.
(16) DR. CHRISTOPHER S. BLACK	1.50	,		. ,						^
VP - MEMBERSHIP	1 50	X		X	_	Н		0.	0.	0.
(17) EDWARD T. BRODERICK	1.50			ا پ				0.	0.	0
COUNCIL PRESIDENT		Х		X		لــــا		0.	0.	0.

832007 12-31-18

05-0308384

Page 8

Section A. Officers, Directors, Trus		ploy	/ees			ighe	st C		es (continued)				
(A)	(B)			Pos	C) itior	,		(D)	(E)		l	(F)	
Name and title	Average hours per	(do	not c	heck	more	than	one	Reportable	Reportable	_		timate	
	week					is bot or/trus		compensation from	compensation from related		l ar	nount o other)t
	(list any	ctor				T		the	organizations		com	pensat	tion
	hours for	r dire	l			peq	}	organization	(W-2/1099-MIS		l .	om the	
	related	stee o	trustee			ensal		(W-2/1099-MISC)			org	anizati	on
	organizations below	nal tru	onal t		ployee	ee comb						d relate	
	line)	Individual trustee or director	Institutional t	Officer	Key employee	Highest compensated employee	ormer				orga	anizatio	ns
(18) ERIC JAIKES, ESQ.	1.50	┝╧	┝╧	-	ž	王亞	-						
LEGAL COUNSEL, MA		x	1					0.		0.			0.
(19) GARY FURTADO	1.50												
EXECUTIVE BOARD MEMBER		X						0.		0.			0.
(20) GEORGE SHUSTER	1.50												
IMMEDIATE PAST PRES., VP O	1 50	Х	_	Х		_		0.		0.			0.
(21) GERARD GOULET, ESQ.	1.50					ļ							_
LEGAL COUNSEL, RI	1 50	Х	<u> </u>		<u> </u>	ļ	_	0.		0.			0.
(22) GIL GARNETT	1.50	x											^
EXECUTIVE BOARD MEMBER (23) JAMES CUNHA	1.50	^	<u> </u>			├		0.		0.			0.
YAWGOOG ALUMNI ASSOCIATION	1.50	x						0.		0.			0.
(24) JAYMIN B. PATEL	1.50				-	 	_	-		 			<u> </u>
EXECUTIVE BOARD MEMBER		x			ľ			0.		0.			0.
(25) JOHN H. BRACKEN	1.50									Ť			
EXECUTIVE BOARD MEMBER	-	Х				l		0.		0.			0.
(26) JOHN J. NEWBURY, CPA	1.50												
EXECUTIVE BOARD MEMBER		X						0.		0.			0.
1b Sub-total								0.		0.			0.
c Total from continuation sheets to Part V								308,769.		0.		2,04	
d Total (add lines 1b and 1c)	-						<u> </u>	308,769.		0.	32	2,04	<u> 10.</u>
2 Total number of individuals (including but n	ot limited to th	iose	liste	ed at	DOV	e) wh	no re	eceived more than \$100	,000 of reportable	9			1
compensation from the organization	-						-					Yes	No
3 Did the organization list any former officer,	director or tri	iste	e ke	v en	nnlo	WAA	or	highest compensated er	mnlovee on	ſ	-	100	-110
line 1a? If "Yes," complete Schedule J for s	·			•	•	•		griout componidated cr	. ,		3	1	X
4 For any individual listed on line 1a, is the su													
and related organizations greater than \$150	•							•	•		4	х	
5 Did any person listed on line 1a receive or a													
rendered to the organization? If "Yes," com	plete Schedul	e J f	or su	ıch j	pers	son .					5		X
Section B. Independent Contractors													
1 Complete this table for your five highest co	•	•								pens	ation f	rom	
the organization. Report compensation for	the calendar y	ear	endi	ng w	vith	or w	ithir		rear.				
(A) Name and business	address	NT/	ONE	,				(B) Description of se	envices	С	(C	;) nsation	,
Name and Sacrification		14.	JIVI				\dashv	2000 iption of o	517.000	<u> </u>	- Cimpoi	1001101	
							ľ						
							\perp						
	<u>.</u>			_			\dashv						
2 Total number of independent contractors (i	ncluding but n	ot li	mite	d to	tho	چو اند	Led	ahove) who received m	ore than				
\$100,000 of compensation from the organic	-	J. 111		٠.٥)	Jecu	above, who received in	0.0 0.00				
SEE PART VII, SECTION		ודי	JUZ	ו ידי			зні	EETS			Form !	990 (2	018

Form 990 AMERICA									05-030	8384
Part VII Section A. Officers, Directors,		mple	oyee			ligh	est		rees (continued)	
(A)	(B)	l			C)			(D)	(E)	(F)
Name and title	Average	l			ition			Reportable	Reportable	Estimated
	hours	(c	heck	all	that	app	ly)	compensation	compensation	amount of
	per	1			ŀ	l		from	from related	other
	week	=				loyee		the	organizations	compensation
	(list any hours for	or director				emb		organization	(W-2/1099-MISC)	from the
	related	e or d	tee			sated		(W-2/1099-MISC)		organization and related
	organizations	truste	al trus		yee	mbeu				organizations
	below	Individual trustee	Institutional trustee	<u></u>	Key employee	Highest compensated employee	 150			organizations
	line)	Indiv	Instit	Officer	Key e	High	Former			
(27) JONATHAN FARNUM	1.50									
EXECUTIVE BOARD MEMBER		Х						0.	0.	0.
(28) JOSEPH CRESPI	1.50									
EXECUTIVE BOARD MEMBER		Х						0.	0.	0.
(29) JOSEPH DESTEFANO	1.50					ŀ			_	
SCOUTING FOR FOOD CHAIRMAN		X						0.	0.	0.
(30) JOSEPH GENCARELLA	1.50								_	_
EXECUTIVE BOARD MEMBER	4 50	Х				<u> </u>		0.	0.	0.
(31) JOSEPH MATTHEWS	1.50								_	
VP - PROGRAM	1 50	Х		X		<u> </u>	_	0.	0.	0.
(32) KEVIN J. KENNEDY	1.50	x		х				0.		•
VP TRAINING (33) LEE ALAN DUCKWORTH	1.50	^		Δ		_		0.	0.	0.
EXECUTIVE BOARD MEMBER	1.50	x						0.	0.	0
(34) LLOYD P. ALBERT	1.50	^				<u> </u>	<u></u>	0.	U •	0.
EXECUTIVE BOARD MEMBER	1.50	x						0.	0.	0.
(35) MAYOR ALLAN W. FUNG	1.50	<u> </u>						0.	0.	0.
EXECUTIVE BOARD MEMBER	1.30	x						0.	0.	0.
(36) MICHAEL MCGUIRE	1.50	Ё		_				-		
EXECUTIVE BOARD MEMBER		х						0.	0.	0.
(37) MICHAEL TRAFICANTE	1.50			_		_				
EXECUTIVE BOARD MEMBER		x						0.	0.	0.
(38) OSCAR "TIM" HEBERT	1.50									
SCOUTREACH VP		X		x				0.	0.	0.
(39) PATRICK J. MURRAY, JR.	1.50									
VP ENDOWMENT		Х		х				0.	0.	0.
(40) PAUL CHOQUETTE, JR	1.50									
EXECUTIVE BOARD MEMBER		Х						0.	0.	0.
(41) PAUL H. CAPUANO	1.50									
SOUTHWEST SERVICE AREA CHA		Х						0.	0.	0.
(42) PETER W. HAM	1.50									
EXECUTIVE BOARD MEMBER		X						0.	0.	0.
(43) R. GENE MCLEAN	1.50								_	
EXECUTIVE BOARD MEMBER		Х						0.	0.	0.
(44) REV. ANGELO N. CARUSI	1.50									-
EXECUTIVE BOARD MEMBER	1 50	Х						0.	0.	0.
(45) REV. DR. DONALD ANDERSON	1.50	,,							,	^
EXECUTIVE BOARD MEMBER	1 50	X	\vdash					0.	0.	0.
(46) RICHARD PARTRIDGE	1.50								_	^
TREASURER		X	لـــا	Х				0.	0.	0.
Total to Part VII, Section A, line 1c										
TOTAL TO LAIL VII, DECLIOITA, IIITE IC										

Form 990 AMERICA									05-030	8384
Part VII Section A. Officers, Directors, Tr	ustees, Key E	mpl	oyee	s, a	nd l	ligh	est	Compensated Employ	rees (continued)	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average				ition			Reportable	Reportable	Estimated
	hours	(c	heck	all	that	app	ly)	compensation	compensation	amount of
	per week	1				يو		from the	from related	other
	(list any	ig:				nploye		organization	organizations (W-2/1099-MISC)	compensation from the
	hours for	r dire				led en		(W-2/1099-MISC)	(** = * * * * * * * * * * * * * * * * *	organization
	related	stee o	ruste		au	beusa				and related
	organizations	nal tru	ional t		ploye	m031				organizations
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(47) RICHARD PAULSON	1.50					_				· · · · · · · · · · · · · · · · · · ·
EXECUTIVE BOARD MEMBER		X						0.	0.	0.
(48) ROBERT A. DEFELICE	1.50									
COUNCIL COMMISSIONER		X		X				0.	0.	0.
(49) ROBERT A. DIMUCCIO	1.50								-	
MEMBER AT LARGE/COMMUNITY		X						0.	0.	0.
(50) ROBERT BARNES	1.50									
EXECUTIVE BOARD MEMBER		X						0.	0.	0.
(51) ROBERT HEFRON	1.50							_		
EXECUTIVE BOARD MEMBER		X						0.	0.	0.
(52) ROBERT HOWARD	1.50	l							_	_
EXECUTIVE BOARD MEMBER	1	X						0.	0.	0.
(53) ROBERT PEASE, JR	1.50	ļ							_	_
EXECUTIVE BOARD MEMBER	1 50	Х						0.	0.	0.
(54) ROBERT SIRHAL	1.50	ļ								
EXECUTIVE BOARD MEMBER	1 50	Х	<u> </u>				_	0.	0.	0.
(55) RONALD M. ELLIS	1.50	X								•
EXECUTIVE BOARD MEMBER (56) STEPHEN HINGER	1.50	1	_	_			-	0.	0.	0.
EXECUTIVE BOARD MEMBER	1.50	X						0.	0.	0.
(57) STEPHEN TORTOLANI	1.50	A					<u> </u>	0.	0.	0.
VP DEVELOPMENT	1.30	X		х				0.	0.	0.
(58) STEVEN ZENOFSKY	1.50	1	H	Δ				0.	0.	0.
EXECUTIVE BOARD MEMBER	1.50	x						0.	0.	0.
(59) THOMAS SISSON	55.00	ᢡ				_	_			
DIRECTOR OF CAMPING		x						98,125.	0.	88,862.
(60) TIMOTHY MCCANDLESS	55.00									
SCOUT EXECUTIVE/CEO		X		X				210,644.	0.	233,178.
(61) WILLIAM C BLEZARD	1.50									
EXECUTIVE BOARD MEMBER		X						0.	0.	0.
(62) WILLIAM TREZVANT	1.50									
EXECUTIVE BOARD MEMBER		X						0.	0.	0.
(63) VICTOR CAPPELAN	1.50									
EXECUTIVE BOARD MEMBER		X	Щ					0.	0.	0.
(64) CHRISTIAN JENNER	1.50								_	_
EXECUTIVE BOARD MEMBER	1 1 1	X	Щ					0.	0.	0.
(65) J. MICHAEL FALVEY	1.50									_
EXECUTIVE BOARD MEMBER	1	Х	Ш				<u> </u>	0.	0.	0.
(66) RICHARD NORBERG	1.50	ļ ,,							_	•
EXECUTIVE BOARD MEMBER	1	Х	LJ					0.	0.	0.
Tatalaa Dart VIII. Caation A. Bres. 4-										
Total to Part VII, Section A, line 1c										

Form 990 AMERICA									05-030	0304
Part VII Section A. Officers, Directors, Tru	ıstees, Key Eı	mple	oyee	es, a	nd F	ligh	est	Compensated Employ	ees (continued)	
(A)	(B)			(0				(D)	(E)	(F)
Name and title	Average			Posi	ition			Reportable	Reportable	Estimated
	hours	(c	heck	call t	that	арр	ly)	compensation	compensation	amount of
	per	Ė						from	from related	other
	week					yee		the	organizations	compensation
	(list any	ector				nplc		organization	(W-2/1099-MISC)	from the
	hours for	or dir	ىو			ated e		(W-2/1099-MISC)		organization
	related	stee	truste		e	bens				and related
	organizations	Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee				organizations
	below	divid	struti	Officer	y em	ghest	Former			
	line)	Ē	Ξ	ō	Ke	Ē	৫			
(67) CHARLES NORMAND	1.50	,,								
EXECUTIVE BOARD MEMBER	1 50	X		Ш				0.	0.	0
(68) JACKELINE PARRA	1.50									•
EXECUTIVE BOARD MEMBER	1 50	X						0.	0.	0
(69) MANUEL I. BAGACO	1.50									
EXECUTIVE BOARD MEMBER		X	_					0.	0.	0
(70) LEONARD BRADLEY, JR.	1.50									
EXECUTIVE BOARD MEMBER		X		Ш				0.	0.	0
(71) LOUIS A. ABBENANTE	1.50	,,								•
EXECUTIVE BOARD MEMBER	1 50	Х	_					0.	0.	0
(72) PAUL R. ANTROP	1.50	٠,								•
EXECUTIVE BOARD MEMBER	1 50	X	-					0.	0.	0
(73) FREDERICK P. GARIEPY	1.50	. ,							<u>, </u>	•
EXECUTIVE BOARD MEMBER	1 50	X						0.	0.	0
(74) MICHAEL HEBNER	1.50	٦,						_		0
EXECUTIVE BOARD MEMBER	1 50	Х	_	Н				0.	0.	0
(75) TODD KNAPP	1.50	,,								
EXECUTIVE BOARD MEMBER	1 50	Х	_					0.	0.	0
(76) KEITH A. LAVIMODIERE	1.50	. ,						0.	0.	0
EXECUTIVE BOARD MEMBER	1 50	Х	_					0.	0.	0
(77) JOSEPH M. CONFESSORE	1.50	. ,							<u> </u>	^
EXECUTIVE BOARD MEMBER		Х	_	Ш				0.	0.	0
		ł	1						:	
		H					_			
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		T								
		1								
		1								
	•		-							
								308,769.	1	322,040

Contributions, Gifts, Grants and Other Similar Amounts

Program Service Revenue

Other Revenue

Form **Par**

			TT	COUNCIL	BOY SCOUTS	OF			
990 (05-030	8384 Pa	ge 9
t VIII	Statement of Rever	nue							
	Check if Schedule O cont	ains a res	ponse	or note to any lin	e in this Part VIII		<u>,</u>		
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue exclu from tax und sections 512 - 514	der
1 a	Federated campaigns		1a	96,177.					
	Membership dues		1b						
	Fundraising events		1c	304,647.					
	Related organizations		1d						
е	Government grants (contribut	ions)	1e						
f	All other contributions, gifts, gran	ts, and							
	similar amounts not included abor	ve L	1f	1,657,727.					
g	Noncash contributions included in lines	1a-1f: \$		23,006.					
h	Total. Add lines 1a-1f				2,058,551.				
				Business Code					
2 a	SCOUT CAMPING			900099	2,878,727.	2,878,727.			
b	SCOUT ACTIVITIES			900099	240,658.	240,658.			
С									
d									
е									
	All other program service reve								
	Total. Add lines 2a-2f				3,119,385.				
3	Investment income (including				935 336			0.25	200
_	other similar amounts)				835,226.			835,2	226
4	Income from investment of tax	•							
5	Royalties							-	
6.	Cross routs	(i) Re	eai	(ii) Personal					
	Gross rents Less: rental expenses	-							
	Rental income or (loss)			· · · · · · · · · · · · · · · · · · ·					
	Net rental income or (loss)			<u> </u>					
	Gross amount from sales of	(i) Secu		(ii) Other					
, u	assets other than inventory	2,260		(ii) Guilei				-	
h	Less: cost or other basis	<u> </u>	,						
-	and sales expenses	1,932	,137.						
С	Gain or (loss)		,788.						
	Net gain or (loss)				328,788.	328,788.		1	
	Gross income from fundraising		not						
	including \$ 304	,647. of							
	contributions reported on line	1c). See						1	
	Part IV, line 18		а	42,395.					
b	Less: direct expenses		b	42,395.					
С	Net income or (loss) from fund	draising ev	ents/		0.				
9 a	Gross income from gaming ac	tivities. S	ee					1	
	Part IV, line 19							1	
b	Less: direct expenses		b					1	
	Net income or (loss) from gam		ties	>					
10 a	Gross sales of inventory, less								
	and allowances			1,497,436.					
	Less: cost of goods sold			916,037.					
С	Net income or (loss) from sale		tory		581,399.	581,399.		 	
	Miscellaneous Revenu	ie		Business Code	306 434	206 424			
	OTHER INCOME			900099	326,434.	326,434.		300,0	0.0.0
b	SALE OF GRAVEL			900099	300,000.			+ 300,0	,00,
С				1 1		l			

832009 12-31-18

d All other revenue

Total. Add lines 11a-11d

Total revenue. See instructions

1,135,226. Form **990** (2018)

626,434.

4,356,006.

7,549,783.

Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a respon		this Part IX	/6)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic	250 005	252 225		
	individuals. See Part IV, line 22	370,005.	370,005.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
4	individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members				
3	trustees, and key employees	308,769.	269,073.	30,683.	0 012
6	Compensation not included above, to disqualified	300,703.	209,073.	30,003.	9,013
Ū	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	2,402,867.	2,093,950.	238,778.	70,139
8	Pension plan accruals and contributions (include				70,133
	section 401(k) and 403(b) employer contributions)	154,770.	128,096.	20,618.	6,056
9	Other employee benefits	258,060.	213,584.	34,378.	10,098
10	Payroll taxes	238,240.	213,082.	19,446.	5,712
11	Fees for services (non-employees):				
а	Management				
b	Legal				
С	Accounting	31,000.	16,275.	11,090.	3,635
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	85,818.		85,818.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion	48,000.	48,000.		
13	Office expenses	- 40			
14	Information technology	12,732.	6,684.	4,555.	1,493.
15	Royalties	707 200	<u> </u>	20 125	
16	Occupancy	707,302.	652,709.	38,135.	16,458.
17	Travel	252,058.	222,316.	22,322.	7,420.
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials	127 207	115 260	0 5 6 7	2 261
19	Conferences, conventions, and meetings	127,297.	115,369.	8,567.	3,361.
20	Interest Payments to office				· · · · · · · · · · · · · · · · · · ·
21 22	Payments to affiliates Depreciation, depletion, and amortization	590,731.	578,477.	9,472.	2,782.
23		212,805.	193,129.	15,209.	4,467.
23 24	Other expenses. Itemize expenses not covered	212,003.	173,127.	13,203.	4,407.
24	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 0.)				
а	SUPPLIES	755,518.	714,601.	16,062.	24,855.
b	RECOGNITION AWARDS	160,215.	132,386.	1,658.	26,171.
С	PROFESSIONAL FEES	86,045.	45,173.	30,781.	10,091.
d	PRINTING AND PUBLICATIO	85,829.	62,034.	1,497.	22,298.
е	All other expenses	283,897.	245,927.	23,976.	13,994.
25	Total functional expenses. Add lines 1 through 24e	7,171,958.	6,320,870.	613,045.	238,043.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

	1 X	Balance Sheet			Tage II
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	4,308.	1	4,272.
	2	Savings and temporary cash investments		2	4,166,183.
	3	Pledges and grants receivable, net	1 = 2 1 1 1	3	152,196.
	4	Accounts receivable, net		4	56,628.
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined unc	er		
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contribute	ing		
		employers and sponsoring organizations of section 501(c)(9) voluntary			
S		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net	·	7	
As	8	Inventories for sale or use		8	487,185.
	9	Prepaid expenses and deferred charges		9	94,533.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D Less: accumulated depreciation 10a 17,424,03 10b 9,917,19	2.		
	ь	Less: accumulated depreciation 10b 9,917,19	4. 6,850,152.	10c	7,506,838.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11	10 000 100	12	18,387,847.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	110,099.		105,725.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	32,973,902.		30,961,407.
	17	Accounts payable and accrued expenses	89,636.	17	65,776.
	18	Grants payable		18	
	19	Deferred revenue	108,963.	19	111,023.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	408,677.	21	366,640.
es S	22	Loans and other payables to current and former officers, directors, trustees			
Liabilities		key employees, highest compensated employees, and disqualified persons.			
jab		Complete Part II of Schedule L		22	00.068
_	23	Secured mortgages and notes payable to unrelated third parties	41,918.	_	22,867.
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Schedule D	649,194	25	566,306.
	26	Total liabilities. Add lines 17 through 25		26	300,300.
		Organizations that follow SFAS 117 (ASC 958), check here ▶ X an	a		
Ses		complete lines 27 through 29, and lines 33 and 34.	11,688,891.	0.7	11,602,189.
<u>a</u>	27	Unrestricted net assets		27	11,002,105.
Ва	28	Temporarily restricted net assets	20,635,817		18,792,912.
ဋ	29	Permanently restricted net assets	···	25	10,752,512.
Ę		Organizations that do not follow SFAS 117 (ASC 958), check here	-		
Š		and complete lines 30 through 34.		30	
set	30	Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds		32	
Se	32	Total net assets or fund balances	1 20 204 770		30,395,101.
	34	Total liabilities and net assets/fund balances	20 000		30,961,407.
	107	Total naphidos and not according palaricos			

Form **990** (2018)

NARRAGANSETT COUNCIL BOY SCOUTS OF AMERICA

Form	990 (2018) AMERICA	05-03	808384	Pa	ae 12
Par	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	7,549	9,7	83.
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,17		
3	Revenue less expenses. Subtract line 2 from line 1	3			25.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	32,32		
5	Net unrealized gains (losses) on investments	5	-2,27	5,0	23.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-31	L,4	09.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	30,39	5,1	01.
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>			X
				Yes	No
1	Accounting method used to prepare the Form 990:		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			i
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				1
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			1
	Act and OMB Circular A-133?		За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
	as audita, avalain viby in Schadula O and describe any stone taken to undergo such audita		26		i

Form **990** (2018)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization NARRAGANSETT COUNCIL BOY SCOUTS OF Employer identification number AMERICA 05-0308384 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g, Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in vour governing documen (described on lines 1-10 support (see instructions) support (see instructions) organization Yes above (see instructions)

05-0308384 Page 2

Schedule A (Form 990 or 990-EZ) 2018 AMERICA 05-0308 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

<u>Se</u>	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	2084110.	2032214.	2772908.	9543957.	2058551.	18491740.
2	Tax revenues levied for the organ-						
	ization'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						
	Total. Add lines 1 through 3	2084110.	2032214.	2772908.	9543957.	2058551.	18491740.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						1
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						10165388.
	Public support, Subtract line 5 from line 4.						8326352.
	ction B. Total Support					· · · · · · · · · · · · · · · · · · ·	
	ndar year (or fiscal year beginning in)	(a) 2014 2084110.	(b) 2015 2032214.	(c) 2016 2772908.	(d) 2017 9543957.	(e) 2018 2058551.	(f) Total 18491740.
	Amounts from line 4	2004110.	2032214.	2112300.	3343337.	2036331.	10491/40.
8	Gross income from interest,						
	dividends, payments received on					!	
	securities loans, rents, royalties,	415,469.	263,570.	433,193.	656,673.	835,226.	2604131.
•	and income from similar sources Net income from unrelated business	413,403.	203,370.	433,133.	030,073.	033,220.	2004131.
9				!		1	
	activities, whether or not the business is regularly carried on						
40	Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)	244,031.	252,138.	524,965.	290,755.	826 434	2138323.
11	Total support. Add lines 7 through 10	211,031.	232,130.	324,303.	250,155.		23234194.
	Gross receipts from related activities,	etc /see instruction	nne)				,161,981.
	First five years. If the Form 990 is for	•	,	d fourth or fifth to			<u>/101/3011</u>
10	organization, check this box and stor	-			•		
Sec	tion C. Computation of Publ		rcentage				
	Public support percentage for 2018 (I			olumn (f))		14	35.84 %
	Public support percentage from 2017					15	36.12 %
	33 1/3% support test - 2018. If the c					nore, check this bo	
	stop here. The organization qualifies	as a publicly supp	orted organization				▶ X
b	33 1/3% support test - 2017. If the c						
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check th	nis box and stop h	ere. Explain in Par	rt VI how the organ	nization
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	d organization		
b	10% -facts-and-circumstances tes	t - 2017. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or ⁻	17a, and line 15 is	10% or
	more, and if the organization meets the	ne "facts-and-circu	mstances" test, ch	neck this box and	stop here. Explain	in Part VI how the	,
	organization meets the "facts-and-circ		-	•			
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b			
					Sche	dule A (Form 990	or 990-EZ) 2018

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and				1	177-5-1	17.000
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions,						
merchandise sold or services per-						
formed, or facilities furnished in any activity that is related to the				1	}	
organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf		Ì				
5 The value of services or facilities					<u> </u>	
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				<u> </u>		
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received			<u> </u>			-
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.) Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(a) 2016	(4) 0017	(=) 0010	(6) T-+-1
9 Amounts from line 6	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
10a Gross income from interest,						
dividends, payments received on				ļ		
securities loans, rents, royalties,						
and income from similar sources b Unrelated business taxable income						
(less section 511 taxes) from businesses						
anguired offer June 20, 1075						
				 		
c Add lines 10a and 10b					-	···
activities not included in line 10b,						
whether or not the business is			J			
regularly carried on 12 Other income. Do not include gain						
or loss from the sale of capital						
assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)		<u> </u>		L		
14 First five years. If the Form 990 is for	_			•	•	
check this box and stop here	a Summart Da					·········· P
Section C. Computation of Publi	<u></u>				T I'	
15 Public support percentage for 2018 (li					15	%
16 Public support percentage from 2017					16	<u>%</u>
Section D. Computation of Inves		<u>~</u>	10 1 (0)		T I	
17 Investment income percentage for 20						<u>%</u>
18 Investment income percentage from 2						<u>%</u>
19a 33 1/3% support tests - 2018. If the						-
more than 33 1/3%, check this box an		= :				
b 33 1/3% support tests - 2017. If the	-					
line 18 is not more than 33 1/3%, chec						
20 Private foundation. If the organization	i did not check a	box on line 14, 19;	a. or 19b. check tl	his box and see ir	structions	

Part IV | Supporting Organizations

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

<u>s</u>

Sec	tion A. All Supporting Organizations		I.,	١
_	Annual of the consequentiants are not and approximations listed by many in the approximation's payaming		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	١.,		i
_	Did the organization have any supported organization that does not have an IRS determination of status	1		
2	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		
2-	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
Sa	(b) and (c) below.	3a		
_	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and	- Sa		
b	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)	UD		
٠	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3с		
42	Was any supported organization not organized in the United States ("foreign supported organization")? If	"		
	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
~	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination			
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
	answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action;			
	(iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action			
	was accomplished (such as by amendment to the organizing document).	5a	<u> </u>	
b	Type I or Type II only. Was any added or substituted supported organization part of a class already			
	designated in the organization's organizing document?	5b		<u> </u>
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	ļ	<u> </u>
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class		l	1
	benefited by one or more of its supported organizations, or (iii) other supporting organizations that also		Ì	
	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		1	1
	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with	_	ŀ	
_	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		<u> </u>
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?	8		1
_	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	l °		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described	1		
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		
	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which	"	\vdash	T
D	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		1
_	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit		T	T
·	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section			
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	supporting organizations)? If "Yes " answer 10b below	10a	1	1

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

determine whether the organization had excess business holdings.)

how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.

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.

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? Provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Schedule A (Form 990 or 990-EZ) 2018

2a

2b

За

Part V T	ype III Non-Functionally Integrated 509(a)(3) Supportin	g Orga	anizations	
	neck here if the organization satisfied the Integral Part Test as a qualifyin			Part VI.) See instructions. A
oth	ner Type III non-functionally integrated supporting organizations must co	mplete	Sections A through E.	
Section A - Ac	ljusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net shor	t-term capital gain	1		
2 Recoveri	ies of prior-year distributions	2		
3 Other gro	oss income (see instructions)	3		
4 Add lines	s 1 through 3	4		
5 Deprecia	ation and depletion	5		
6 Portion o	of operating expenses paid or incurred for production or			
collection	n of gross income or for management, conservation, or	i		
maintena	ance of property held for production of income (see instructions)	6		
7 Other ex	penses (see instructions)	7	· · · · · · · · · · · · · · · · · · ·	
8 Adjusted	d Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Mi	inimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggrega	te fair market value of all non-exempt-use assets (see			
instructio	ons for short tax year or assets held for part of year):			
a Average	monthly value of securities	1a		
b Average	monthly cash balances	1b		
c Fair mark	ket value of other non-exempt-use assets	1c		
d Total (ac	dd lines 1a, 1b, and 1c)	1d		
e Discoun	t claimed for blockage or other			
factors (e	explain in detail in Part VI):			
2 Acquisiti	on indebtedness applicable to non-exempt-use assets	2		
	line 2 from line 1d	3		
	emed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instr	•	4		
5 Net value	e of non-exempt-use assets (subtract line 4 from line 3)	5		
	line 5 by .035	6		
	ies of prior-year distributions	7		
8 Minimur	m Asset Amount (add line 7 to line 6)	8		
Section C - Di	istributable Amount		2	Current Year
1 Adjusted	I net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85	% of line 1	2		
3 Minimum	n asset amount for prior year (from Section B, line 8, Column A)	3		
	eater of line 2 or line 3	4		
	tax imposed in prior year	5		
	table Amount. Subtract line 5 from line 4, unless subject to			
	ncy temporary reduction (see instructions)	6		
	neck here if the current year is the organization's first as a non-functional	ly integr	ated Type III supporting org	anization (see
	structions).			·

Schedule A (Form 990 or 990-EZ) 2018

NARRAGANSETT COUNCIL BOY SCOUTS OF

Schedule A (Form 990 or 990-EZ) 2018 AMERICA 05-0308384 Page 7 Part V | Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** 1 Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 3 Administrative expenses paid to accomplish exempt purposes of supported organizations Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required) Other distributions (describe in Part VI). See instructions. Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. Distributable amount for 2018 from Section C, line 6 Line 8 amount divided by line 9 amount (ii) (iii) Underdistributions Distributable Section E - Distribution Allocations (see instructions) **Excess Distributions** Pre-2018 Amount for 2018 Distributable amount for 2018 from Section C, line 6 2 Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2018 a From 2013 **b** From 2014 c From 2015 d From 2016 e From 2017 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2018 distributable amount i Carryover from 2013 not applied (see instructions) Remainder. Subtract lines 3g, 3h, and 3i from 3f. Distributions for 2018 from Section D, line 7: a Applied to underdistributions of prior years **b** Applied to 2018 distributable amount c Remainder. Subtract lines 4a and 4b from 4. 5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2019. Add lines 3j and 4c 8 Breakdown of line 7: a Excess from 2014 **b** Excess from 2015

Schedule A (Form 990 or 990-EZ) 2018

c Excess from 2016 d Excess from 2017 e Excess from 2018

NARRAGANSETT COUNCIL BOY SCOUTS OF

ocnedule A	(Form 990 or 990-EZ) 2018 AMERICA	05-0308384 Page
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 1 Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; F Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any ac (See instructions.)	7a or 17b; Part III, line 12; nes 1 and 2; Part IV, Section C,
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		-

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

Employer identification number

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

2018

NARRAGANSETT COUNCIL BOY SCOUTS OF 05-0308384 **AMERICA** Organization type (check one): Section: Filers of: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990 EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year ______ > \$_ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Name of organization
NARRAGANSETT COUNCIL BOY SCOUTS OF
AMERICA

Employer identification number

05-0308384

Part I	Contributors	(see instructions)). Use duplicate co	pies of Part I if additiona	l space is needed.
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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$179,726.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$222,600.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ <u>488,000.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions.)

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Name of organization
NARRAGANSETT COUNCIL BOY SCOUTS OF
AMERICA

Employer identification number

05-0308384

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if	additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		· · · · · · · · · · · · · · · · · · ·	
		Calcadula D /F	000 000 E7 000 DE\/0040

Name of organization

MAKKAGAM2E.L.I.	COONCIL	BOY	SCOUTS	of
AMERICA				

Part III					05-0308384			
Part III	Exclusively religious, charitable, etc., contri from any one contributor. Complete columns	butions to organizations described	d in section 5	501(c)(7), (8), or (10)	that total more than \$1,000 for the yea			
	completing Part III, enter the total of exclusively religio	us, charitable, etc., contributions of \$1.00	O or less for the	organizations he year. (Enter this info. once	s.) ► \$			
(a) No. T	Use duplicate copies of Part III if addition	nal space is needed.						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Desc	ription of how gift is held			
		(e) Transfer of	gift					
	Transferee's name, address	and ZIP + 4	Re	elationship of trar	nsferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Descr	ription of how gift is held			
ŀ	(e) Transfer of gift							
-	Transferee's name, address, and ZIP + 4			elationship of tran	sferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held				
		-						
F	(e) Transfer of gift							
	Transferee's name, address, and ZIP + 4			elationship of tran	sferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Descr	iption of how gift is held			
-	(e) Transfer of gift							
	Transferee's name, address, and ZIP + 4			lationship of tran	sferor to transferee			

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

Open to Public Inspection

OMB No. 1545-0047

NARRAGANSETT COUNCIL BOY SCOUTS OF Name of the organization

AMERICA

Employer identification number 05-0308384

Pai	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds or	Accounts.Complete if the
	organization answered "Yes" on Form 990, Part IV, Iir		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in		unds
	are the organization's property, subject to the organization's	-	
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose conf	erring
	impermissible private benefit?		Yes No
Pai		ganization answered "Yes" on Form 990, Part I	V, line 7.
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).	
	Preservation of land for public use (e.g., recreation or e	education) Preservation of a historica	lly important land area
	Protection of natural habitat	Preservation of a certified	historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of a	conservation easement on the last
	day of the tax year.		Held at the End of the Tax 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 str	ructure 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, re	leased, extinguished, or terminated by the org	anization during the tax
	year ▶		
4	Number of states where property subject to conservation ea	sement is located >	
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements in	***************************************	
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conserva	ation easements during the year
			
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation	easements during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h)(4))(B)(i)
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservat	•	
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes the o	organization's accounting for
	conservation easements.		A: :: 4 .
Pai	t III Organizations Maintaining Collections o		r Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under SFAS 116 (AS		
	historical treasures, or other similar assets held for public ex		of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descr		
b	If the organization elected, as permitted under SFAS 116 (AS		
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of public s	service, provide the following amounts
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
2	If the organization received or held works of art, historical tre		n, provide
	the following amounts required to be reported under SFAS 1		. .
	Revenue included on Form 990, Part VIII, line 1		
	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.	Schedule D (Form 990) 2018

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NARRAGANSETT COUNCIL BOY SCOUTS OF

	rt III Organizations Maintaining					05-03	308384	Page 2
	- Totgarnzanono mantaning	Collections of A	rt, Historical Tı	reasures, or Ot	her Simi	lar Asse	ets/continu	red)
3	Using the organization's acquisition, access	sion, and other record	ds, check any of the	following that are a	significan	t use of its	collection	items
	(check all that apply):			· ·	•			
а	Public exhibition	d	I Dan or exc	change programs				
b	Scholarly research	е		3 programs				
С	Preservation for future generations							
4	Provide a description of the organization's of	collections and explain	n how they further t	he organization's o	vomnt nur	in D.	.4. VIII	
5	During the year, did the organization solicit	or receive donations	of art historical trea	sire organization s e.	rempt pur	ose in Pai	π XIII.	
	to be sold to raise funds rather than to be m	naintained as nart of t	he organization's o	ollection?	iar assets		٦.,	
Pa	rt IV Escrow and Custodial Arrar	gements Comple	to if the organization	onection?	····		Yes	└ No
	reported an amount on Form 990, Pa	art X. line 21.	ste ii tile organizatio	manswered res	on Form 99	io, Part IV,	line 9, or	
	Is the organization an agent, trustee, custoo		lion (for pontuit, .ti.,					
	on Form 990. Part Y2	nan or other intermed	liary for contribution	is or other assets n	ot included	, –	7	[==]
h	on Form 990, Part X?						」Yes	X No
D	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table:					
	B					<u> </u>	Amount	
С.	Beginning balance				1c			
d	Additions during the year			•••••	1d			
е	Distributions during the year	•••••			1e			
f	Ending balance	•••••			1f			
	Did the organization include an amount on F					X	Yes	☐ No
<u>_b</u>	If "Yes," explain the arrangement in Part XIII	. Check here if the ex	planation has been	provided on Part X	III			X
Pa	t V Endowment Funds. Complete	if the organization an	swered "Yes" on Fo	orm 990, Part IV, line	10.			
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three	years back	(e) Four ye	ears back
1a	Beginning of year balance	16,657,207.	14,969,919.	11,202,499		606,277.		57,811.
b	Contributions	40,368.	85,691.	3,008,249.	5,:	111,594.		42,881.
С	Net investment earnings, gains, and losses	-1,955,303.	1,601,597.	759,171.	!	515,372.		5,585.
d	Grants or scholarships			<u> </u>				<u> </u>
е	Other expenditures for facilities				 			
	and programs	ĺ			İ			
f	Administrative expenses							
g	End of year balance	14,742,272.	16,657,207.	14,969,919.	11 1	202,499.	5.5	06,277.
2	Provide the estimated percentage of the cur				1 , .	302,433.	0,0	00,277.
		5 • 5 0		i)) neid as:				
a	Board designated or quasi-endowment		_%					
b	Permanent endowment > 94.50	%						
С	Temporarily restricted endowment ▶	%						
	The percentages on lines 2a, 2b, and 2c sho							
3a	Are there endowment funds not in the posse	ession of the organiza	ition that are held a	nd administered for	the organi	zation	_	
	by:						Y	es No
	(i) unrelated organizations						3a(i)	X
								X
b	If "Yes" on line 3a(ii), are the related organization	ations listed as require	ed on Schedule R?				3b	
4	Describe in Part XIII the intended uses of the		wment funds.					
Pai	t VI Land, Buildings, and Equipm	nent.						
	Complete if the organization answere	d "Yes" on Form 990	, Part IV, line 11a. S	ee Form 990, Part	K, line 10.			
	Description of property	(a) Cost or ot			Accumulate	ed	(d) Book v	alue
		basis (investm	, , ,	\-/·	epreciation		,,	
1a	Land	-		4,052.	•		1,034,	.052.
	Buildings				017,5		$\frac{2,331}{2,497}$	
	Leasehold improvements				654,0		$\frac{2}{2}, \frac{1}{639},$	
	Equipment				575,2			,854.
	-			3,328.	670,4			,923.
_	Other				J, J, ±		$\frac{7,506}{7,506}$	
, V. CO		7-41. UIII UUU, I all /	., Joistin (D), mie 1	~~-/			. , ,	,

Schedule D (Form 990) 2018

AMERICA

Part VII Investments - Other Securities.				TOTOTOT Fage
Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11b. See Form 990. F	Part X. line 12.	
(a) Description of security or category (including name of security)	(b) Book value			d-of-year market value
(1) Financial derivatives				· · · · · · · · · · · · · · · · · · ·
(2) Closely-held equity interests				
(3) Other				
(A) MUTUAL FUNDS	12,010,412	END-OF-YE	EAR MARKET	' VALUE
(B) COMMON STOCKS	1,289,931	END-OF-YE	EAR MARKET	VALUE
(C) CORPORATE BONDS	268,461		EAR MARKET	
(D) GOVERNMENT SECURITIES	516,820		EAR MARKET	VALUE
(E) PRIVATE EQUITY FUND	257,059		EAR MARKET	' VALUE
(F) CERTIFICATES OF DEPOSIT	4,045,164	END-OF-YE	EAR MARKET	VALUE
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	18,387,847			
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes"	on Form 990, Part IV, line			
(a) Description of investment	(b) Book value	(c) Method of va	luation: Cost or en	d-of-year market value
(1)				,
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets.				
Complete if the organization answered "Yes"		e 11d. See Form 990, F	Part X, line 15.	(h) Pook volue
(a)	Description			(b) Book value
(2)				
(3)				
(4)				
(5)				
(7)				
(8)				
(9)	15)			<u> </u>
Total. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities.	e 15.)			
Part X Other Liabilities. Complete if the organization answered "Yes"	on Form 990 Part IV line	a 11e or 11f See Form	990 Part X line 2	5
(a) Description of liability	011 0111 990, 1 arc 10, 111	(b) Book value	555, 1 4.177, 11.10 2	•
1. (2)		(4)		
(1) Federal income taxes				
(2)				
(3)				
(4)				
<u>(5)</u>				
<u>(6)</u> (7)				
(8)				
(9)				

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

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Schedule D (Form 990) 2018

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

NARRAGANSETT COUNCIL BOY SCOUTS OF AMERICA Schedule D (Form 990) 2018 05-0308384 Page 4 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 5,184,533. Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains (losses) on investments -2,276,023. **b** Donated services and use of facilities 28,000. 2b c Recoveries of prior year grants 2c d Other (Describe in Part XIII.) 2d e Add lines 2a through 2d -2,248,023. 3 Subtract line 2e from line 1 7,432,556. 3 Amounts included on Form 990, Part VIII, line 12, but not on line 1: 85,818. a Investment expenses not included on Form 990, Part VIII, line 7b **b** Other (Describe in Part XIII.) 31,409. c Add lines 4a and 4b 117,227. Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 549,783. 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 7,114,140. Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities _____ 28,000. 2a b Prior year adjustments 2b c Other losses 2c 2d d Other (Describe in Part XIII.) 28,000. e Add lines 2a through 2d 2e 7,086,140. Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b **b** Other (Describe in Part XIII.) c Add lines 4a and 4b 85,818. 7,171,958. 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | Part XIII | Supplemental Information.

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.

PART IV, LINE 2B:

THE CUSTODIAL ACCOUNTS ARE HOLDING ACCOUNTS FOR FEES PAID BY INDIVIDUALS

OR TROOPS FOR APPLICATIONS AND RENEWALS. INSTEAD OF PAYING THE NATIONAL

ORGANIZATION DIRECTLY, THE TROOPS PAY THE COUNCIL AND THE COUNCIL PAYS THE

NATIONAL ORGANIZATION WHEN THE RENEWAL IS DUE. THE MONIES COLLECTED BUT

NOT YET REMITTED TO NATIONAL ARE RETAINED IN THE OPERATING CHECKING

ACCOUNT UNTIL CHECKS ARE DRAWN ON WHEN THE FUNDS ARE PAID TO THE NATIONAL

ORGANIZATION.

PART X, LINE 2:

THE COUNCIL IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF

THE INTERNAL REVENUE CODE AS A CHARITABLE ORGANIZATION WHEREBY ONLY

832054 10-29-18

Schedule D (Form 990) 2018

NARRAGANSETT COUNCIL BOY SCOUTS OF

Schedule D (Form 990) 2018 AMERICA 05-0308384 Page
Part XIII Supplemental Information (continued)
UNRELATED BUSINESS INCOME, AS DEFINED BY SECTION 509(A)(1) OF THE CODE, IS
SUBJECT TO FEDERAL INCOME TAX.
THE COUNCIL DOES NOT BELIEVE IT HAS TAKEN ANY MATERIAL UNCERTAIN TAX
PROVISIONS AND, ACCORDINGLY, HAS NOT RECOGNIZED ANY LIABILITY FOR
UNRECOGNIZED TAX BENEFITS.
PART XI LINE 4B OTHER ADJUSTMENTS
LOSSES FROM UNCOLLECTIBLE PLEDGES, REFUNDS OR CONTRIBUTIONS AND SERVICE
REVENUE

SCHEDULE G

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No. 1545-0047

Attach to Form 990 or Form 990-EZ. Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

► Go to www.irs.gov/Form990 for instructions and the latest information. NARRAGANSETT COUNCIL BOY SCOUTS OF

Employer identification number

AMERICA					05-0308	384
required to complete this pai						Z filers are not
 Indicate whether the organization rai Mail solicitations Internet and email solicitations Phone solicitations In-person solicitations Did the organization have a written of key employees listed in Form 990, P If "Yes," list the 10 highest paid indicompensated at least \$5,000 by the 	e Solicita f Solicita g Special or oral agreement with any individual Part VII) or entity in connection with position viduals or entities (fundraisers) pursue	tion of tion of I fundra I (inclu profess	non-g gover aising ding o	povernment grants rnment grants events officers, directors, tru fundraising services?	stees, or Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundi have co or cor contrib	Did raiser ustody itrol of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
		ļ				
Total			_			
List all states in which the organization or licensing.	on is registered or licensed to solicit	contrib	outions	s or has been notified	d it is exempt from re	egistration
or noononing.						
						
		-				

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

Schedule G (Form 990 or 990-EZ) 2018

NARRAGANSETT COUNCIL BOY SCOUTS OF

Schedule G (Form 990 or 990-EZ) 2018 AMERICA

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990. Part IV. line 18

05-0308384 Page 2

		of fundraising event contributions and g	ross income on Form 99	0-EZ, lines 1 and 6b. List	events with gross receip	ots greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			DISTINGUISHE			(add col. (a) through
			D CITIZEN LU	TOURNAMENT	3	T
ne			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	257,110.	42,891.	47,041.	347,042.
	2	Less: Contributions	239,057.	31,609.	33,981.	304,647
	3	Gross income (line 1 minus line 2)	18,053.	11,282.	13,060.	42,395.
	4	Cash prizes				
s	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
Direct E	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses			13,060.	
	10		* /			42,395.
D	11	Net income summary. Subtract line 10 from I	ine 3, column (d)		_	0.
Pa	ITE	Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Forn	1 990, Part IV, line 19, or i	reported more than	
		\$15,000 on Form 990-EZ, line oa.		(b) Pull tabs/instant		(d) Total gaming (add
ne			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c)
Revenue						
æ	1	Gross revenue				
s		Cash prizes				
xpense	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes %	Yes %	☐ Yes % ☐ No	
	7	Direct expense summary. Add lines 2 throug			•	
		•				
	8	Net gaming income summary. Subtract line 7	irom line i, column (d)			L
9	En	ter the state(s) in which the organization cond	ucts gaming activities:			
a	ls t	the organization licensed to conduct gaming a No," explain:	ctivities in each of these	states?		Yes No
	_			······································		
		ere any of the organization's gaming licenses re Yes," explain:	•		year?	Yes No
		100, Oxpiairi.				
		0-03-18			Cabadala C/Fa	rm 990 or 990-EZ) 2018

NARRAGANSETT COUNCIL BOY SCOUTS OF

Schedule G (Form 990 or 990-EZ) 2018 AMERICA	05-03	083	84 Page 3
Does the organization conduct gaming activities with nonmembers?	10 00		es No
is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
to administer charitable gaming?		Y	es 🔲 No
io indicate the percentage of garning activity conducted in:			
a The organization's facility	1	3a	9
b At outside facility	14	3b	9
14 Enter the name and address of the person who prepares the organization's gaming/special events books and reco	ds:		
Name			
Address >			
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	[□ Y€	es 🔲 No
b If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the amo	unt		
of gaming revenue retained by the third party - \$			
c If "Yes," enter name and address of the third party:			
Name			
Address			
16 Gaming manager information:			
Name >			
Gaming manager compensation \$			
Description of services provided			
Director/officer Employee Independent contractor			
17 Mandatory distributions:			
a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
retain the state gaming license?		☐ Ye	s 🔲 No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent			
organization's own exempt activities during the tax year ▶ \$			
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	and Part III	l, lines	9, 9b, 10b,
105, 100, 10, and 175, as applicable. 7450 provide any additional information. Occ instructions.			
			

NARRAGANSETT COUNCIL BOY SCOUTS OF **AMERICA** 05-0308384 Page 4 Schedule G (Form 990 or 990-EZ) Part IV | Supplemental Information (continued)

SCHEDULE I (Form 990)

Department of the Treasury

Internal Revenue Service

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 www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047
2018

Open to Public Inspection

Name of	the organization NARRAGANS AMERICA	ETT COUNC	IL BOY SCOU	JTS OF				Employer identification number 05-0308384
Part I	General Information on Grants a	nd Assistance						
	es the organization maintain records							
cri	teria used to award the grants or assi	stance?						🗓 Yes 🔲 No
2 De	scribe in Part IV the organization's pro	ocedures for monit	toring the use of grant	t funds in the Unite	d States.			
Part II		=				anization answered "\	es" on Form 990, Par	t IV, line 21, for any
	recipient that received more than					(f) Method of		
1 (a)	Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
	•							
2 En	ter total number of section 501(c)(3) a	and government or	ganizations listed in the	he line 1 table				
	ter total number of other organization							
	or Paperwork Reduction Act Notice							Schedule I (Form 990) (2018)

Page 2

AMERICA 05-0308384 Schedule I (Form 990) (2018) Part III Grants and Other Assistance to Domestic Individuals, Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed. (a) Type of grant or assistance (b) Number of (c) Amount of (d) Amount of non-(e) Method of valuation (f) Description of noncash assistance (book, FMV, appraisal, other) recipients cash grant cash assistance SCHOLARSHIPS FOR STUDENTS SCHOLARSHIPS FOR STUDENTS ATTENDING U.S. COLLEGES 25 300 0 ATTENDING U.S. COLLEGES SUPPORT TO COVER COSTS ASSOCIATED WITH UNIFORMS CAMPER MEMBERSHIPS AND SCOUT SPECIFIC ASSISTANCE 2755 344 705 0 REGISTRATION FOR 2 755 SCOUTS Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. PART I, LINE 2: CASH AWARDS MADE ARE TO EDUCATIONAL SCHOLARSHIP RECIPIENTS. ANY CHECKS IN EXCESS OF \$500 ARE MADE PAYABLE TO THE COLLEGE WITH A SPECIFIC REFERENCE TO THE INDIVIDUAL RECIPIENT. THIS PROVIDES THE COUNCIL WITH SUFFICIENT CONFIDENCE THAT THE GRANTS AWARDED HAVE BEEN USED IN THE MANNER PROVIDED FOR IN THE GRANT APPLICATIONS.

SCHEDULE J (Form 990)

Compensation Information

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

Compensated Employees

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

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury Internal Revenue Service

NARRAGANSETT COUNCIL BOY SCOUTS OF

Employer identification number 05-0308384 **AMERICA Questions Regarding Compensation**

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			1
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	Х	
				1
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			i
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee X Written employment contract			
	Independent compensation consultant X Compensation survey or study			İ
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		Х
	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6				1
	contingent on the net earnings of:			
а	The organization?	6a		Х
	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			1
	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2018

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

	(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and		(E) Total of columns		
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
(1) THOMAS SISSON (i)		98,125.	0.	0.	7,550.	17,100.	122,775.	0.
DIRECTOR OF CAMPING	(ii)	0.	0.	0.	64,212.	0.	64,212.	0.
(2) TIMOTHY MCCANDLESS	(i)	210,644.	0.	0.	15,126.	20,372.	246,142.	0.
SCOUT EXECUTIVE/CEO	(ii)	0.	0.	0.	197,680.	0.		0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							

NARRAGANSETT COUNCIL BOY SCOUTS OF AMERICA Schedule J (Form 990) 2018

Part III Supplemental Information

05-0308384

Schedule J (Form 990) 2018 Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2018
Open to Public

Inspection

Name of the organization

MARRAGANSETT COUNCIL BOY SCOUTS OF
AMERICA

Employer identification number 05-0308384

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

GRANTED IT BY THE BOY SCOUTS OF AMERICA AND IN ACCORDANCE WITH THE

CONGRESSIONAL CHARTER, BYLAWS, AND RULES AND REGULATIONS OF THE BOY

SCOUTS OF AMERICA, THE SCOUTING PROGRAM FOR PROMOTING THE ABILITY OF

BOYS AND YOUNG MEN AND WOMEN TO DO THINGS FOR THEMSELVES AND OTHERS,

TRAINING THEM IN SCOUTCRAFT, AND TEACHING THEM PATRIOTISM, COURAGE,

SELF-RELIANCE, AND KINDRED VIRTUES, USING THE METHODS WHICH ARE NOW IN

COMMON USE BY THE BOY SCOUTS OF AMERICA.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

PROMOTING THE ABILITY OF BOYS AND YOUNG MEN AND WOMEN TO DO THINGS FOR

THEMSELVES AND OTHERS, TRAINING THEM IN SCOUTCRAFT, AND TEACHING THEM

PATRIOTISM, COURAGE, SELF-RELIANCE, AND KINDRED VIRTUES, USING THE

METHODS WHICH ARE NOW IN COMMON USE BY THE BOY SCOUTS OF AMERICA.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

AND PHYSICAL FITNESS. BOY SCOUTING-WITH THE SCOUT OATH AND SCOUT LAW AS

GUIDES, AND THE SUPPORT OF PARENTS AND RELIGIOUS AND NEIGHBORHOOD

ORGANIZATIONS, SCOUTS DEVELOP AN AWARENESS AND APPRECIATION OF THEIR

ROLE IN THEIR COMMUNITY AND BECOME WELL-ROUNDED YOUNG MEN THROUGH THE

ADVANCEMENT OF THE PROGRAM. SCOUTS PROGRESS IN RANK THROUGH

ACHIEVEMENTS, GAIN ADDITIONAL KNOWLEDGE AND RESPONSIBILITIES, AND EARN

MERIT BADGES THAT INTRODUCE A LIFELONG HOBBY OR A REWARDING CAREER.

VENTURING-PROVIDES EXPERIENCES TO HELP YOUNG MEN AND WOMEN, AGES 14-OR

13 WITH COMPLETION OF THE EIGHTH GRADE-THROUGH 20, BECOME MATURE,

RESPONSIBLE, CARING ADULTS. YOUNG PEOPLE LEARN LEADERSHIP SKILLS AND

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

Schedule O (Form 990 or 990-EZ) (2018)

Employer identification number 05-0308384

PARTICIPATE IN CHALLENGING OUTDOOR ACTIVITIES, INCLUDING HAVING ACCESS

TO BOY SCOUT CAMPING PROPERTIES, A RECOGNITION PROGRAM, AND YOUTH

PROTECTION TRAINING. VENTURING IS A PROGRAM FOR YOUNG MEN AND WOMEN 14

(AND WHO HAVE COMPLETED THE EIGHTH GRADE) THROUGH 20 YEARS OF AGE.

VENTURING'S PURPOSE IS TO PROVIDE POSITIVE EXPERIENCES TO HELP YOUNG

PEOPLE MATURE AND TO PREPARE THEM TO BECOME RESPONSIBLE AND CARING

ADULTS. THE COUNCIL SERVED 9,791 YOUTH THROUGH 169 CUB SCOUT PACKS, 153

BOY SCOUT TROOPS, AND 20 VENTURING CREWS.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

IS TO PROVIDE EXPERIENCES THAT HELP YOUNG PEOPLE MATURE AND TO PREPARE

THEM TO BECOME RESPONSIBLE AND CARING ADULTS. EXPLORERS ARE READY TO

INVESTIGATE THE MEANING OF INTERDEPENDENCE IN THEIR PERSONAL

RELATIONSHIPS AND COMMUNITIES. EXPLORING IS BASED ON A UNIQUE AND

DYNAMIC RELATIONSHIP BETWEEN YOUTH AND THE ORGANIZATIONS IN THEIR

COMMUNITIES. LOCAL COMMUNITY ORGANIZATIONS INITIATE A SPECIFIC EXPLORER

POST BY MATCHING THEIR PEOPLE AND PROGRAM RESOURCES TO THE INTERESTS OF

YOUNG PEOPLE IN THE COMMUNITY. THE RESULT IS A PROGRAM OF ACTIVITIES

THAT HELPS YOUTH PURSUE THEIR SPECIAL INTERESTS, GROW, AND DEVELOP.

EXPLORING PROGRAMS ARE BASED ON FIVE AREAS OF EMPHASIS: CAREER

OPPORTUNITIES, LIFE SKILLS, CITIZENSHIP, CHARACTER EDUCATION, AND

LEADERSHIP EXPERIENCE. THE COUNCIL SERVED 2,937 YOUTH SERVED THROUGH 8

LEARNING FOR LIFE GROUPS AND 23 EXPLORER POSTS.

FORM 990, PART VI, SECTION A, LINE 2:

THREE BOARD MEMBERS MAINTAIN RELATIONSHIPS WITH THE SAME OUTSIDE

ORGANIZATION. GEORGE SHUSTER, GARY FURTADO, AND PATRICK MURRAY ARE ALL

MEMBERS OF THE BOARD OF DIRECTORS AT CARE NEW ENGLAND.

832212 10-10-18

Employer identification number 05-0308384

BOARD MEMBER PATRICK J. MURRAY, JR. IS PRESIDENT/ CEO AND MEMBER OF THE BOARD OF DIRECTORS OF BRISTOL COUNTY SAVINGS BANK. BOARD MEMBER DENNIS F. LEAHY IS EMPLOYED BY BRISTOL COUNTY SAVINGS BANK.

BOARD MEMBER PAUL J. CHOQUETTE IS THE UNCLE OF BOARD MEMBER EDWARD T. BRODERICK.

RICHARD PAULSON, JR. IS THE FATHER OF BOARD MEMBER DAVID PAULSON.

FORM 990, PART VI, SECTION A, LINE 6:

EACH ORGANIZATION THAT IS ISSUED A CHARTER TO OPERATE A SCOUT UNIT APPOINTS ONE REPRESENTATIVE TO BE A VOTING MEMBER OF THE CORPORATION. OTHER VOTING MEMBERS OF THE CORPORATION (NOT TO EXCEED THE NUMBER CHARTERED ORGANIZATION REPRESENTATIVES) ARE ELECTED TO BE "MEMBERS AT LARGE" ANNUALLY AND ARE GENERALLY EXECUTIVE BOARD MEMBERS. A NOMINATING COMMITTEE, APPOINTED BY THE PRESIDENT AND APPROVED BY THE BOARD PRESENTS THE SLATE AT THE ANNUAL MEETING FOR APPROVAL BY MEMBERS OF THE CORPORATION. MEMBERS ARE NOTIFIED OF THE MEETING AND THE APPOINTMENT OF THE NOMINATING COMMITTEE 90 DAYS PRIOR TO THE ANNUAL MEETING. A 10% QUORUM IS REQUIRED AT THE MEETING.

FORM 990, PART VI, SECTION A, LINE 7A:

EACH ORGANIZATION THAT IS ISSUED A CHARTER TO OPERATE A SCOUT UNIT APPOINTS ONE REPRESENTATIVE TO BE A VOTING MEMBER OF THE CORPORATION. OTHER VOTING MEMBERS OF THE CORPORATION (NOT TO EXCEED THE NUMBER CHARTERED ORGANIZATION REPRESENTATIVES) ARE ELECTED TO BE "MEMBERS AT LARGE" ANNUALLY AND ARE GENERALLY EXECUTIVE BOARD MEMBERS. A NOMINATING COMMITTEE, APPOINTED BY

THE PRESIDENT AND APPROVED BY THE BOARD PRESENTS THE SLATE AT THE ANNUAL

Employer identification number 05-0308384

MEETING FOR APPROVAL BY MEMBERS OF THE CORPORATION. MEMBERS ARE NOTIFIED OF THE MEETING AND THE APPOINTMENT OF THE NOMINATING COMMITTEE 90 DAYS PRIOR TO THE ANNUAL MEETING. A 10% QUORUM IS REQUIRED AT THE MEETING.

FORM 990, PART VI, SECTION A, LINE 7B:

DECISIONS MADE BY THE EXECUTIVE BOARD RELATED TO MERGERS OR CONSOLIDATIONS
WITH ANOTHER BOY SCOUT COUNCIL ARE SUBJECT TO APPROVAL BY MEMBERS OF THE
COUNCIL.

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

THE AUDIT COMMITTEE REVIEWS FORM 990 ON BEHALF OF THE BOARD AND RECOMMENDS

TO APPROVE OR REJECT THE FORM 990. THE BOARD VOTES TO ACCEPT THE

RECOMMENDATION OF THE AUDIT COMMITTEE TO APPROVE OR REJECT THE FORM 990.

FORM 990, PART VI, SECTION B, 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 CERTIFICATION AND DISCLOSURE FORM, WHICH IS RETAINED IN THE

COUNCIL FILES. THE CERTIFICATION AND DISCLOSURE FORMS ARE REVIEWED NO LESS

THAN ANNUALLY BY THE SCOUT EXECUTIVE AND TREASURER. ADDITIONALLY, THE

COUNCIL COMPLIES 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.

FORM 990, PART VI, SECTION B, LINE 15:

Page 2 Name of the organization NARRAGANSETT COUNCIL BOY SCOUTS OF **Employer identification number** AMERICA 05-0308384 COMPENSATION & BENEFIT PROCEDURES: THE HUMAN RESOURCES DIVISION OF THE NATIONAL COUNCIL, BOY SCOUTS OF AMERICA ESTABLISHES STANDARD POSITION CLASSIFICATION CRITERIA, EMPLOYEE EVALUATION METHODS, AND RECOMMENDED SALARY CHARTS FOR COMMISSIONED PROFESSIONALS (CAREER SCOUTERS). SALARY RANGES & BENEFITS ARE REVIEWED BY INDEPENDENT CONSULTANTS WHO ISSUE AN OPINION ON THE FAIRNESS OF THE COMPENSATION PROGRAM. AT THE BEGINNING OF THE YEAR, IN CONSULTATION WITH THEIR STAFF LEADER, EACH EMPLOYEE ESTABLISHES SPECIFIC CRITERIA AND MEASUREMENTS UPON WHICH THEIR PERFORMANCE WILL BE EVALUATED THROUGHOUT THE YEAR. EMPLOYEES ARE REVIEWED PERIODICALLY THROUGHOUT THE YEAR TO ASSESS THEIR IN ADDITION TO PERFORMANCE. AT YEAR END A FINAL EVALUATION IS CONDUCTED. THE MEASURABLE CRITERIA, EMPLOYEE MODE (HOW THEY DO THEIR JOB) MAY AFFECT THE FINAL REVIEW. SALARY INCREASES ARE BASED ON EMPLOYEE PERFORMANCE RATING. THERE ARE NO ANNUAL COST OF LIVING SALARY ADJUSTMENTS. SALARY INCREASES FOR COUNCIL STAFF ARE DETERMINED BY THE SCOUT EXECUTIVE USING THE ABOVE METHOD AND ARE SUBJECT TO BUDGET CONSTRAINTS. THERE IS A VOLUNTEER COMPENSATION & BENEFITS COMMITTEE APPOINTED BY THE COUNCIL PRESIDENT THAT INCLUDES THE PRESIDENT AND OTHER MEMBERS OF THE BOARD.

Name of the organization NARRAGANSETT COUNCIL BOY SCOUTS OF **Employer identification number AMERICA** 05-0308384 THE COMPENSATION & BENEFITS COMMITTEE REVIEWS THE RECOMMENDED STAFF SALARY INCREASES AS PRESENTED BY THE SCOUT EXECUTIVE. THIS COMMITTEE. IN CONSULTATION WITH THE NORTHEAST REGION, BOY SCOUTS OF AMERICA, DETERMINES THE SCOUT EXECUTIVE'S SALARY INCREASE, IF ANY, IN THE MANNER DESCRIBED ABOVE. THE NARRAGANSETT COUNCIL HAS ESTABLISHED A SIMILAR SYSTEM FOR ADMINISTRATIVE EMPLOYEES OF THE COUNCIL. ALL SALARIES FALL WITHIN THE RECOMMENDED GUIDELINES. BENEFIT PROGRAMS ARE ADMINISTERED BY THE NATIONAL COUNCIL, BOY SCOUTS OF AMERICA. THE NARRAGANSETT COUNCIL HAS ADOPTED THE STANDARD BSA BENEFIT PROGRAMS WHICH ALL LOCAL COUNCILS ARE REQUIRED TO PARTICIPATE. FORM 990, PART VI, SECTION C, LINE 19: UPON REQUEST THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC. FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS: LOSSES FROM UNCOLLECTIBLE PLEDGES, REFUNDS OF CONTRIBUTIONS -31,409.& SERVICE REV FORM 990, PART XII, LINE 2C: THE PROCESS PERFORMED BY THE AUDIT COMMITTEE IN ORDER TO ASSUME RESPONSIBILITY FOR THE AUDITED FINANCIAL STATEMENTS HAS NOT CHANGED SINCE THE PRIOR YEAR.

Form **8868**

(Rev. January 2019)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-1709

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Enter filer's identifying number Type or Name of exempt organization or other filer, see instructions. Employer identification number (EIN) or NARRAGANSETT COUNCIL BOY SCOUTS OF print AMERICA 05-0308384 File by the Number, street, and room or suite no. If a P.O. box, see instructions. Social security number (SSN) due date for filing your 10 RISHO AVENUE instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions. EAST PROVIDENCE, RI 02914 Enter the Return Code for the return that this application is for (file a separate application for each return) **Application** Return **Application** Return Is For Code Is For Code Form 990 or Form 990-EZ 01 Form 990-T (corporation) 07 Form 990-BL 02 Form 1041-A Form 4720 (individual) Form 4720 (other than individual) 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) Form 8870 06 12 MARC CARDIN, DIRECTOR OF SUPPORT SERVICE/CFO The books are in the care of ▶ 10 RISHO AVENUE - EAST PROVIDENCE, RI 02914 Telephone No. \blacktriangleright (401) $3\overline{51-8700}$ Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) box 🕨 📖 . If it is for part of the group, check this box ▶ 🔛 and attach a list with the names and EINs of all members the extension is for. NOVEMBER 15, 2019 , to file the exempt organization return for I request an automatic 6-month extension of time until the organization named above. The extension is for the organization's return for: ► X calendar year 2018 or tax year beginning , and ending Initial return If the tax year entered in line 1 is for less than 12 months, check reason: Change in accounting period If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 0. any nonrefundable credits. See instructions. За If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.

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

Form 8868 (Rev. 1-2019)

instructions.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment