Form <b>990</b>
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# **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.



Department of the Treasury Internal Revenue Service

Α	For th	or the 2022 calendar year, or tax year beginning and ending				
В	Check if applicab	e: C Name of organization		D Employer identifi	cation number	
Г	Addre	CATALINA COUNCIL BSA TRUST				
Г	Name chang			81-46987	73	
Г	Initial return		Room/suit			
Γ	Final return	1745 E RIVER RD	101	520-273-		
	termir ated		•	G Gross receipts \$	307,007.	
	Amen return			H(a) Is this a group re	eturn	
	Applie tion	F Name and address of principal officer: FLEMING CORTE FLC			? Yes X No	
	pendi	<sup>ng</sup> SAME AS C ABOVE		<b>H(b)</b> Are all subordinates ir	ncluded? Yes No	
1	Tax-ex	empt status: 🗴 501(c)(3) 🗌 501(c) ( ) (insert no.) 🗌 4947(a)(1)	or 🗌 52	If "No," attach a	list. See instructions	
J	Websi			H(c) Group exemptio	n number 1761	
		f organization: Corporation X Trust Association Other	L Yea	ar of formation: 2016	<b>V</b> State of legal domicile: <b>AZ</b>	
P	art I	Summary				
đ	1	Briefly describe the organization's mission or most significant activities: BOY	SCOUT	TRUST FUND	FOR THE	
Governance		CATALINA COUNCIL, BOY SCOUTS OF AMERICA.				
erne	2	Check this box if the organization discontinued its operations or dispo	sed of mor		sets.	
Ň	3			<u>3</u>	1	
ي م	4	Number of independent voting members of the governing body (Part VI, line 1b)			1	
es	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)			0	
Activities &	6	Total number of volunteers (estimate if necessary)			0	
Act	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.	
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11				
				Prior Year 12,637.	Current Year 1,500.	
ne	8	Contributions and grants (Part VIII, line 1h)		12,037.	1,500.	
Revenue	9	Program service revenue (Part VIII, line 2g)		336,460.	172,930.	
Be	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		1,890.	-312.	
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		350,987.	174,118.	
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3)		255,522.	161,955.	
	14			0.	0.	
	40	Salaries, other compensation, employee benefits (Part IX, column (A), line 4)		5,590.	0.	
ses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.	
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25)	53.	••		
Ĕ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,116,923.	31,646.	
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,378,035.		
	19	Revenue less expenses. Subtract line 18 from line 12		-1,027,048.	-19,483.	
or			E	Beginning of Current Year	End of Year	
sets	20	Total assets (Part X, line 16)		2,612,988.	1,151,687.	
Ass	21	Total liabilities (Part X, line 26)		1,080,484.	812.	
Net Assets or	22	Net assets or fund balances. Subtract line 21 from line 20		1,532,504.	1,150,875.	
Pa	art II	Signature Block				
Und	ler pen	alties of perjury, I declare that I have examined this return, including accompanying schedule	es and stater	ments, and to the best of my	/ knowledge and belief, it is	
true	, corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of w	hich prepare	er has any knowledge.		

Sign	Signature of officer		Date	
Here	FLEMING CURTI PLC, TRUSTE	E		
	Type or print name and title			
	Print/Type preparer's name	Preparer's signature	Date Check	PTIN
Paid	MICHAEL J PETERSON, CPA	MICHAEL J PETERSON,	11/08/23 self-employed	P01833529
Preparer	Firm's name WIPFLI LLP		Firm's EIN 39-	0758449
Use Only	Firm's address 1502 LONDON ROAD,	SUITE 200		
	DULUTH, MN 55812		Phone no. 218.	722.4705
May the IF	RS discuss this return with the preparer shown abo	ve? See instructions		X Yes No
				000

232001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2022)

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	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission:		
	TO HOLD AND INVEST ASSETS TO PROVIDE FUNDS FOR GENERAL	PURPOSE SUPPO	RT
	OF THE CATALINA COUNCIL, BOY SCOUTS OF AMERICA.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
-	prior Form 990 or 990-EZ?		XNo
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program service	es? Yes	XNo
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to c	others, the total expenses, a	nd
4-	revenue, if any, for each program service reported. (Code:) (Expenses \$ 162,939. including grants of \$ 161,955.) (r		0.)
4a	(Code:) (Expenses \$ 162,939. including grants of \$ 161,955.) (F THE CATALINA COUNCIL BSA TRUST WAS ESTABLISHED AS A SU		<u> </u>
	ORGANIZATION TO HOLD AND INVEST ASSETS TO PROVIDE FUND		
	PURPOSE SUPPORT OF THE CATALINA COUNCIL, BOY SCOUTS OF		
	SUPPORTING ORGANIZATION.	,	
4b	(Code:) (Expenses \$ including grants of \$) (F	Revenue \$	)
10			/
4c	(Code:) (Expenses \$ including grants of \$) (F	Revenue \$	)
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$ ) (Revenue \$       Total program service expenses     162,939.	)	
<u>4e</u>	Total program service expenses     162,939.	C	<b>990</b> (2022)
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 Form 990 (2022)
 CATALINA
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 Part IV
 Checklist of Required Schedules
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			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? See instructions	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			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
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 donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
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
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
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			37
-	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			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X X
	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		v	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f	Х	<u> </u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	10		x
	Schedule D, Parts XI and XII	12a		
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	101	х	
12	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Δ	x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13		X
14a h	Did the organization maintain an office, employees, or agents outside of the United States?	14a		- 11
U	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			
		14b		x
15	or more? <i>If</i> "Yes," <i>complete Schedule F, Parts I and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			<u> </u>
15		15		x
16	foreign organization? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	13		<u> </u>
10	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,			_ <u></u>
.,	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			<u> </u>
	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
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	х	
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			Vee	Na
22	Did the exercitation report more than \$5,000 of grants or other exciptions to or far demostic individuals on		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	22		x
23	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current	22		
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
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 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	07		x
20	entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
2	instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
a	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes, " complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X 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	Х	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	054		
26	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36		36		x
37	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	50		
07	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 on Schedule O for Part VI, lines 11b and 19?	0/		
	Note: All Form 990 filers are required to complete Schedule O	38	х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 0			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
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Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)				
				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a (	)		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	าร?	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other a				
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?	4a		Х
b	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ad	counts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transac		5b		Х
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				
	any contributions that were not tax deductible as charitable contributions?		6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contribution				
	were not tax deductible?	-	6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a		Х
			7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa	is required			
	to file Form 8282?		7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	rm 8899 as required?	7g		
h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?				
8	8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the				
	sponsoring organization have excess business holdings at any time during the year?				
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a	_		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	-		
	Section 501(c)(12) organizations. Enter:				
	Gross income from members or shareholders	11a	-		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b	-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans	13b	-		
	Enter the amount of reserves on hand	13c	44-		x
14a			14a		<u> </u>
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner		45		х
	excess parachute payment(s) during the year?		15		23
16	If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		х
10	If "Yes," complete Form 4720, Schedule O.		10		
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	tivities			
.,	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	If "Yes," complete Form 6069.				
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### CATALINA COUNCIL BSA TRUST

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

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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 on Schedule O. See instructions. X

Sec	tion A. Governing Body and Management				
				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	1			
	If there are material differences in voting rights among members of the governing body, or if the governing				
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b	Enter the number of voting members included on line 1a, above, who are independent 1b	1			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other				
	officer, director, trustee, or key employee?		2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision				
	of officers, directors, trustees, or key employees to a management company or other person?		3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		X
6	Did the organization have members or stockholders?		6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or				
	more members of the governing body?		7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or				
	persons other than the governing body?		7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
а	The governing body?		<u>8a</u>	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 reached at the				37
600	organization's mailing address? <i>If "Yes," provide the names and addresses on Schedule O</i>	<u></u>	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			v	
				Yes	No X
	Did the organization have local chapters, branches, or affiliates?		10a		
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,		104		
44-	and branches to ensure their operations are consistent with the organization's exempt purposes?		10b	Х	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form	ſ	<u>11a</u>	Δ	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>		12a	х	
12a b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		12a 12b	- 23	x
c b	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Yes," <i>describe</i>	••••	120		
U	on Schedule O how this was done		12c		x
13	Did the organization have a written whistleblower policy?		13	Х	
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 approval by independent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
а	The organization's CEO, Executive Director, or top management official		15a		x
	Other officers or key employees of the organization		15b		x
~	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a				
	taxable entity during the year?		16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's				
	exempt status with respect to such arrangements?		16b		
Sec	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed NONE				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(	c)(3)s	only)	availal	ole
	for public inspection. Indicate how you made these available. Check all that apply.				
	Own website Another's website X Upon request Other (explain on Schedule O)				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy	, and	finano	cial	
	statements available to the public during the tax year.				
20	State the name, address, and telephone number of the person who possesses the organization's books and records				
	FLEMING CURTI PLC TRUSTEE - 520-273-4552				
	1745 E RIVER RD, 101, TUCSON, AZ 85718				
232006	12-13-22		Form	990	(2022)
	7				

Part VII	Compensation of Officers,	Directors, Trustees,	, Key Employees,	Highest	Compensated
	Employees, and Independe	ent 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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See the instructions for the order in which to list the persons above.

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

(A)	(B)	(B) (C)						(D)	(E)	(F)
Name and title	Average hours per	Average Position (do not check more than one box, unless person is both an						Reportable compensation	Reportable compensation	Estimated amount of
	week	offic	officer and a direct			or/trus	tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	r dire				ted		organization	(W-2/1099-MISC/	from the
	related	stee o	ustee			ensa		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	al trus	nal tr		loyee	e comp		1099-NEC)		and related
	below	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
	line)	Ind	lns	0#	Key	e Hig	For			
(1) FLEMING & CURTI PLC	1.00							C 520		
TRUSTEE			X					6,532.	0.	0.
232007 12-13-22	1	I		I	I	I	I	1	I	Form <b>990</b> (2022)
LOLOGY IL IV LL										(_0)

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	orm 990 (2022) CATALINA COUNCIL BSA TRUST 81-4698773 Page 8													
Par	t VII Section A. Officers, Directors, Trust	tees, Key Emp	ploy	ees,	and	Hig	ghes	t C	ompensated Employee	s (continued)				
	(A) Name and title	(B) Average hours per week (list any	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)			than o s both r/trust	an	(D) Reportable compensation from the	(E) Reportable compensatior from related organizations	;	an com	(F) timate nount other pensa	of tion	
		hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC/ 1099-NEC)	(W-2/1099-MIS 1099-NEC)		org and	om the anizat d relate anizatio	ion ed
c d		, Section A	·····	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·			6,532. 0. 6,532.	000 of reportable	0. 0. 0.			0.0.
2	Total number of individuals (including but no compensation from the organization	ot limited to th	ose	liste	d ab	ove	) who	o re	ceived more than \$100,	UUU of reportable				0
3	Did the organization list any <b>former</b> officer, line 1a? If "Yes," complete Schedule J for su	-		•	•	•		Ŭ	• •			3	Yes	No X
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	m of reportabl ),000? <i>If</i> "Yes,	e co " <i>co</i>	mpe mple	ensat ete S	tion Sche	and dule	oth J f	er compensation from the form the form the form the formation of the forma	ne organization		4		x
5	Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes," <i>com</i>											5		Х
<u>Sec</u>	ion B. Independent Contractors Complete this table for your five highest cor	-									ensati	ion fro	om	
	the organization. Report compensation for t (A) Name and business			ndir DNE	0	ith o	or wit	hin:	the organization's tax y (B) Description of s		Co	(C ompei	<b>;)</b> nsatio	n
								_						
2	Total number of independent contractors (ir		ot lin	nitor		hee		hod	above) who received me	ore than				
£	\$100,000 of compensation from the organiz	•		met	0 1	0						Form	<b>990</b> (;	2022)

232008 12-13-22

		(2022) CATALINA COUN	ICIL BSA 1	TRUST		81-4698	773 Page <b>9</b>
Pa	rt VI	II Statement of Revenue					
		Check if Schedule O contains a response	or note to any lin		(B)	(C)	
				<b>(A)</b> Total revenue	Related or exempt function revenue		Revenue excluded from tax under sections 512 - 514
s co	1 -	a Federated campaigns 1a					36010113 3 12 - 3 14
Contributions, Gifts, Grants and Other Similar Amounts	r e k	Membership dues 1b					
, Gr							
àifts ar A	c	Related organizations 1d					
s, G mili	e	Government grants (contributions)					
tion r Si	f	All other contributions, gifts, grants, and					
the		similar amounts not included above 1f	1,500.				
onti nd C	ç	Noncash contributions included in lines 1a-1f		1 500			
<u>a</u> C	r	<b>Total.</b> Add lines 1a-1f	Business Code	1,500.			
•	2 8		Busiliess Coue				
Program Service Revenue	20						
Ser nue							
am eve	c	•					
ogr B	e						
P	f						
	ç						
	3	Investment income (including dividends, intere		28,473.			28,473.
	4	other similar amounts) Income from investment of tax-exempt bond p		20,475.			20,475.
	5	Royalties					
	-	(i) Real	(ii) Personal				
	6 a	a Gross rents					
	k	b Less: rental expenses 6b					
	c						
		Net rental income or (loss)					
	7 a	a Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory <b>7a 272</b> , <b>034</b> .	4,500.				
e	Ľ	and sales expenses	442.				
venue		Gain or (loss)					
		Net gain or (loss)		144,457.			144,457.
Other Re		Gross income from fundraising events (not					
₽		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 18 8a					
		b Less: direct expenses		-812.			-812.
		<ul> <li>Net income or (loss) from fundraising events</li> <li>Gross income from gaming activities. See</li> </ul>		-012.			-012.
	56	Part IV, line 19					
	k	b Less: direct expenses					
		Net to serve a description of the server server to serve the server server to serve the server server to server to serve the server server to server t					
	10 a	Gross sales of inventory, less returns					
		and allowances 10a	a				
		Less: cost of goods sold 10					
	0	Net income or (loss) from sales of inventory					
sn	11 a		Business Code				
neo	l i a						
ella. sver							
Miscellaneous Revenue	(	All other revenue	900099	500.			500.
2	e	e Total. Add lines 11a-11d		500.			
	12	Total revenue. See instructions		174,118.	0.	0.	172,618.
23200	9 12-1	3-22					Form <b>990</b> (2022)

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CATALINA COUNCIL BSA TRUST 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 respons	e or note to any line in t	his Part IX		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	160,705.	160,705.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	1,250.	1,250.		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
9	section 401(k) and 403(b) employer contributions)				
9 10	Other employee benefits				
11	Payroll taxes Fees for services (nonemployees):				
ii a	Management				
a b					
	Legal Accounting				
d					
e	Lobbying Professional fundraising services. See Part IV, line 17				
f	Investment management fees	30,585.		30,585.	
g	Other. (If line 11g amount exceeds 10% of line 25,	,			
9	column (A), amount, list line 11g expenses on Sch 0.)	1,061.	984.	24.	53.
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	· · · · · · · · · · · · · · · · · · ·				
b					
с					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	193,601.	162,939.	30,609.	53.
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)				

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16161108 147695 515038

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Form 990 (2022)

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Form 990 (2022)

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Part X Balance Sheet

Total liabilities and net assets/fund balances

### CATALINA COUNCIL BSA TRUST

Check if Schedule O contains a response or note to any line in this Part X **(A)** Beginning of year **(B)** End of year 9,050. 12,742. 1 Cash - non-interest-bearing 1,069,332. 78,862. Savings and temporary cash investments 2 1,000. 3 775. 4 1,000. Pledges and grants receivable, net 475. Accounts receivable, net 

					-	
	5	Loans and other receivables from any current or	former officer, director,			
		trustee, key employee, creator or founder, substa	antial contributor, or 35%			
		controlled entity or family member of any of these	e persons		5	
	6	Loans and other receivables from other disqualifi	ed persons (as defined			
		under section 4958(f)(1)), and persons described	in section 4958(c)(3)(B)		6	
s	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
As	9				9	
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D	10a			
	b	Less: accumulated depreciation	10b		10c	
	11	Investments - publicly traded securities		1,532,389.	11	1,058,608
	12	Investments - other securities. See Part IV, line 1	1	442.	12	0
	13	Investments - program-related. See Part IV, line 1	1		13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equa	Il line 33)	2,612,988.	16	1,151,687
	17	Accounts payable and accrued expenses		1,080,484.	17	812
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete F		21		
es	22	Loans and other payables to any current or forme				
Liabilities		trustee, key employee, creator or founder, substa				
iab.		controlled entity or family member of any of these			22	
-	23	Secured mortgages and notes payable to unrelat	· · · · · · · · · · · · · · · · · · ·		23	
	24	Unsecured notes and loans payable to unrelated			24	
	25	Other liabilities (including federal income tax, pay				
		parties, and other liabilities not included on lines	17-24). Complete Part X			
		of Schedule D		1 000 404	25	01.0
	26			1,080,484.	26	812
s		Organizations that follow FASB ASC 958, chec	ck here X			
JCe		and complete lines 27, 28, 32, and 33.		720 170		126 750
alaı	27	Net assets without donor restrictions		<u>738,170.</u> 794,334.		<u>436,759</u> 714,116
qB	28	Net assets with donor restrictions		/94,004.	28	/14,110
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 95				
or F	00	and complete lines 29 through 33.			00	
ets	29 20	Capital stock or trust principal, or current funds			29	
SSE	30 21	Paid-in or capital surplus, or land, building, or equ			30	
et A	31 22	Retained earnings, endowment, accumulated inc		1,532,504.	31 32	1,150,875
ž	32	Total net assets or fund balances	······	1,334,304.	JZ	,,_,0,0,0

1,151,687. Form 990 (2022)

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2,612,988.

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Form	990 (2022) CATALINA COUNCIL BSA TRUST	81-46	98773	Pag	<sub>ge</sub> 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1,1	
2	Total expenses (must equal Part IX, column (A), line 25)	2			01.
3	Revenue less expenses. Subtract line 2 from line 1	3			83.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,532		
5	Net unrealized gains (losses) on investments	5	-362	2,1	46.
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 on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
_	column (B))	10	1,150	),8	<u>75.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		-		
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	e O.			
2a			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	l 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?		<b>2</b> b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		<u>3a</u>		_X_
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		<b>3b</b>	000	

Form **990** (2022)

Department of the Treasury Internal Revenue Service

(Form 990)

# **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.

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

	OMB No. 1545-0047
	2022
	Open to Public Inspection
Employer	identification number

### Name of the organization

	CATA	LINA COUNC	IL BSA TRUST					1-4698773			
Part I	Reason for Public (			omplete th	nis part.) S	ee instruction					
The organ	ization is not a private found	ation because it is: (F	or lines 1 through 12, cl	heck only	one box.)						
1	A church, convention of ch	urches, or associatio	n of churches described	in sectio	on 170(b)(1	1)(A)(i).					
2	A school described in sect	ion 170(b)(1)(A)(ii). (/	Attach Schedule E (Form	n 990).)							
3	A hospital or a cooperative	hospital service orga	nization described in se	ection 170	(b)(1)(A)(ii	ii).					
4	A medical research organiz	ation operated in cor	njunction with a hospital	described	in sectio	on 170(b)(1)(A)	(iii). Enter	the hospital's name,			
	city, and state:										
5	An organization operated for	or the benefit of a col	lege or university owned	or operat	ed by a go	overnmental u	nit describe	ed in			
	section 170(b)(1)(A)(iv). (0	Complete Part II.)									
6	A federal, state, or local go	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).					
7	An organization that norma	Ily receives a substar	ntial part of its support fr	om a gove	ernmental	unit or from th	ie general p	oublic described in			
	section 170(b)(1)(A)(vi). (Complete Part II.)										
8	A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)										
9	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										
	university:										
10	An organization that norma										
	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 busir		(less section 511 tax) fro	m busines	sses acqui	red by the org	anization a	Ifter June 30, 1975.			
—	See <b>section 509(a)(2).</b> (Complete Part III.) An organization organized and operated exclusively to test for public safety. See <b>section 509(a)(4).</b>										
11		-	•	•							
12 X	An organization organized a	-	-				-				
	more publicly supported or	•						check the box on			
- <b>X</b>	lines 12a through 12d that				-		-				
a X		-	-	• • • •	-						
	the supported organization			majority c				ipporting			
b	organization. <b>You must c</b> <b>Type II.</b> A supporting org	-		ion with it	e cupporte	od organizatio	a(c) by bay	ing			
ы <u>г</u>	control or management o	-				-		-			
	organization(s). You mus			ane perso	ns that co		je trie supp	Joned			
c	<b>Type III functionally inte</b>	•		in connect	tion with a	and functional	lv integrate	od with			
•	its supported organization						ly integrate	a with,			
d	<b>Type III non-functionally</b>		-	-			ted organiz	ration(s)			
-	that is not functionally int		• • •				-				
	requirement (see instruct		• •	•		-					
е	Check this box if the orga	,	. ,				II. Type III				
	functionally integrated, or					JI 7 JI	, ,,				
f Ente	er the number of supported of							1			
g Pro	vide the following information	n about the supporte	d organization(s).								
	i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	anization listed ing document?	(v) Amount of	2	(vi) Amount of other			
	organization		above (see instructions))	Yes	No	support (see ir	structions)	support (see instructions)			
	INA COUNCIL										
BOY S	COUTS OF AMERI	86-0107516	7	X		160	,705.	0.			
Tata!						160	,705.	0.			
Total						L 100	,105.	U•			

	A /I			0000
Schedule /	A (I	Form	99U)	2022

Part II

CATALINA COUNCIL BSA TRUST

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

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
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						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
	ction B. Total Support		•		•	•	
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First 5 years. If the Form 990 is for the	ne organization's fi				i01(c)(3)	
	organization, check this box and stop	phere			-		
See	ction C. Computation of Publi	c Support Per	rcentage				
14	Public support percentage for 2022 (I	ine 6, column (f), c	livided by line 11,	column (f))		14	%
15	Public support percentage from 2021	Schedule A, Part	II, line 14			15	%
<b>1</b> 6a	33 1/3% support test - 2022. If the o	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or m	nore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization	۱			
b	<b>33 1/3% support test - 2021.</b> If the o	organization did no	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	lifies as a publicly s	supported organiz	ation			
17a	10% -facts-and-circumstances test	- 2022. If the orc	ganization did not	check a box on lin	ie 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the fact	s-and-circumstanc	es test, check this	box and stop he	e <b>re.</b> Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	st. The organizatio	on qualifies as a p	ublicly supported o	organization		
b	10% -facts-and-circumstances test	- 2021. If the orc	ganization did not	check a box on lin	ie 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circur	nstances test, che	eck this box and s	<b>stop here.</b> Explain i	n Part VI how the	
	organization meets the facts-and-circl	umstances test. Th	ne organization qu	alifies as a publicly	y supported organi	zation	
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17	b, check this box a	nd see instructions	s
						Schedule A	(Form 990) 2022

232022 12-09-22

	1	Gifts.	arants.	contributions,	and
--	---	--------	---------	----------------	-----

	Girls, grants, contributions, and
	membership fees received. (Do not
	include any "unusual grants.")
2	Gross receipts from admissions, merchandise sold or services per-

Section A. Public Support

Calendar year (or fiscal year beginning in)

- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 3 Gross receipts from activities that
- are not an unrelated trade or business under section 513
- 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf
- 5 The value of services or facilities furnished by a governmental unit to the organization without charge ...
- 6 Total. Add lines 1 through 5 .....
- 7a Amounts included on lines 1, 2, and 3 received from disqualified persons
- **b** Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year **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)

Calendar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	<b>(f)</b> Total
9 Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
<ul> <li>c Add lines 10a and 10b</li> <li>11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on</li> </ul>						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13</b> Total support. (Add lines 9, 10c, 11, and 12.)						
<b>14 First 5 years.</b> If the Form 990 is for th	0		,	<i>,</i>	501(c)(3) organizatio	on,
check this box and stop here						
Section C. Computation of Publi		•				
15 Public support percentage for 2022 (I						%
16 Public support percentage from 2021					16	%
Section D. Computation of Inves		•			1 1	
17 Investment income percentage for 20	<b>)22</b> (line 10c, colu	mn (f), divided by I	ine 13, column (f))		17	%
<b>18</b> Investment income percentage from 2	2021 Schedule A,	Part III, line 17			18	%
19a 33 1/3% support tests - 2022. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	33 1/3%, and line 17	7 is not
more than 33 1/3%, check this box ar	nd <b>stop here.</b> The	organization qual	ifies as a publicly s	upported organiza	ation	
b 33 1/3% support tests - 2021. If the	organization did r	not check a box or	n line 14 or line 19a	a, and line 16 is mo	ore than 33 1/3%, a	nd
line 18 is not more than 33 1/3%, che	ck this box and <b>s</b> t	t <b>op here.</b> The orga	anization qualifies a	as a publicly suppo	orted organization	

CATALINA COUNCIL BSA TRUST Schedule A (Form 990) 2022 Part III Support Schedule for Organizations Described in Section 509(a)(2)

(a) 2018

Schedule A (Form 990) 2022

(f) Total

(e) 2022

(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.)

(b) 2019

(c) 2020

(d) 2021

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20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

### CATALINA COUNCIL BSA TRUST

Yes No

### Part IV Supporting Organizations

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

### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Х 1 Х 2 х 3a 3b 3c Х 4a 4b 4c Х 5a 5b <u>5c</u> х 6 Х 7 Х 8 х 9a Х 9b Х 9c Х 10a 10b

Schedule A (Form 990) 2022

### (Form 990) 2022 CATALINA COUNCIL BSA TRUST

Yes No

Yes No

1

		Yes	No
1 Has the organization accepted a gift or contribution from any of the following	g persons?		
a A person who directly or indirectly controls, either alone or together with per	rsons described on lines 11b and		
11c below, the governing body of a supported organization?	11a		Х
<b>b</b> A family member of a person described on line 11a above?	11b		Х
c A 35% controlled entity of a person described on line 11a or 11b above? If	"Yes" to line 11a, 11b, or 11c, provide		
detail in Part VI.	11c		Х
ection B. Type I Supporting Organizations			
		Yes	No
1 Did the governing body, members of the governing body, officers acting in t more supported organizations have the power to regularly appoint or elect a directory or trustees at all times during the tax year? (I the life tax is a first or the second	t least a majority of the organization's officers,		
directors, or trustees at all times during the tax year? If "No," describe in Pa effectively operated, supervised, or controlled the organization's activities. If	the organization had more than one supported		
effectively operated, supervised, or controlled the organization's activities. If organization, describe how the powers to appoint and/or remove officers, dir	the organization had more than one supported ectors, or trustees were allocated among the	X	
effectively operated, supervised, or controlled the organization's activities. If	the organization had more than one supported ectors, or trustees were allocated among the o such powers during the tax year.	x	
<ul> <li>effectively operated, supervised, or controlled the organization's activities. If organization, describe how the powers to appoint and/or remove officers, dir supported organizations and what conditions or restrictions, if any, applied to</li> <li>Did the organization operate for the benefit of any supported organization of</li> </ul>	the organization had more than one supported ectors, or trustees were allocated among the o such powers during the tax year.	x	
effectively operated, supervised, or controlled the organization's activities. If organization, describe how the powers to appoint and/or remove officers, dir supported organizations and what conditions or restrictions, if any, applied to	the organization had more than one supported ectors, or trustees were allocated among the o such powers during the tax year. ther than the supported nization? If "Yes," explain in	x	

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

Section D.	All Typ	e III Supporting C	rganizations

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

### Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the	e Integral Part Test during the year	(see instructions).
•			

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

с		The organization supported a governmental entity	Describe in Part VI how you supported a governmental entity (see instructions).	
---	--	--	---	--

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, 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 lines 3a and 3b 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? *If* "Yes" or "No" 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.* 232025 12-09-22

3b | | Schedule A (Form 990) 2022

2a

2b

3a

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Schedule A	(⊢orm	990)	20

# Schedule A (Form 990) 2022 CATALINA COUNCIL BSA TRUST Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1	Check here if the organization satisfied the Integral Part Test as a qualifyin	ig trust on	Nov. 20, 1970 ( <i>explain in</i> l	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	t complete	e Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	lly integrat	ted Type III supporting orga	nization (see

instructions).

Schedule A (Form 990) 2022

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 Schedule A (Form 990) 2022
 CATALINA COUNCIL BSA TRUST
 End
 End 81-4698773 Page 7 . . .

Sect	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.				
8	Distributions to attentive supported organizations to which the	e organization is responsive			
	(provide details in <b>Part VI</b> ). See instructions.	8			
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
	Entro o amount arriada by into o amount	(i)	(ii)		(iii)
Sect	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2022	ns	Distributable Amount for 2022
_1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
с	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
	Excess from 2022				

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Schedule A (Form 990) 2022

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<u>Schedule A</u>	(Form 990) 2022		IA COUNCII			81-4698773 Page 8
Part VI	Supplemental Part IV, Section A, I line 1; Part IV, Secti	Information. Provines 1, 2, 3b, 3c, 4b, ion D, lines 2 and 3; F	vide the explanatic 4c, 5a, 6, 9a, 9b, 9 Part IV, Section E,	ons required by F Oc, 11a, 11b, and lines 1c, 2a, 2b,	Part II. line 10: Part II. line	17a or 17b; Part III, line 12; lines 1 and 2; Part IV, Section C, Part V, Section B, line 1e; Part V,
232028 12-09-2	2			21		Schedule A (Form 990) 202

60	HEDULE D	Supplement	al Financial Statements	OMB No. 1545-0047
	n 990)	Complete if the orga	nization answered "Yes" on Form 990, 1, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.	2022
	ment of the Treasury	A	ttach to Form 990.	Open to Public
	Revenue Service		0 for instructions and the latest information.	Inspection
nam	e of the organizati	CATALINA COUNCIL B	SA TRUST	Employer identification number 81-4698773
Par	t I Organiza		d Funds or Other Similar Funds or Ad	
		n answered "Yes" on Form 990, Part IV, lin		
			(a) Donor advised funds	(b) Funds and other accounts
1	Total number at e	nd of year		
2		f contributions to (during year)		
3	Aggregate value o	f grants from (during year)		
4	Aggregate value a	t end of year		
5	Did the organization	on inform all donors and donor advisors in v	writing that the assets held in donor advised fund	ds
	are the organization	on's property, subject to the organization's	exclusive legal control?	Yes No
6	•	<b>C</b>	dvisors in writing that grant funds can be used o	•
			r donor advisor, or for any other purpose confer	
Par	impermissible priv			
			ganization answered "Yes" on Form 990, Part IV	, line 7.
1		servation easements held by the organization	( 11 57	ariably important land area
		n of land for public use (for example, recrea of natural habitat	·	orically important land area ified historic structure
		n of open space		
2		• •	fied conservation contribution in the form of a co	nservation easement on the last
-	day of the tax yea			Held at the End of the Tax Year
а				2a
b				2b
с	•		ucture included in (a)	2c
		vation easements included in (c) acquired a		
	historic structure I	isted in the National Register		2d
3	Number of conser	vation easements modified, transferred, rel	eased, extinguished, or terminated by the organ	ization during the tax
	year			
4	Number of states	where property subject to conservation eas	sement is located	
5		tion have a written policy regarding the per		
_	,	forcement of the conservation easements it		
6	Staff and voluntee	er hours devoted to monitoring, inspecting,	handling of violations, and enforcing conservation	on easements during the year
7	Amount of expense	 ses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservation ea	sements during the year
8	Does each conser		e satisfy the requirements of section 170(h)(4)(B)	
	and section 170(h			Yes No
9	-	•	on easements in its revenue and expense statem	
			note to the organization's financial statements th	at describes the
Par		ounting for conservation easements.	Art, Historical Treasures, or Other S	Similar Assets
rai		f the organization answered "Yes" on Form		
1-				ance sheet werks
Ia	e e		<ol> <li>not to report in its revenue statement and bala blic exhibition, education, or research in furtheral</li> </ol>	
			ncial statements that describes these items.	
	, promao in			

b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance shee	t works of
	art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public	ublic service,
	provide the following amounts relating to these items:	
	(i) Devenue included on Form 000, Dert //III, line 1	¢

	(i) Revenue included on Form 990, Part VIII, line 1	\$
	(ii) Assets included in Form 990, Part X	\$
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provid	e
	the following amounts required to be reported under FASB ASC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1	\$
b	Assets included in Form 990, Part X	\$
LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule D (Form 990) 2022
232051	09-01-22	

Sche		A COUNCIL E				81-46			age <b>2</b>
Par	t III Organizations Maintaining C	ollections of Art	, Historical Tre	asures, or Othe	er Simila	ar Assets	contin	ued)	
3	Using the organization's acquisition, accession	on, and other records	, check any of the f	ollowing that make s	significant	t use of its			
	collection items (check all that apply):								
а	Public exhibition	d	Loan or exc	hange program					
b	Scholarly research	е	Other						
с	c Preservation for future generations								
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.								
5	During the year, did the organization solicit o	r receive donations o	f art, historical treas	sures, or other simila	r assets				
	to be sold to raise funds rather than to be ma	aintained as part of th	e organization's col	llection?			Yes		No
Par	t IV Escrow and Custodial Arrang	gements. Comple	te if the organizatio	n answered "Yes" or	n Form 99	90, Part IV,	line 9, or		
	reported an amount on Form 990, Par	t X, line 21.							
1a	Is the organization an agent, trustee, custodi	an or other intermedia	ary for contributions	s or other assets not	included		_		_
	on Form 990, Part X?						Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the foll	owing table:						
							Amount		
с	Beginning balance				1c				
d	Additions during the year				1d				
е	Distributions during the year				1e				
f	Ending balance				<b>1</b> f				
2a	Did the organization include an amount on Fe	orm 990, Part X, line 2	21, for escrow or cu	istodial account liabi	lity?		Yes		No
_	If "Yes," explain the arrangement in Part XIII.								
Par	t V Endowment Funds. Complete i						_		
		(a) Current year	(b) Prior year	(c) Two years back		e years back			
1a	Beginning of year balance	1,532,504.	2,520,254.	2,344,117.	1,	982,656.	2,		957.
b	Contributions	1,500.	12,637.	6,949.		35,157.			555.
	Net investment earnings, gains, and losses	-189,213.	377,648.	311,104.		425,304.	-169,685.		
d	Grants or scholarships	161,020.	255,522.	101,000.		99,000.		24,	000.
е	Other expenditures for facilities								
	and programs		1,080,484.						
f	Administrative expenses	32,896.	42,029.	40,916.					171.
g	End of year balance	1,150,875.	1,532,504.		2,	344,117.	1,	982,	656.
2	Provide the estimated percentage of the curr		(line 1g, column (a)	) held as:					
а	Board designated or quasi-endowment	37.9500	_%						
b	Permanent endowment 62.0100	%							
С	Term endowment .0400	%							
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.							
3a	Are there endowment funds not in the posses	ssion of the organizat	ion that are held ar	nd administered for t	he		r		
	organization by:							Yes	No
	(i) Unrelated organizations						3a(i)		X
	(ii) Related organizations						3a(ii)		X
b	If "Yes" on line 3a(ii), are the related organiza						3b		
4	Describe in Part XIII the intended uses of the		vment funds.						
Par	<b>t VI</b> Land, Buildings, and Equipm		Dest N/ Kee 44 - O		l'a a 10				
	Complete if the organization answered								
	Description of property	(a) Cost or ot basis (investm	• •		Accumula epreciatio		(d) Bool	(valu	е
4 -	Land		Dabis		-pi colatio				
	Land								
	Buildings								
	Leasehold improvements								
	Equipment								
	Other								0.
Total	. Add lines 1a through 1e. (Column (d) must e	<u>qual Form 990, Part X</u>	<u>, column (B), line 1</u>	<u>JC.)</u>				000	
						Schedule	rorm) ש	1 220)	2022

(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related.			
Complete if the organization answered "Yes	" on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: 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	" on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(a	a) Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	ne 15.)		
Part X Other Liabilities.			
Complete if the organization answered "Yes	" on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	5.
1.(a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin			
2. Liability for uncertain tax positions. In Part XIII, provid	e the text of the footnote to	the organization's financial statements	
organization's liability for uncertain tax positions unde	er FASB ASC 740. Check he	ere if the text of the footnote has been p	rovided in Part XIII 🚺
		Sc	hedule D (Form 990) 2022
232053 09-01-22			

### Schedule D (Form 990) 2022 CATALINA COUNCIL BSA TRUST

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(b) Book value

Part VII Investments - Other Securities.

(a) Description of security or category (including name of security)

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(c) Method of valuation: Cost or end-of-year market value

<sup>24</sup> 2022.05000 CATALINA COUNCIL BSA TRUS 515038\_1

	dule D (Form 990) 2022 CATALINA COUNCIL BSA TH		<u>81-4698773</u>	Page 4
Pa	<b>t XI</b> Reconciliation of Revenue per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, I		le per Return.	
1			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		······	
ے a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities			
0	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)			
e			2e	
3	Add lines <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b>			
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)			
c c	Add lines 4a and 4b		4c	
_		2.1	5	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12	2.) tatements With Expen	ses per Return.	
5	Total revenue. Add lines <b>3</b> and <b>4c.</b> ( <i>This must equal Form 990, Part I, line 12</i> rt XII Reconciliation of Expenses per Audited Financial St	tatements With Expen	ses per Return.	
5	Total revenue. Add lines 3 and 4c. ( <i>This must equal Form 990. Part I, line 12</i> rt XII Reconciliation of Expenses per Audited Financial SI Complete if the organization answered "Yes" on Form 990, Part IV, I	tatements With Expen ine 12a.	ses per Return.	
5 Pa	Total revenue. Add lines <b>3</b> and <b>4c.</b> ( <i>This must equal Form 990, Part I, line 12</i> rt XII Reconciliation of Expenses per Audited Financial St	tatements With Expen ine 12a.	ses per Return.	
5 Pa 1	Total revenue. Add lines 3 and 4c. ( <i>This must equal Form 990. Part I, line 12</i> <b>Reconciliation of Expenses per Audited Financial Si</b> Complete if the organization answered "Yes" on Form 990, Part IV, I         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:	ine 12a.	ses per Return.	
5 Pa 1 2	Total revenue. Add lines 3 and 4c. ( <i>This must equal Form 990. Part I, line 12</i> <b>Reconciliation of Expenses per Audited Financial St</b> Complete if the organization answered "Yes" on Form 990, Part IV, I         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities	ine 12a.	ses per Return.	
5 Pa 1 2 a	Total revenue. Add lines 3 and 4c. ( <i>This must equal Form 990. Part I, line 12</i> <b>Reconciliation of Expenses per Audited Financial St</b> Complete if the organization answered "Yes" on Form 990, Part IV, I         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments	tatements With Expen           ine 12a.           2a           2b	ses per Return.	
5 Pa 1 2 a	Total revenue. Add lines 3 and 4c. ( <i>This must equal Form 990. Part I, line 12</i> <b>Reconciliation of Expenses per Audited Financial St</b> Complete if the organization answered "Yes" on Form 990, Part IV, I         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities	2a         2b           2c         2c	ses per Return.	
5 Pa 1 2 a b c	Total revenue. Add lines 3 and 4c. ( <i>This must equal Form 990. Part I, line 12</i> T XII         Reconciliation of Expenses per Audited Financial St         Complete if the organization answered "Yes" on Form 990, Part IV, I         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)	2a           2b           2c           2d	ses per Return.	
5 Pa 1 2 a b c d	Total revenue. Add lines 3 and 4c. ( <i>This must equal Form 990. Part I, line 12</i> T XII         Reconciliation of Expenses per Audited Financial St         Complete if the organization answered "Yes" on Form 990, Part IV, I         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d	2a           2b           2c           2d	ses per Return.	
5 Pa 1 2 a b c d e	Total revenue. Add lines 3 and 4c. ( <i>This must equal Form 990. Part I, line 12</i> T XII         Reconciliation of Expenses per Audited Financial St         Complete if the organization answered "Yes" on Form 990, Part IV, I         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)	2a           2b           2c           2d	ses per Return.	
5 Pa 1 2 a b c d e 3	Total revenue. Add lines 3 and 4c. ( <i>This must equal Form 990. Part I, line 12</i> Total revenue. Add lines 3 and 4c. ( <i>This must equal Form 990. Part I, line 12</i> Complete if the organization answered "Yes" on Form 990, Part IV, I         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:	tatements With Expen ine 12a. 2a 2b 2c 2d	ses per Return.	
5 Pa 1 2 a b c d e 3 4	Total revenue. Add lines 3 and 4c. ( <i>This must equal Form 990. Part I, line 12</i> <b>Reconciliation of Expenses per Audited Financial Si</b> Complete if the organization answered "Yes" on Form 990, Part IV, I         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b	2a         2a           2b         2c           2c         2d           2d         4a	ses per Return.	
5 Pa 1 2 a b c d e 3 4	Total revenue. Add lines 3 and 4c. ( <i>This must equal Form 990. Part I, line 12</i> TXII         Reconciliation of Expenses per Audited Financial St         Complete if the organization answered "Yes" on Form 990, Part IV, I         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b         Other (Describe in Part XIII.)	2a         2a           2b         2b           2c         2d           2d         4a           4b         4b	ses per Return.         1         2e         3	
5 Pa 1 2 a b c d e 3 4 a b	Total revenue. Add lines 3 and 4c. ( <i>This must equal Form 990. Part I, line 12</i> <b>Reconciliation of Expenses per Audited Financial Si</b> Complete if the organization answered "Yes" on Form 990, Part IV, I         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b         Other (Describe in Part XIII.)	2a         2a           2b         2b           2c         2d           2d         2d	ses per Return.         1         2e         3         4c	

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 V, LINE 4:

THE COUNCIL ADOPTED A BOARD-APPROVED SPENDING POLICY THAT ALLOWS THE
OPERATING FUND TO RECEIVE AND RECOGNIZE INVESTMENT EARNINGS ORIGINATING
FROM THE ENDOWMENT FUND. THE POLICY ALLOWS AN INCOME WITHDRAWAL OF UP TO
5% OF THE THREE YEAR AVERAGE BALANCE OF THE ENDOWMENT FUND AT THE END OF
THE SECOND QUARTER OF THE PREVIOUS BUDGET YEAR. IN THE EVENT THAT TWO
SUCCESSIVE YEARS OF WITHDRAWALS RESULT IN A DIMINISHED CURRENT VALUE OF
THE ENDOWMENT FUND, THE PAYOUT RATE MUST BE REVIEWED.

PART X, LINE 2:

### THE COUNCIL ASSESSES WHETHER IT IS MORE LIKELY THAN NOT THAT A TAX

 POSITION WILL BE SUSTAINED UPON EXAMINATION OF THE TECHNICAL MERITS OR THE

 232054 09-01-22
 Schedule D (Form 990) 2022

 25
 25

Schedule D (Form 990) 2022         CATALINA COUNCIL BSA TRUST           Part XIII         Supplemental Information (continued)	81-4698773 Page 5
POSITION, ASSUMING THE TAXING AUTHORITY HAS FULL KNOWLED	GE OF ALL
INFORMATION. IF THE TAX POSITION DOES NOT MEET THE MORE I	LIKELY THAN NOT
RECOGNITION THRESHOLD, THE BENEFIT OF THE TAX POSITION IS	S NOT RECOGNIZED
IN THE FINANCIAL STATEMENTS. THE COUNCIL RECORDED NO ASSI	ETS OR LIABILITIES
FOR UNCERTAIN TAX POSITIONS OR UNRECOGNIZED TAX BENEFITS	•
	Schedule D (Form 990) 2022
232055 09-01-22 <b>26</b>	

SCHEDULE I (Form 990)	Go	Grants and Oth vernments, ar lete if the organizatio	nd Individual	ls in the Ŭni	ted States		OMB No. 1545-0047
Department of the Treasury			Attach to Form				Open to Public
Internal Revenue Service		Go to www.irs	s.gov/Form990 for	the latest inform	ation.		Inspection
Name of the organization CAT.	ALINA COUNCIL B	SA TRUST					Employer identification number $81 - 4698773$
Part I General Information of	on Grants and Assistance						
<ol> <li>Does the organization mainta criteria used to award the gra</li> <li>Describe in Part IV the organ</li> </ol>	ants or assistance?	-					on 
	sistance to Domestic Organi more than \$5,000. Part II can				anization answered "Y	es" on Form 990, Parl	t IV, line 21, for any
<b>1 (a)</b> Name and address of org or government		(c) IRC section (if applicable)	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
CATALINA COUNCIL BOY SCOUT AMERICA - 2250 E BROADWAY TUCSON, AZ 85719		501C3	160,705.	0.			GENERAL PURPOSE
<ul><li>2 Enter total number of section</li><li>3 Enter total number of other of</li></ul>	501(c)(3) and government or						

3 Enter total number of other organizations listed in the line 1 table

### CATALINA COUNCIL BSA TRUST

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>(b)</b> Number of recipients	<b>(c)</b> Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

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:

Schedule I (Form 990) 2022

THE ORGANIZATION DOES NOT SUPPORT ANY OTHER ORGANIZATION OUTSIDE OF THEIR

RELATED PARTY. FUNDS ARE DISTRIBUTED AS EARNINGS ALLOW AND NEEDS ARE

JUSTIFIED BY THE RELATED PARTY.

81-4698773

Page 2

SCHEDULE	0
(Form 990)	

Name of the organization

### 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 Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



Employer identification number 81-4698773

CATALINA COUNCIL BSA TRUST

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

THE GOVERNING BODY CONSISTS SOLELY OF THE TRUSTEE, WHO WAS APPOINTED BY THE

PRESIDENT AND SECRETARY OF THE CATALINA COUNCIL, BOY SCOUTS OF AMERICA, FOR

WHICH THE CATALINA COUNCIL BSA TRUST EXISTS AS A SUPPORTING ORGANIZATION.

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

THE FORM 990 IS PREPARED BY AN INDEPENDENT CPA FIRM, AND IS REVIEWED BY THE

TRUSTEE OF THE ORGANIZATION PRIOR TO FILING.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AVAILABLE TO THE PUBLIC UPON **REQUEST**.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 232211 10-28-22

SCHEDULE	R
(= 000)	

### (Form 990)

Department of the Treasury Internal Revenue Service

### **Related Organizations and Unrelated Partnerships**

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

OMB No. 1545-0047

2022 Open to Public Inspection

Employer identification number 81 - 4698773

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

Name of the organization

### CATALINA COUNCIL BSA TRUST

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

<b>(a)</b> Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	<b>(d)</b> Total income	<b>(e)</b> End-of-year assets	<b>(f)</b> Direct controlling entity

# Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	<b>(f)</b> Direct controlling entity		<b>9)</b> 512(b)(13) rolled ity?
				501(c)(3))		Yes	No
CATALINA COUNCIL BOY SCOUTS OF AMERICA -							
86-0107516, 2250 E BROADWAY BLVD, TUCSON, AZ							
85719	YOUTH ORGANIZATION	ARIZONA	501(C)(3)	LINE 7	N/A		х
	-						
	-						
	-						

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

Schedule R (Form 990) 2022

### Schedule R (Form 990) 2022 CATALINA COUNCIL BSA TRUST

81-4698773 Page 2

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)						
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Predominant income (related, unrelated, excluded from tax under	(related, unrelated, excluded from tax under	(related, unrelated, excluded from tax under	Predominant income (related, unrelated, excluded from tax under	(related, unrelated, excluded from tax under	(related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets	alloca	ortionate tions?	Code V-UBI amount in box 20 of Schedule	General or managing partner?	or Percentage ownership
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes	lo						
	-																
	-																
	4																
	4																
	4																

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

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(C) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	(h) Percentage ownership	Sec 512(t contr ent	(i) ction b)(13) rolled tity?
		country)						Yes	No
									<u> </u>
									<u> </u>

### Schedule R (Form 990) 2022 CATALINA COUNCIL BSA TRUST

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

No	te: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No							
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?										
а	a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity										
	Gift, grant, or capital contribution to related organization(s)	1b	X								
	c Gift, grant, or capital contribution from related organization(s)										
	d Loans or loan guarantees to or for related organization(s)										
	Loans or loan guarantees by related organization(s)	1e		Х							
f	Dividends from related organization(s)	1f		Х							
g	Sale of assets to related organization(s)	1g		Х							
	Purchase of assets from related organization(s)	1h		Х							
i	Exchange of assets with related organization(s)	1i		Х							
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		Х							
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		Х							
I	Performance of services or membership or fundraising solicitations for related organization(s)	11		Х							
n	n Performance of services or membership or fundraising solicitations by related organization(s)	1m		Х							
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		Х							
	Sharing of paid employees with related organization(s)	10		Х							
р	Reimbursement paid to related organization(s) for expenses	1p		Х							
	q Reimbursement paid by related organization(s) for expenses										
r	r Other transfer of cash or property to related organization(s)										
s Other transfer of cash or property from related organization(s)											
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.										

(a) Name of related organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	(d) Method of determining amount involved
<u>(1)</u>			
<u>(2)</u>			
<u>(</u> 3)			
<u>(4)</u>			
<u>(</u> 5)			
<u>(6)</u>			

### Schedule R (Form 990) 2022 CATALINA COUNCIL BSA TRUST

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

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

(a) Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)		(€ Are partner 501(c org:		<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	(h Dispr tion allocat	n) opor- late tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j Gener mana partr	) al or [ ging ier?	<b>(k)</b> Percentage ownership
		oounry)	Sections 512-514)	Yes	<u>No</u>			Yes	No		Yes	NO	

Schedule R (Form 990) 2022

### CATALINA COUNCIL BSA TRUST

Provide additional information for responses to questions on Schedule R. See instructions.

Schedule R (Form 990) 2022

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