

*** Form 990 Online Filers: Please fax completed and signed form to 866-699-3916 or email a scanned PDF copy of the signed form to efilesigforms@urban.org

Form **8453-EO**

Exempt Organization Declaration and Signature for Electronic Filing

OMB No. 1545-1879

For calendar year 2014, or tax year beginning 01/01, 2014, and ending 12/31, 20 14

2014

Department of the Treasury
Internal Revenue Service
Name of exempt organization

For use with Forms 990, 990-EZ, 990-PF, 1120-POL, and 8868

BOY SCOUTS OF AMERICA

Employer identification number

22-1576300

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the type of return being filed with Form 8453-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a below and the amount on that line of the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). If you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	252,600,778
2a Form 990-EZ check here <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here <input type="checkbox"/>	b Balance due (Form 8868, Part I, line 3c or Part II, line 8c)	5b	

Part II Declaration of Officer

6 ☐ I authorize the U.S. Treasury and its designated Financial Agent to initiate an Automated Clearing House (ACH) electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

☒ If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(ies).

Under penalties of perjury, I declare that I am an officer of the above named organization and that I have examined a copy of the organization's 2014 electronic return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund.

Sign
Here


Signature of officer

Date

Michael Ashline, Chief Financial Officer
Title

Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions)

I declare that I have reviewed the above organization's return and that the entries on Form 8453-EO are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The organization officer will have signed this form before I submit the return. I will give the officer a copy of all forms and information to be filed with the IRS, and have followed all other requirements in Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

ERO's signature 	Date <u>11/13/15</u>	Check if also paid preparer <input checked="" type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's SSN or PTIN <u>P00850395</u>
Firm's name (or yours if self-employed), address, and ZIP code	EIN			
	Phone no.			

Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name	Firm's EIN			
	Firm's address	Phone no.			

For Privacy Act and Paperwork Reduction Act Notice, see back of form.

Cat. No. 36806Q

Form **8453-EO** (2014)

Form **990****Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

2014Department of the Treasury
Internal Revenue Service

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

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

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.**Open to Public Inspection**

A For the 2014 calendar year, or tax year beginning 01/01, 2014, and ending 12/31, 2014	
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization BOY SCOUTS OF AMERICA Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1325 West Walnut Hill Lane City or town, state or province, country, and ZIP or foreign postal code Irving, TX, 75038-3008 D Employer identification number 22-1576300 E Telephone number 972-580-2000 F Name and address of principal officer: Michael A Ashline 1325 West Walnut Hill Lane, Irving, TX 75038-3008 G Gross receipts \$ 2,047,953,578 H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶ 1761 I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 J Website: ▶ www.Scouting.org K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ L Year of formation: 1910 M State of legal domicile: TX

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: As stated in the Boy Scouts of America Charter - The primary exempt purpose of the Boy Scouts of America is to promote through community organizations, and cooperation (Continued on Schedule O, Statement 1)		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	75
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	72
	5 Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	3,906
	6 Total number of volunteers (estimate if necessary)	6	955,848
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	-1,508,522
b Net unrelated business taxable income from Form 990-T, line 34	7b	-1,775,960	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	75,500,332	112,225,774
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	92,450,833	71,051,177
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	31,383,651	34,560,441
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	40,465,157	34,763,386
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	239,799,973	252,600,778
	14 Benefits paid to or for members (Part IX, column (A), line 4)	2,049,204	2,256,315
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	0	0
	16a Professional fundraising fees (Part IX, column (A), line 11e)	70,587,065	68,837,715
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 2,916,972	168,540	158,938
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	200,710,079	171,722,573
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	273,514,888	242,975,541
Net Assets or Fund Balances	19 Revenue less expenses. Subtract line 18 from line 12	-33,714,915	9,625,237
	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	1,353,726,401	1,357,246,607
	22 Net assets or fund balances. Subtract line 21 from line 20	665,346,502	654,519,346
		688,379,898	702,727,261

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer

Date

Michael Ashline, Chief Financial Officer
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN

Firm's name ▶

Firm's EIN ▶

Firm's address ▶

Phone no.

May the IRS discuss this return with the preparer shown above? (see instructions)

☐ Yes ☒ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form 990 (2014)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒

- 1** Briefly describe the organization's mission:
As stated in the Boy Scouts of America Charter - The exempt purpose of the Boy Scouts of America is to promote through community organizations, and cooperation with other agencies, the ability of boys to do things for themselves and others, to train them in Scoutcraft, and to teach them patriotism, courage, self-reliance, and kindred virtues, using the methods which are now in common use by Boy Scouts.
- 2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No
 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 services? ☐ Yes ☒ No
 If "Yes," describe these changes on Schedule O.
- 4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 39,906,141 including grants of \$ 184,210) (Revenue \$ 3,004,506)
Field Operations - Support for 280 local councils, including but not limited to, administration of the Journey to Excellence program, business process assessments, assistance with long range planning, member care services for professionals and volunteers and local council and regional support.

4b (Code:) (Expenses \$ 12,380,375 including grants of \$ 15,000) (Revenue \$ 859,846)
Human Resources and Training - Administration of human resources policies, including recruiting, placement, and training of professional employees, managing compensation and benefits programs; and monitoring employee relations.

4c (Code:) (Expenses \$ 86,752,248 including grants of \$ 1,947,835) (Revenue \$ 43,231,596)
Program Development and Delivery - Development of the program for over 2.3 million registered youth and over 950,000 adult leaders; providing camping and outdoor literature, materials, and techniques, as well as engineering service, to local councils; managing the volunteer training programs of the Boy Scouts of America and handling all national program support in the areas of health and safety, activities, program evaluation, and low-income program; developing uniforms and insignia and other program elements; operating the National Scouting Museum; operating four high-adventure bases and the national jamboree.

4d Other program services (Describe in Schedule O.) See Schedule O, Statement 2
 (Expenses \$ 63,994,530 including grants of \$ 109,270) (Revenue \$ 23,798,921)

4e Total program service expenses **▶** 203,033,294

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>	<input type="checkbox"/>
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12 a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14 a Did the organization maintain an office, employees, or agents outside of the United States?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	<input checked="" type="checkbox"/>	<input type="checkbox"/>
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	<input checked="" type="checkbox"/>	<input type="checkbox"/>
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	<input checked="" type="checkbox"/>	<input type="checkbox"/>
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
20 a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<input type="checkbox"/>	<input type="checkbox"/>

Part IV Checklist of Required Schedules (continued)

	Yes	No
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? <i>If "Yes," complete Schedule I, Parts I and II</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule L, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule L, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule R, Part I</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck 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 738		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		<input checked="" type="checkbox"/>	
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 3906		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		<input checked="" type="checkbox"/>	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?		<input checked="" type="checkbox"/>	
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		<input checked="" type="checkbox"/>	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		<input checked="" type="checkbox"/>	
b If "Yes," enter the name of the foreign country: Bahamas, Canada See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			<input checked="" type="checkbox"/>
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			<input checked="" type="checkbox"/>
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?			<input checked="" type="checkbox"/>
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		<input checked="" type="checkbox"/>	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?		<input checked="" type="checkbox"/>	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			<input checked="" type="checkbox"/>
d If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			<input checked="" type="checkbox"/>
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			<input checked="" type="checkbox"/>
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		<input checked="" type="checkbox"/>	
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.			
a Did the sponsoring organization make any taxable distributions under section 4966?			
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11 Section 501(c)(12) organizations. Enter:			
a 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		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state?	13a		
Note. See the instructions for additional information the organization must report on Schedule O.			
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		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		<input checked="" type="checkbox"/>
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

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

Section 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 75		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b Enter the number of voting members included in line 1a, above, who are independent	1b 72		
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		<input checked="" type="checkbox"/>
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		<input checked="" type="checkbox"/>
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		<input checked="" type="checkbox"/>
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		<input checked="" type="checkbox"/>
6 Did the organization have members or stockholders?	6		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?	8a	<input checked="" type="checkbox"/>	
b Each committee with authority to act on behalf of the governing body?	8b	<input checked="" type="checkbox"/>	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		<input checked="" type="checkbox"/>

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a <input checked="" type="checkbox"/>	
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b <input checked="" type="checkbox"/>	
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	<input checked="" type="checkbox"/>
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	12a <input checked="" type="checkbox"/>	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b <input checked="" type="checkbox"/>	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c <input checked="" type="checkbox"/>	
13 Did the organization have a written whistleblower policy?	13 <input checked="" type="checkbox"/>	
14 Did the organization have a written document retention and destruction policy?	14 <input checked="" type="checkbox"/>	
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?		
a The organization's CEO, Executive Director, or top management official	15a <input checked="" type="checkbox"/>	
b Other officers or key employees of the organization	15b	<input checked="" type="checkbox"/>
If "Yes" to line 15a or 15b, describe the process in 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	<input checked="" type="checkbox"/>
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	

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed ► See Schedule O, Statement 3
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: ►
 Stephanie Phillips, (972)580-2300

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
John D Finch	1									
Natl Exec Board Member (Jan-May 2014)	0	✓						0	0	0
Arthur F Oppenheimer	1									
Natl Exec Board Member	0	✓						0	0	0
Aubrey B Harwell Jr	1									
Treas Jan-May 2014 VP May-Dec 2014 and Natl Exec	0	✓		✓				0	0	0
Aubrey B Patterson	1									
Natl Exec Board Member	0	✓						0	0	0
B Howard Bulloch	1									
Natl Exec Board Member	0	✓						0	0	0
Bruce D Parker	1									
Vice President (Jan-May 2014) and Natl Exec Board	0	✓		✓				0	0	0
C Travis Traylor Jr	1									
Natl Exec Board Member	0	✓						0	0	0
Charles H Smith	1									
Natl Exec Board Member	0	✓						0	0	0
D Kent Clayburn	1									
Natl Exec Board Member	0	✓						0	0	0
David L Beck	1									
Natl Exec Board Member	0	✓						0	0	0
Dennis H Chookaszian	1									
Natl Exec Board Member	0	✓						0	0	0
Donald D Belcher	1									
Natl Exec Board Member	0	✓						0	0	0
Douglas B Mitchell	1									
Natl Exec Board Member	0	✓						0	0	0
Douglas H Dittrick	1									
Natl Exec Board Member	0	✓						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
Drayton McLane Jr Vice President and Natl Exec Board Member	1 0	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				0	0	0
Francis R McAllister Natl Exec Board Member	1 0	<input checked="" type="checkbox"/>						0	0	0
Frank Ramirez Natl Exec Board Member	1 0	<input checked="" type="checkbox"/>						0	0	0
Gary E Wendlandt Natl Exec Board Member	1 0	<input checked="" type="checkbox"/>						0	0	0
Harriss A Butler III Natl Exec Board Member	1 0	<input checked="" type="checkbox"/>						0	0	0
Henry A Rosenberg Jr Vice President and Natl Exec Board Member (Jan-M	1 0	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				0	0	0
J Brett Harvey Natl Exec Board Member	1 0	<input checked="" type="checkbox"/>						0	0	0
Jack D Furst Vice President-General Services and Natl Exec Bo	1 3	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				0	0	0
James D Rogers Natl Exec Board Member	1 0	<input checked="" type="checkbox"/>						0	0	0
James S Turley Intl Commis (Jan-May 2014) Treas (May-Dec 2014)	1 0	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				0	0	0
James S Wilson Natl Exec Board Member	1 0	<input checked="" type="checkbox"/>						0	0	0
David L Steward Natl Exec Board Member and Vice President (May -	1 0	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				0	0	0
John C Cushman III Natl Exec Board Member	1 0	<input checked="" type="checkbox"/>						0	0	0
William W Stark Jr Natl Exec Board Member	1 0	<input checked="" type="checkbox"/>						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
John Gottschalk Natl Exec Board Member	1 0	<input checked="" type="checkbox"/>						0	0	0
John R Donnell Jr Natl Exec Board Member	1 0	<input checked="" type="checkbox"/>						0	0	0
Jon E Barfield Natl Exec Board Member (Jan - May 2014)	1 0	<input checked="" type="checkbox"/>						0	0	0
Jose F Nino Natl Exec Board Member	1 0	<input checked="" type="checkbox"/>						0	0	0
Joseph P Landy Vice President and Natl Exec Board Member	1 0	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				0	0	0
Keith A Clark Natl Exec Board Member	1 1	<input checked="" type="checkbox"/>						0	0	0
L B Eckelkamp Jr Natl Exec Board Member	1 0	<input checked="" type="checkbox"/>						0	0	0
Lyle R Knight Vice President-Human Resources and Natl Exec Board Member	1 0	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				0	0	0
Marshall M Sloane Natl Exec Board Member	1 0	<input checked="" type="checkbox"/>						0	0	0
Matthew K Rose Vice President and Natl Exec Board Member	1 0	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				0	0	0
Michael D Harris Esq Natl Exec Board Member	1 0	<input checked="" type="checkbox"/>						0	0	0
Nathan Rosenberg Vice President and Natl Exec Board Member	1 0	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				0	0	0
Phillip M Condit Natl Exec Board Member	1 0	<input checked="" type="checkbox"/>						0	0	0
R Michael Daniel Natl Exec Board Member	1 0	<input checked="" type="checkbox"/>						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
R Ray Wood	1									
Natl Exec Board Member	0	✓						0	0	0
R Thomas Buffenbarger	1									
Assistant Treasurer and Natl Exec Board Member	1	✓		✓				0	0	0
Ralph de la Vega	1									
Natl Exec Board Member	0	✓						0	0	0
Randall L Stephenson	1									
Vice President and Natl Exec Board Member	0	✓		✓				0	0	0
Rex W Tillerson	1									
Natl Exec Board Member	0	✓						0	0	0
Richard L Burdick	1									
Natl Exec Board Member	0	✓						0	0	0
Robert H Reynolds	1									
Natl Exec Board Member	0	✓						0	0	0
Robert J LaFortune	1									
Natl Exec Board Member	0	✓						0	0	0
Roger M Schrimp	1									
Natl Exec Board Member and International Commis	0	✓		✓				0	0	0
Ronald K Migita	1									
Natl Exec Board Member	0	✓						0	0	0
Ronald O Coleman	1									
Natl Exec Board Member	0	✓						0	0	0
Roy S Roberts	1									
Natl Exec Board Member	0	✓						0	0	0
Stephen G Hanks	1									
Natl Exec Board Member (Jan - May 2014)	0	✓						0	0	0
Steven E Weekes	1									
Natl Exec Board Member	0	✓						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
T Michael Goodrich Natl Exec Board Member	1 0	<input checked="" type="checkbox"/>						0	0	0
Terrence P Dunn Vice President and Natl Exec Board Member (Jan-M	1 0	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				0	0	0
Thomas S Monson Natl Exec Board Member	1 0	<input checked="" type="checkbox"/>						0	0	0
Tico A Perez National Commissioner and Natl Exec Board Memt	1 0	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				0	0	0
Wayne M Perry President Jan-May 2014 Past Pres May-Dec 2014 a	1 0	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				0	0	0
William F Cronk Natl Exec Board Member	1 0	<input checked="" type="checkbox"/>						0	0	0
C Wayne Brock Chief Scout Executive and Secretary	40 11	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				562,676	0	174,887
Bradley E Haddock Natl Exec Board Member	1 0	<input checked="" type="checkbox"/>						0	0	0
R Doyle Parrish Natl Exec Board Member	1 0	<input checked="" type="checkbox"/>						0	0	0
Anderson W Chandler Natl Exec Board Member (Jan - May 2014)	1 0	<input checked="" type="checkbox"/>						0	0	0
Glenn Adams Natl Exec Board Member	1 0	<input checked="" type="checkbox"/>						0	0	0
Dr David L Briscoe Natl Exec Board Member	1 2	<input checked="" type="checkbox"/>						0	0	0
Joe Crafton Vice President - Supply and Natl Exec Board Memt	1 0	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				0	0	0
Dr Robert M Gates President (May-Dec 2014) and Natl Exec Board Mer	1 0	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
Raymond E Johns Natl Exec Board Member	1 0	<input checked="" type="checkbox"/>						0	0	0
Jim Ryffel Natl Exec Board Member	1 0	<input checked="" type="checkbox"/>						0	0	0
David Weekley Vice President and Natl Exec Board Member (May-	1 0	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				0	0	0
David Biegler Natl Exec Board Member (May - Dec 2014)	1 0	<input checked="" type="checkbox"/>						0	0	0
Craig Fenneman Natl Exec Board Member (May - Dec 2014)	1 0	<input checked="" type="checkbox"/>						0	0	0
Judy McReynolds Natl Exec Board Member (May - Dec 2014)	1 0	<input checked="" type="checkbox"/>						0	0	0
Hugh Redd Natl Exec Board Member (May - Dec 2014)	1 0	<input checked="" type="checkbox"/>						0	0	0
Scott Sorrels Natl Exec Board Member (May - Dec 2014)	1 0	<input checked="" type="checkbox"/>						0	0	0
Brad Tilden Natl Exec Board Member (May - Dec 2014)	1 0	<input checked="" type="checkbox"/>						0	0	0
Brian Williams Natl Exec Board Member (May - Dec 2014)	1 0	<input checked="" type="checkbox"/>						0	0	0
Rosemary Wixom Natl Exec Board Member (May - Dec 2014)	1 0	<input checked="" type="checkbox"/>						0	0	0
John Green Group Director - Outdoor Adventures	40 0				<input checked="" type="checkbox"/>			338,819	0	305,369
Bradley Farmer ACSE Development	40 0				<input checked="" type="checkbox"/>			362,907	0	261,087
Michael A Ashline CFO - starting January 2014 and Supply Group Dir	40 0				<input checked="" type="checkbox"/>			416,162	0	131,245

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)							(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				
Perry Cochell Director, Office of Philanthropy	40 0				✓				236,994	0	186,251
Robert A Tuggle CFO - Retired January 2014	40 0				✓				763,709	0	213,995
Tom Fitzgibbon ACSE Council Support	40 0				✓				368,417	0	268,800
Gary Butler Deputy Chief Scout Executive	40 0				✓				392,570	0	268,747
J D McCarthy Summit - Group Director	40 0				✓				290,038	0	93,053
Don McChesney Regional Director	40 0					✓			355,472	0	236,182
Ponce Duran Regional Director	40 0					✓			310,789	0	260,368
Al Lambert Regional Director	40 0					✓			329,675	0	242,491
Michael Surbaugh HR Group Director	40 0					✓			294,617	0	266,850
Tom Harrington Regional Director	40 0					✓			364,676	0	245,694
1b Sub-total									5,387,521	0	3,155,019
c Total from continuation sheets to Part VII, Section A											
d Total (add lines 1b and 1c)									5,387,521	0	3,155,019

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **226**

- 3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		✓
4	✓	
5		✓

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
See Schedule O, Statement 4		
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 52		

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII. ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a 501,000				
	b	Membership dues	1b 67,552,267				
	c	Fundraising events	1c 91,971				
	d	Related organizations	1d 927,421				
	e	Government grants (contributions)	1e 0				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 43,153,115				
	g	Noncash contributions included in lines 1a-1f: \$	8,000,370				
	h	Total. Add lines 1a-1f	▶	112,225,774			
Program Service Revenue				Business Code			
	2a	High Adventure Bases in NM, MN, FL, a	900099	36,532,389	36,355,377	177,012	0
	b	Local Council Assessments	900099	23,756,374	23,756,374	0	0
	c	Order of the Arrow and National Eagle S	900099	1,990,071	1,990,071	0	0
	d	Regional and Professional Training	900099	3,864,347	3,864,347	0	0
	e						
	f	All other program service revenue .		4,907,996	4,907,996	0	0
	g	Total. Add lines 2a-2f	▶	71,051,177			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)	▶	15,273,477	0	-142,465	15,415,942
	4	Income from investment of tax-exempt bond proceeds ▶		0	0	0	0
	5	Royalties	▶	5,124,836	0	0	5,124,836
	6a	Gross rents	(i) Real (ii) Personal				
			40,019 0				
		b Less: rental expenses	0 0				
		c Rental income or (loss)	40,019 0				
	d	Net rental income or (loss)	▶	40,019	0	0	40,019
	7a	Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
			1,687,810,659 1,467,167				
		b Less: cost or other basis and sales expenses	1,668,252,061 1,738,801				
		c Gain or (loss)	19,558,598 -271,634				
	d	Net gain or (loss)	▶	19,286,964	0	0	19,286,964
	8a	Gross income from fundraising events (not including \$ 91,971 of contributions reported on line 1c). See Part IV, line 18	a 109,339				
		b Less: direct expenses	b 98,993				
		c Net income or (loss) from fundraising events . ▶		10,346		0	10,346
	9a	Gross income from gaming activities. See Part IV, line 19	a				
		b Less: direct expenses	b				
		c Net income or (loss) from gaming activities . . ▶					
	10a	Gross sales of inventory, less returns and allowances	a 153,944,141				
b Less: cost of goods sold		b 125,262,943					
c Net income or (loss) from sales of inventory . . ▶			28,681,198	0	-1,543,069	30,224,267	
Miscellaneous Revenue			Business Code				
11a	High Adventure Base - Other Revenue	900099	547,580	0	0	547,580	
b	Other Regional Revenues	900099	279,941	0	0	279,941	
c	National Eagle Scout Association - OI	900099	79,466	0	0	79,466	
d	All other revenue		0	0	0	0	
e	Total. Add lines 11a-11d	▶	906,987				
12	Total revenue. See instructions.	▶	252,600,778	70,874,165	-1,508,522	71,009,361	

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 response or note to any line in this Part IX ☐**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	850,617	850,617		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	929,292	929,292		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	476,406	476,406		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	5,295,403	3,044,156	1,595,853	655,394
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	50,038,063	39,667,984	10,094,665	275,414
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	3,910,580	2,966,323	848,376	95,881
9 Other employee benefits	4,515,952	3,991,102	494,397	30,453
10 Payroll taxes	5,077,717	3,968,155	1,049,985	59,577
11 Fees for services (non-employees):				
a Management				
b Legal	472,659	425,270	0	47,389
c Accounting	683,651	265,750	417,901	0
d Lobbying	215,000	25,000	190,000	0
e Professional fundraising services. See Part IV, line 17	158,938			158,938
f Investment management fees	1,938,899	0	1,938,899	0
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	15,398,097	8,213,683	6,953,274	231,140
12 Advertising and promotion	3,068,462	2,766,529	301,933	0
13 Office expenses	3,156,194	2,688,515	407,114	60,565
14 Information technology	3,123,708	2,909,007	214,701	0
15 Royalties				
16 Occupancy	17,524,808	16,645,875	342,762	536,171
17 Travel	4,923,761	4,040,733	841,664	41,364
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	1,460	0	0	1,460
19 Conferences, conventions, and meetings	17,334,474	16,682,056	627,664	24,754
20 Interest	8,197,543	0	8,197,543	0
21 Payments to affiliates	23,249,663	23,249,663	0	0
22 Depreciation, depletion, and amortization	6,115,863	4,851,023	1,138,841	125,999
23 Insurance	28,118,357	27,120,103	998,254	0
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Other Expenses	11,802,001	10,955,706	273,822	572,473
b Taxes, Permits, and Licenses	320,508	286,324	34,184	0
c Insurance Claims	24,502,175	24,502,175	0	0
d Professional Dues and Membership	1,575,290	1,511,847	63,443	0
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	242,975,541	203,033,294	37,025,275	2,916,972
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	22,132,198	1	18,767,298
	2 Savings and temporary cash investments	9,356,559	2	23,600,187
	3 Pledges and grants receivable, net	63,451,945	3	68,739,767
	4 Accounts receivable, net	3,462,181	4	3,236,633
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	65,471,572	8	60,007,672
	9 Prepaid expenses and deferred charges	8,457,549	9	11,389,171
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 208,467,457		
	b Less: accumulated depreciation	10b 118,811,078	10c	89,656,379
	11 Investments—publicly traded securities	408,679,639	11	391,945,383
	12 Investments—other securities. See Part IV, line 11	378,191,618	12	383,965,771
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	308,030,336	15	305,938,346
16 Total assets. Add lines 1 through 15 (must equal line 34)	1,353,726,401	16	1,357,246,607	
Liabilities	17 Accounts payable and accrued expenses	179,041,730	17	188,255,388
	18 Grants payable		18	
	19 Deferred revenue	36,052,339	19	42,799,707
	20 Tax-exempt bond liabilities	267,291,288	20	260,914,560
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	23,000,000	23	17,000,000
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D	159,961,145	25	145,549,691
	26 Total liabilities. Add lines 17 through 25	665,346,502	26	654,519,346
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	558,787,182	27	582,660,946
	28 Temporarily restricted net assets	74,047,500	28	63,272,414
	29 Permanently restricted net assets	55,545,217	29	56,793,901
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	688,379,899	33	702,727,261
34 Total liabilities and net assets/fund balances	1,353,726,401	34	1,357,246,607	

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	252,600,778
2	Total expenses (must equal Part IX, column (A), line 25)	2	242,975,541
3	Revenue less expenses. Subtract line 2 from line 1	3	9,625,237
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	688,379,899
5	Net unrealized gains (losses) on investments	5	4,650,421
6	Donated services and use of facilities	6	71,704
7	Investment expenses	7	0
8	Prior period adjustments	8	0
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	702,727,261

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

- 1** Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? . . .
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant? . . .
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? . . .
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . .
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		✓
2b	✓	
2c	✓	
3a		✓
3b		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2014

**Open to Public
Inspection**

Name of the organization

BOY SCOUTS OF AMERICA

Employer identification number

22-1576300

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						0

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	59,088,848	66,527,879	58,896,016	61,242,241	86,432,929	332,187,913
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	59,088,848	66,527,879	58,896,016	61,242,241	86,432,929	332,187,913
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)						44,778,562
6 Public support. Subtract line 5 from line 4.						287,409,351

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4	59,088,848	66,527,879	58,896,016	61,242,241	86,432,929	332,187,913
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	16,044,777	16,850,496	18,322,499	20,215,992	20,745,765	92,179,529
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.)	357,851	507,585	3,467,135	972,481	906,987	6,212,039
11 Total support. Add lines 7 through 10						430,579,481
12 Gross receipts from related activities, etc. (see instructions)					12	1,219,119,475
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	14	66.75 %
15 Public support percentage from 2013 Schedule A, Part II, line 14	15	75.94 %
16a 33 1/3% support test—2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
b 33 1/3% support test—2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.
If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business 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) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2013 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18	%
19a 33¹/₃% support tests—2014. If the organization did not check the box on line 14, and line 15 is more than 33 ¹ / ₃ %, and line 17 is not more than 33 ¹ / ₃ %, check this box and stop here . The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 33¹/₃% support tests—2013. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 ¹ / ₃ %, and line 18 is not more than 33 ¹ / ₃ %, check this box and stop here . The organization qualifies as a publicly supported organization <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <input type="checkbox"/>		

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent 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 in 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 in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
c Did a disqualified person (as defined in line 9(a)) 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 IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) 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.)		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in 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 Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
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 in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI .		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1** ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section 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		

Section 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):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e 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 1-1/2% 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 .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		

Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 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-functionally-integrated Type III supporting organization (see instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in Part VI). See instructions.	
7	Total annual distributions. Add lines 1 through 6.	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9	Distributable amount for 2014 from Section C, line 6	
10	Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:			
a				
b				
c				
d				
e	From 2013			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2014 distributable amount			
i	Carryover from 2009 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2014 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6	Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7	Excess distributions carryover to 2015. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a				
b				
c				
d	Excess from 2013			
e	Excess from 2014			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions.)

Schedule A, Part I, Line 1 - Three unusual grants totaling \$25,792,845 were made in 2014.

Schedule A, Part II, Line 10 - Other miscellaneous income.

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2014

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization

Employer identification number

BOY SCOUTS OF AMERICA

22-1576300

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures ▶ \$
- 3 Volunteer hours

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No
- 4a Was a correction made? ☐ Yes ☐ No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$
- 4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

A Check ☒ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)	0	0												
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	233,698	248,698												
c	Total lobbying expenditures (add lines 1a and 1b)	233,698	248,698												
d	Other exempt purpose expenditures	366,037,318	386,662,767												
e	Total exempt purpose expenditures (add lines 1c and 1d)	366,271,016	386,911,465												
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000	1,000,000												
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)	250,000	250,000												
h	Subtract line 1g from line 1a. If zero or less, enter -0-	0	0												
i	Subtract line 1f from line 1c. If zero or less, enter -0-	0	0												
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No													

4-Year Averaging Period Under section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
2a Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
b Lobbying ceiling amount (150% of line 2a, column (e))					6,000,000
c Total lobbying expenditures	386,847	180,000	240,100	248,698	1,055,645
d Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
f Grassroots lobbying expenditures	0	0	0	0	0

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total. Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Schedule C, Part II-A, Line A - Arrow WV Inc 27-0441319

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2014

Open to Public Inspection

Name of the organization

BOY SCOUTS OF AMERICA

Employer identification number

22-1576300

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year) .		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements.

Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply). <input type="checkbox"/> Preservation of land for public use (e.g., recreation or education) <input type="checkbox"/> Preservation of a historically important land area <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure <input type="checkbox"/> Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►	
4 Number of states where property subject to conservation easement is located ►	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ►	
7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.	

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.	
b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included in 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, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	
a Revenue included in Form 990, Part VIII, line 1 ► \$	0
b Assets included in Form 990, Part X ► \$	0

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a** ☒ Public exhibition **d** ☐ Loan or exchange programs
- b** ☐ Scholarly research **e** ☐ Other
- 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 or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☒ No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐

Part V Endowment Funds.

Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	272,426,025	243,714,804	280,080,716	285,870,684	264,362,398
b Contributions	435,411	655,415	2,357,938	645,067	518,129
c Net investment earnings, gains, and losses	9,571,742	34,568,882	29,679,521	-5,483,574	21,947,430
d Grants or scholarships	25,182,904	569,126	0	702,937	392,973
e Other expenditures for facilities and programs	0	0	66,923,349	211,359	81,703
f Administrative expenses	972,186	1,513,392	1,480,022	326,648	193,355
g End of year balance	256,278,088	276,856,583	243,714,804	279,791,233	286,159,926

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment ► 75.5 %
- b** Permanent endowment ► 22.3 %
- c** Temporarily restricted endowment ► 2.2 %
- The percentages in lines 2a, 2b, and 2c should equal 100%.

- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		✓
3a(ii)		✓
3b		

- b** If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	0	11,360,096		11,360,096
b Buildings	0	93,479,421	47,443,015	46,036,406
c Leasehold improvements	0	305,581	223,948	81,633
d Equipment	0	103,322,359	71,144,115	32,178,244
e Other	0	0	0	0
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				89,656,379

Part VII Investments—Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other BSA Commingled Endowment Fund LP	383,965,771	End-of-Year Market Value
(A) _____		
(B) _____		
(C) _____		
(D) _____		
(E) _____		
(F) _____		
(G) _____		
(H) _____		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ►	383,965,771	

Part VIII Investments—Program Related.

Complete if the organization answered "Yes" to 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 end-of-year market value
(1) _____		
(2) _____		
(3) _____		
(4) _____		
(5) _____		
(6) _____		
(7) _____		
(8) _____		
(9) _____		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ►		

Part IX Other Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) Intercompany Receivable	297,594,698
(2) Gift Annuity and Other Assets	8,343,648
(3) _____	
(4) _____	
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ►	305,938,346

Part X Other Liabilities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
(2) Gift Annuity Liability	8,284,000
(3) Insurance Reserves	137,265,691
(4) _____	
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►	145,549,691

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	244,046,000
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	4,650,421
b	Donated services and use of facilities	2b	71,704
c	Recoveries of prior year grants	2c	0
d	Other (Describe in Part XIII.)	2d	0
e	Add lines 2a through 2d	2e	4,722,125
3	Subtract line 2e from line 1	3	239,323,875
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	0
b	Other (Describe in Part XIII.)	4b	13,276,903
c	Add lines 4a and 4b	4c	13,276,903
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	252,600,778

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	224,561,000
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	0
b	Prior year adjustments	2b	0
c	Other losses	2c	0
d	Other (Describe in Part XIII.)	2d	0
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	224,561,000
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	0
b	Other (Describe in Part XIII.)	4b	18,414,541
c	Add lines 4a and 4b	4c	18,414,541
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	242,975,541

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Schedule D, Part III, Line 1 - The National Scouting Museum in Irving, Texas, possesses artifacts, fine art, and multimedia archives last appraised in March 2012 at approximately \$60,000,000. The museum also houses collections of Scouting memorabilia, objects, and archival documents, with estimated value of approximately \$1,500,000. In conformity with accounting policy generally followed by museums and the election to use these collection items for public exhibition and preservation for future generations, these collections are not recognized as assets in the consolidated balance sheet; however, costs associated with insuring and maintaining these collections have been expensed. During 2014, no major additions or disposals of collection items occurred.

Schedule D, Part III, Line 4 - Extensive collection of Scouting memorabilia and Rockwell paintings reflecting Boy Scouts in daily life are on display for the enjoyment of members, volunteers, and visitors. Encourages boys to explore the many facets of Scouting.

Schedule D, Part V, Line 4 - Endowments consist of approximately 78 individual funds established for a variety of purposes. The endowment includes both donor-restricted endowment funds and funds designated by the Executive Board to function as endowments. Net assets associated with endowment funds, including funds designated by the Executive Board to function as endowments, are classified and reported based upon the existence or absence of donor-imposed restrictions or in accordance with the Executive Board's interpretation of relevant law.

Schedule D, Part X, Line 2 - Uncertainty in Income Taxes. The National Council recognizes interest and penalties related to underpayment of income taxes as income tax expense. As of December 31, 2014, the National Council had not recorded any amounts related to unrecognized income tax benefits or accrued interest and penalties. The National Council does not anticipate any significant changes to unrecognized income tax benefits over the next year.

Schedule D, Part XI, Line 4b - A consolidated audit of the Boy Scouts of America and related organizations financial statements was completed for the year ending December 31, 2014. The audited revenues include Learning for Life, National Boy Scouts of America Foundation, Arrow WV, Inc. and regional trust revenues and reclassification of expenses netted to income are eliminated for reporting purposes.

Part XIII - Supplemental Information (Continued)

Schedule D, Part XII, Line 4b - A consolidated audit of the Boy Scouts of America and related organizations financial statements was completed for the year ending December 31, 2014. The audited expenses include Learning for Life, National Boy Scouts of America Foundation, Arrow WV, Inc. and regional trust expenses and reclassification of expenses netted to income are eliminated for reporting purposes.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

BOY SCOUTS OF AMERICA

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

► Attach to Form 990.

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

OMB No. 1545-0047

2014

**Open to Public
Inspection**

Employer identification number

22-1576300

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ **Yes** ☐ **No**

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) Sch F, Stmt 1					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total					
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	2	57			14,268,125

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			Sch F, Stmt 2						
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter **6**

3 Enter total number of other organizations or entities **0**

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1) Sch F, Stmt 3							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926).* ☒ Yes ☐ No

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990).* ☐ Yes ☒ No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471).* ☒ Yes ☐ No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621).* ☒ Yes ☐ No

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865).* ☒ Yes ☐ No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990).* ☐ Yes ☒ No

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

Schedule F, Part I, Line 2 - The organization has an established relationship with the existing world Scouting organizations that are given grants. These specific organizations are supported due to their effectiveness and legitimacy with program documentation and finances. The organization is in contact with these organizations regularly to follow up on projects and ensure compliance.

Schedule F, Part IV, Line 3 - The organization is not subject to filing Form 5471 because the combined ownership percentage is below the reporting threshold.

Schedule F, Part IV, Line 4 - Internal Revenue Code Regulation Section 1.1298-1T exempts 501(c)(3) organizations from this reporting requirement.

Schedule F, Part V, Statement 1

Form: Schedule F

Page: 1

Line Number: Part I Line 3

BOY SCOUTS OF AMERICA

22-1576300

Accounts and Activities Outside the United States

		Offices	Employees	Total
Region	Central America and the Caribbean	0	0	3,678,741
Activities	Investments			
Services	Investments in BSA Commingled Endowment Fund LP and investment of pension funds in foreign partnerships and corporations.			
Region	Europe (including Iceland and Greenland)	0	0	9,656,434
Activities	Investments			
Services	Investments in BSA Commingled Endowment Fund LP and investment of pension funds in foreign partnerships and corporations.			
Region	Central America and the Caribbean	0	0	5,343
Activities	Program Services			
Services	Reviewing supply vendor facilities.			
Region	East Asia and the Pacific	0	0	196,161
Activities	Program Services			
Services	Reviewing supply vendor facilities.			
Region	Europe (including Iceland and Greenland)	0	0	140,375
Activities	Program Services			
Services	Reviewing supply vendor facilities.			
Region	South Asia	0	0	11,917
Activities	Program Services			
Services	Reviewing supply vendor facilities.			
Region	North America (including Canada and Mexico, but not the United States)	2	57	579,154
Activities	Program Services			
Services	Northern Tier High Adventure Base programs in Canada at the Atikaki and Atikokan Youth Ventures Inc. facilities.			
Total:		2	57	14,268,125

Schedule F, Part V, Statement 2

Form: Schedule F

Page: 2

Line Number: Part II Line 1

BOY SCOUTS OF AMERICA

22-1576300

Grants To Organization Outside US

		Cash Grant	Non-Cash Assistance
Region	Europe (including Iceland and Greenland)	230,600	0
Grant	Support of International Scout association and European Scouting.		
Cash Disbursement	wire transfers		
Desc. of Non-Cash Asst.			
Valuation			
Region	Central America and the Caribbean	35,000	0
Grant	Support construction of Scout training and activity center.		
Cash Disbursement	wire transfer		
Desc. of Non-Cash Asst.			
Valuation			
Region	South Asia	35,000	0
Grant	Support Scout Center renovation.		
Cash Disbursement	wire transfer		
Desc. of Non-Cash Asst.			
Valuation			

Grants To Individuals Located Outside US

		Recipients	Cash Grant	Non-Cash Assistance
Assistance	Grants to attend National Scouting events, training, and seminars.	539	65,756	0
Region	South Asia			
Cash Disbursement	wire transfers			
Desc. of Non-Cash Asst.				
Valuation				
Assistance	Grants to attend National Scouting events, training, and seminars. Participants from 31 countries were trained. This enabled them to go to their home countries and establish training of their volunteers.	60	56,906	0
Region	Central America and the Caribbean			
Cash Disbursement	wire transfers			
Desc. of Non-Cash Asst.				
Valuation				
Assistance	Grants to attend National Scouting events, training, and seminars.	4	46,206	0
Region	Europe (including Iceland and Greenland)			
Cash Disbursement	wire transfers			
Desc. of Non-Cash Asst.				
Valuation				

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

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2014

Open to Public
Inspection

Name of the organization

BOY SCOUTS OF AMERICA

Employer identification number

22-1576300

Part I

Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- | | |
|---|--|
| a <input checked="" type="checkbox"/> Mail solicitations | e <input checked="" type="checkbox"/> Solicitation of non-government grants |
| b <input checked="" type="checkbox"/> Internet and email solicitations | f <input type="checkbox"/> Solicitation of government grants |
| c <input checked="" type="checkbox"/> Phone solicitations | g <input checked="" type="checkbox"/> Special fundraising events |
| d <input checked="" type="checkbox"/> In-person solicitations | |
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☒ **Yes** ☐ **No**
- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 See Schedule G, Part IV, Statement 1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total ▶				720,736	157,034	563,702

- 3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

AK, AL, AR, CA, CO, CT, FL, GA, HI, IL, IN, KS, KY, LA, MA, MD, ME, MI, MN, MO, MS, NC, ND, NH, NJ, NM, NV, NY, OH, OK, OR, PA, PR, RI, SC, TN, UT, VA, WA, WI, WV

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		Tarpon Fish Tournament (event type)	Fluorescence Fishing Tournament (event type)	0 (total number)	
Revenue	1 Gross receipts	135,000	66,310		201,310
	2 Less: Contributions	53,000	38,971		91,971
	3 Gross income (line 1 minus line 2)	82,000	27,339		109,339
Direct Expenses	4 Cash prizes	0	0		0
	5 Noncash prizes	0	153		153
	6 Rent/facility costs	41,803	31,986		73,789
	7 Food and beverages	4,045	1,266		5,311
	8 Entertainment	0	0		0
	9 Other direct expenses	13,729	6,011		19,740
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				98,993
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				10,346

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
	2 Cash prizes				
Direct Expenses	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: _____

- 11** Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13** Indicate the percentage of gaming activity conducted in:
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No
- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c** If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

☐ Director/officer☐ Employee☐ Independent contractor**17** Mandatory distributions:

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV

Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

Schedule G, Part IV, Statement 1

Form: Schedule G

Page: 1

Line Number: Part I Line 2b

BOY SCOUTS OF AMERICA

22-1576300

Fundraiser Activity Information

Name and Address	Activity	C1	Gross Receipts	C2	C3
America's Charities 14150 Newbrook Dr Suite 110 Chantilly, VA 20151	Employee AGC & Federated Campaigns	Yes	501,000	68,750	432,250
Automotive Recovery Services Two Westbrook Corporate Center Suite 500 Westchester, IL 60154	Donated vehicle auction program .	Yes	219,736	55,784	163,952
Hartsook Companies Inc 1100 Walnut St Suite 2935 Kansas City, MO 64106	Develop Local Council Fundraising Services Program	No	0	32,500	-32,500
Total:			720,736	157,034	563,702

C1 = Fundraiser control of funds?

C2 = Amount paid to (or retained by) fundraiser

C3 = Amount paid to (or retained by) organization

SCHEDULE I
(Form 990)

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization

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

► Attach to Form 990.

OMB No. 1545-0047

2014

Open to Public
Inspection

BOY SCOUTS OF AMERICA

Employer identification number

22-1576300

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) Sch I, Stmt 1							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	44
3	Enter total number of other organizations listed in the line 1 table	0

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

Cat. No. 50055P

Schedule I (Form 990) (2014)

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 Brinton Environmental Scholarship	1	6,280	0		
2 Cooke Eagle Scholarships	88	268,030	0		
3 Health and Safety Scholarships	18	9,270	0		
4 Golding Scholarships	90	17,370	0		
5 Seabase Scholarships	52	15,000	0		
6 Doerr Scholarships	5	10,000	0		

7 (Continued on Schedule I, Part IV, Statement 2)

Part IV **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.
Schedule I, Part I, Line 2 - Councils prepare Grant Impact progress reports. These are used for monitoring, analysis, and follow up on the grant expenditures.

Schedule I, Part IV, Statement 1

Form: Schedule I

Page: 1

Line Number: Part II

BOY SCOUTS OF AMERICA

22-1576300

Description of Grants and Other Assistance to Governments and Organizations in the United States

		Recipient EIN	Amt. of cash grant	Amt. of non- cash asst.
Name and address	Alamo Area Council 2226 NW Military Dr San Antonio, TX 78213	74-6079583	17,490	
IRC code section	501(c)(3)			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	Grant to local council supporting improvement of shooting ranges, safety and equipment.			
Name and address	Aloha Council 42 Puiwa Rd Honolulu, HI 96817	99-0073482	6,357	
IRC code section	501(c)(3)			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	Grants funded by America Charities donations supporting Scouting at the local council.			
Name and address	Arrow WV Inc 1325 West Walnut Hill Lane Irving, TX 75038	27-0441319	22,649,917	0
IRC code section	501(c)(3)			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	To fund the development of the Summit Betchel Reserve.			
Name and address	Atlanta Area Council 1800 Circle 75 Parkway SE Atlanta, GA 30339	58-0566122	10,036	
IRC code section	501(c)(3)			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	Northern Tier High Adventure Base grant supporting Scout camperships.			
Name and address	Baltimore Area Council 701 Wyman Park Dr Baltimore, MD 21211	52-0591572	10,315	
IRC code section	501(c)(3)			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	Grants funded by America Charities donations supporting Scouting at the local council.			
Name and address	Bay Lakes Council 2555 Northern Rd P O Box 267 Appleton, WI 54912	39-1184320	8,450	
IRC code section	501(c)(3)			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	Grant to local council supporting improvement of shooting ranges, safety and equipment.			

Schedule I, Part IV, Statement 1

BOY SCOUTS OF AMERICA

Name and address	Calumet Council 8751 Calumet Ave Munster, IN 46321	35-0867968	16,000
IRC code section	501(c)(3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Hook Fund grant supporting local council.		
Name and address	Capitol Area Council 12500 North IH 35 Austin, TX 78753	74-1143057	6,824
IRC code section	501(c)(3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Grants funded by America Charities donations supporting Scouting at the local council.		
Name and address	Catalina Area Council 5049 E Broadway Blvd Ste 200 Tucson, AZ 85711	86-0107516	7,691
IRC code section	501(c)(3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Grant approved and funded by the National Order of the Arrow committee for local council special project.		
Name and address	Central Wyoming Council 3939 Mountain Rd P O Box 1506 Casper, WY 82602	83-0173481	8,729
IRC code section	501(c)(3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Grant to local council supporting improvement of shooting ranges, safety and equipment.		
Name and address	Chief Seattle Council 3120 Rainer Ave South Seattle, WA 98144	91-0569878	9,783
IRC code section	501(c)(3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Grants funded by America Charities donations supporting Scouting at the local council.		
Name and address	Circle Ten Council 8605 Harry Hines Blvd Dallas, TX 75235	75-0800615	24,279
IRC code section	501(c)(3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Grants funded by America Charities donations supporting Scouting at the local council.		
Name and address	Coronado Area Council 644 S Ohio St P O Box 912 Salina, KS 67402	48-0545921	8,450

Schedule I, Part IV, Statement 1

BOY SCOUTS OF AMERICA

IRC code section 501(c)(3)

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant Grant to local council supporting improvement of shooting ranges, safety and equipment.

Name and address	Daniel Webster Council 571 Holt Ave Manchester, NH 03109	02-0222115	9,430
-------------------------	--	------------	-------

IRC code section 501(c)(3)

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant Grant to local council supporting improvement of shooting ranges, safety and equipment.

Name and address	Greater New York Council 350 Fifth Ave Suite 7820 Empire State Bldg New York, NY 11763	13-1624015	34,859
-------------------------	---	------------	--------

IRC code section 501(c)(3)

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant Grant supporting membership experience initiative.

Name and address	Heart Of America Council 10210 Holmes Rd Kansas City, MO 64131	44-0545995	16,198
-------------------------	--	------------	--------

IRC code section 501(c)(3)

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant Grant to local council supporting improvement of shooting ranges, safety and equipment.

Name and address	Hoosier Trails Council 5625 E State Road 46 Bloomington, IN 47401	35-1290776	12,000
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IRC code section 501(c)(3)

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant Hook Fund grant supporting local council.

Name and address	Hudson Valley Council 6 Jeanne Dr Newburgh, NY 12550	14-1338385	6,087
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IRC code section 501(c)(3)

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant One Car One Kid grant supporting local council.

Name and address	Indian Nations Council 4295 S Garnett Rd Tulsa, OK 74146	73-0579230	8,647
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IRC code section 501(c)(3)

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant Grant supporting Indian camperships.

Name and address	La Salle Council 1340 South Bend Ave South Bend, IN 46617	35-0867966	8,000
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Schedule I, Part IV, Statement 1

BOY SCOUTS OF AMERICA

IRC code section 501(c)(3)

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant Hook Fund grant supporting local council.

Name and address	Laurel Highlands Council 1275 Bedford Ave Flag Plaza Pittsburgh, PA 15219	25-0965214	51,102
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IRC code section 501(c)(3)

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant National Council grant supporting local council operations.

Name and address	National Catholic Committee on Scouting 111 Wall Street New York, NY 10005	53-1096617	42,500
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IRC code section 501(c)(3)

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant Grant supporting National Catholic Committee on Scouting scholarships.

Name and address	Mount Diablo-Silverado Council 800 Ellinwood Way Pleasant Hill, CA 94523	94-1156249	9,278
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IRC code section 501(c)(3)

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant Grant supporting training of local council professionals.

Name and address	National Boy Scouts of America Foundation 1325 West Walnut Hill Lane Irving, TX 75038	75-2675978	599,746
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IRC code section 501(c)(3)

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant Grants funded by America Charities donations and National Council grants supporting Scouting.

Name and address	National Capital Area Council 9190 Rockville Pike Bethesda, MD 20814	53-0204610	42,164
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IRC code section 501(c)(3)

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant To support local council Scouting

Name and address	Nonprofit Leadership Alliance P O Box 857083 Kansas City, MO 64187	44-0546869	15,000
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IRC code section 501(c)(3)

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant Grant supporting development of leadership in nonprofit organizations.

Name and address	Old Hickory Council 6600 Silas Creek Parkway Winston Salem, NC 27106	56-0529985	10,064
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IRC code section 501(c)(3)

Method of valuation

Schedule I, Part IV, Statement 1

BOY SCOUTS OF AMERICA

Desc. of Non-Cash Asst.

Purpose of grant

Grant supporting local council Trail of Courage Program.

Name and address	Old North State Council 1405 Westover Terrace P O Box 29046 Greensboro, NC 27429	56-1762001	5,554
IRC code section	501(c)(3)		

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant

Grant to local council supporting improvement of shooting ranges, safety and equipment.

Name and address	ORANGE COUNTY Council 1211 East Dyer Road Santa Ana, CA 92705	95-1727660	8,655
IRC code section	501(c)(3)		

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant

One Car One Kid grant supporting local council.

Name and address	Ozark Trails Council 1616 S Eastgate Ave Springfield, MO 65809	44-0546294	7,862
IRC code section	501(c)(3)		

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant

Grant to local council supporting improvement of shooting ranges, safety and equipment.

Name and address	PACIFIC SKYLINE Council 1150 Chess Dr Foster City, CA 94404	94-1156483	5,244
IRC code section	501(c)(3)		

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant

One Car One Kid grant supporting local council.

Name and address	Pikes Peak Council 985 W Fillmore St Colorado Springs, CO 80907	84-0404226	5,007
IRC code section	501(c)(3)		

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant

Grants funded by America Charities donations supporting Scouting at the local council.

Name and address	Rainbow Council 2600 N Winterbottom Rd Morris, IL 60450	36-2169129	8,434
IRC code section	501(c)(3)		

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant

Grant to local council supporting improvement of shooting ranges, safety and equipment.

Name and address	Sagamore Council 518 N Main Kokomo, IN 46903	35-0867972	16,090
IRC code section	501(c)(3)		

Schedule I, Part IV, Statement 1

BOY SCOUTS OF AMERICA

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant

Hook Fund grant supporting local council.

Name and address	San Diego Imperial Council	95-1643983	7,966
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1207 Upas St
San Diego, CA 92103

IRC code section
501(c)(3)

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant

Grants funded by America Charities donations supporting Scouting at the local council.

Name and address	San Francisco Bay Area Council	94-1568616	9,487
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1001 Davis St
San Leandro, CA 94577

IRC code section
501(c)(3)

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant

Grants funded by America Charities donations supporting Scouting at the local council.

Name and address	Santa Fe Trail Council	48-0544572	8,000
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1513 1/2 East Fulton Terrace
Garden City, KS 67846

IRC code section
501(c)(3)

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant

Grant to local council supporting improvement of shooting ranges, safety and equipment. Additionally, grant approved and funded by the National Order of the Arrow committee for local council special project.

Name and address	Silicon Valley Monterey Bay Council	94-1156254	7,235
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970 W Julian St
San Jose, CA 95126

IRC code section
501(c)(3)

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant

Grants funded by America Charities donations supporting Scouting at the local council.

Name and address	South Texas Council	74-1143068	5,445
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700 Everhart Terrace
Bldg A
Corpus Christi, TX 78411

IRC code section
501(c)(3)

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant

Grants funded by America Charities donations supporting Scouting at the local council.

Name and address	Three Fires Council	36-3831877	9,875
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415 N Second St
St Charles, IL 60174

IRC code section
501(c)(3)

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant

Grant to local council supporting improvement of shooting ranges, safety and equipment.

Schedule I, Part IV, Statement 1

BOY SCOUTS OF AMERICA

Name and address	Three Harbors Council 330 South 84 Street Milwaukee, WI 53214	45-3321626	15,925
IRC code section	501(c)(3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Scoutreach grant.		
Name and address	Tidewater Council 1032 Heatherwood Dr Virginia Beach, VA 23455	54-0505875	44,210
IRC code section	501(c)(3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Grants funded by America Charities donations supporting Scouting at the local council.		
Name and address	Twin Rivers Council 253 Washington Ave Ext Albany, NY 12205	14-1340028	7,200
IRC code section	501(c)(3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Philmont High Adventure Base grant supporting local Scouts camperships.		
Name and address	Westark Area Council16 1401 Old Greenwood Rd Ft Smith, AR 72901	71-0236862	6,240
IRC code section	501(c)(3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Grant to local council supporting improvement of shooting ranges, safety and equipment.		

Schedule I, Part IV, Statement 2

Form: Schedule I

Page: 2

Line Number: Part III

BOY SCOUTS OF AMERICA

22-1576300

Description of Grants and Other Assistance to Individuals in the United States

		Number of recipients	Amt. of cash grant	Amt. of non-cash asst.
Type of grant	Kiefer Scholarships	41	27,250	0
Method of valuation				
Desc. of Non-Cash Asst.				
Type of grant	National Eagle Scout Association Scholarships	53	159,625	0
Method of valuation				
Desc. of Non-Cash Asst.				
Type of grant	STEM Scholarships	2	14,585	0
Method of valuation				
Desc. of Non-Cash Asst.				
Type of grant	Order of the Arrow Scholarships	14	16,500	0
Method of valuation				
Desc. of Non-Cash Asst.				
Type of grant	Ryffel Scholarships	10	6,100	0
Method of valuation				
Desc. of Non-Cash Asst.				
Type of grant	Palmer Scholarships	3	7,500	0
Method of valuation				
Desc. of Non-Cash Asst.				
Type of grant	Philmont Scholarships	34	10,630	0
Method of valuation				
Desc. of Non-Cash Asst.				
Type of grant	Maguire Scholarships	184	59,073	0
Method of valuation				
Desc. of Non-Cash Asst.				
Type of grant	Phillips Scholarships	834	296,610	0
Method of valuation				
Desc. of Non-Cash Asst.				

SCHEDULE J
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

BOY SCOUTS OF AMERICA

Compensation Information

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

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

► Attach to Form 990.

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

OMB No. 1545-0047

2014

**Open to Public
Inspection**

Employer identification number

22-1576300

Part I Questions Regarding Compensation

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

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

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

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation				(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation					
1 C Wayne Brock, Chief Scout Executive and Secretary	(i) 414,622	43,626	104,428		152,441	28,323	743,440	0
(ii)	0	0	0		0	0	0	0
2 John Green, Group Director - Outdoor Adventures	(i) 257,746	0	87,073		282,749	26,468	648,036	0
(ii)	0	0	0		0	0	0	0
3 Bradley Farmer, ACSE Development	(i) 304,581	25,382	32,944		238,229	25,439	626,575	0
(ii)	0	0	0		0	0	0	0
4 Michael A Ashline, CFO - starting January 2014 and Perry Cochell, Director, Office of Supervisory Director	(i) 316,502	20,000	79,660		103,982	25,922	546,066	0
(ii)	0	0	0		0	0	0	0
5 Perry Cochell, Director, Office of Philanthropy	(i) 227,154	0	9,839		158,529	30,236	425,758	0
(ii)	0	0	0		0	0	0	0
6 Robert A Tuggle, CFO - Retired January 2014	(i) 24,729	35,940	703,040		204,797	9,563	978,069	0
(ii)	0	0	0		0	0	0	0
7 Tom Fitzgibbon, ACSE Council Support	(i) 301,064	27,537	39,815		239,698	32,468	640,582	0
(ii)	0	0	0		0	0	0	0
8 Don McChesney, Regional Director	(i) 305,542	22,991	26,939		222,174	18,159	595,805	0
(ii)	0	0	0		0	0	0	0
9 Gary Butler, Deputy Chief Scout Executive	(i) 307,731	21,652	63,186		236,811	35,390	664,770	0
(ii)	0	0	0		0	0	0	0
10 Ponce Duran, Regional Director	(i) 263,759	24,514	22,516		229,410	34,741	574,940	0
(ii)	0	0	0		0	0	0	0
11 Al Lambert, Regional Director	(i) 287,288	22,136	20,250		220,223	26,214	576,111	0
(ii)	0	0	0		0	0	0	0
12 Michael Surbaugh, HR Group Director	(i) 257,655	0	36,962		250,746	21,361	566,724	0
(ii)	0	0	0		0	0	0	0
13 J D McCarthy, Summit - Group Director	(i) 260,654	23,867	5,517		76,747	18,260	385,045	0
(ii)	0	0	0		0	0	0	0
14 Tom Harrington, Regional Director	(i) 296,592	0	68,083		226,621	21,331	612,627	0
(ii)	0	0	0		0	0	0	0
15	(i)							
(ii)								
16	(i)							
(ii)								

Part III Supplemental Information

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

Schedule J, Part I, Line 1a - Employees who travel extensively are allowed to join the Airline Travel Clubs. Payment for airline travel clubs totaled \$3,325. Airline travel club fees were reimbursed to employees and not included in employee compensation only if a substantial business purpose was provided. The Boy Scouts of America is a family oriented organization and requires spousal participation for events in which the spouse's participation is critical to furthering the programs and mission of the Boy Scouts of America. Their expenses are considered necessary to fulfill the business purpose of the organization. As such, total expenses for spousal travel during 2014 was \$32,371 were not included in the employees' taxable compensation and were only reimbursed to the employee upon substantiation and submission of a business purpose. The Boy Scouts of American policy allows employees traveling with volunteers to upgrade to first/business class to allow the employee to discuss business during the flight. Also employees travelling extensively for philanthropic efforts are allowed to travel first/business class when potential or current donors are in first class/business class to allow continued fundraising efforts. In addition, first/business class is allowed for certain employees that are required to travel extensively and also require special accommodations. The total first class travel for 2014 was \$63,516 and was not included in employees' taxable compensation and were only reimbursed to the employees upon substantiation and submission of a business purpose as to why first/business class accommodations were needed. The Chief Scout Executive, and Assistant Chief Scout Executive are reimbursed for club dues at the LaCima club which is used for meeting with potential donors, volunteers, and offsite meetings. These expense reimbursements are not included in taxable employee compensation. The total of the LaCima expense in 2014 was \$5,129. Participants in the non qualified retirement restoration plan have the taxable portion grossed-up to cover the taxes. Housing allowances paid to the CFO were included in taxable compensation. He is working in both North Carolina and Texas locations as the CFO and Supply Division leader.

Schedule J, Part I, Line 3 - The National Council Executive Compensation Committee accepted the Intermediate Sanctions review, conducted in late 2012, of the total compensation, benefits and perquisites for the Chief Scout Executive and Chief Financial Officer. This was a routine Intermediate Sanctions review of Boy Scouts of America's disqualified individuals and no new programs were added or changed.

Schedule J, Part I, Line 4 - The BSA's National Executive Board approved a non-qualified, Retirement Benefits Restoration Plan for the benefit of all employees whose benefits would otherwise be limited by the Omnibus Budget Reconciliation Act of 1993. Benefits attributed under the Restoration Plan supplement those accrued under the qualified Retirement Plan and payments do not commence until an employee's retirement. Participants include employees with compensation over \$ 260,000. C Wayne Brock \$44,646 restoration plan; Mike Ashline \$11,520 restoration plan; Tom Fitzgibbon \$10,220 restoration plan; Robert A. Tuggle \$282,005 restoration plan; John Green \$32,651 restoration plan; Bradley Farmer \$8,735 restoration plan; Don McChesney \$9,349 restoration plan; Gary Butler \$29,406 restoration plan and Ponce Duran \$842 restoration plan; Al Lambert \$4,580 restoration plan; JD McCarthy \$1,798 restoration plan; Tom Harrington \$30,897 restoration plan. Robert A. Tuggle retired after 38 years of service in January 2014 - the change of control payment (unused vacation and severance) was \$192,260 and his calculated restoration plan benefit were higher because of retirement.

Schedule J, Part I, Line 5 - An Annual Incentive Plan was adopted with a component of compensation is based on items such as: membership, obtaining funding commitments, maintaining operations within budget, and achieving goals within the organizations strategic plan.

**SCHEDULE K
(Form 990)**

Supplemental Information on Tax-Exempt Bonds

► Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

► Attach to Form 990.

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

OMB No. 1545-0047

2014

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization

BOY SCOUTS OF AMERICA

Employer identification number
22-1576300

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
							Yes	No	Yes	No	Yes	No
A	The County Commission of Fayette County (WV)	55-6000314		11/05/2010	50,000,000	Construction and equipping of the Summit Bechtel Family National Scout Reserve		✓		✓		✓
B	The County Commission of Fayette County (WV)	55-6000314		11/05/2010	50,000,000	Construction and equipping of the Summit Bechtel Family National Scout Reserve		✓		✓		✓
C	County Commission of Fayette County (WV)	55-6000314		03/09/2012	175,000,000	Construction and equipping of the Summit Bechtel Family National Scout Reserve		✓		✓		✓
D												

Part II Proceeds

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1	Amount of bonds retired	3,831,841	3,384,062	6,869,537				
2	Amount of bonds legally defeased	0	0	0				
3	Total proceeds of issue	50,000,000	50,000,000	175,000,000				
4	Gross proceeds in reserve funds	0	0	0				
5	Capitalized interest from proceeds	0	0	0				
6	Proceeds in refunding escrows	0	0	0				
7	Issuance costs from proceeds	0	0	0				
8	Credit enhancement from proceeds	0	0	0				
9	Working capital expenditures from proceeds	0	0	0				
10	Capital expenditures from proceeds	50,000,000	50,000,000	175,000,000				
11	Other spent proceeds	0	0	0				
12	Other unspent proceeds	0	0	0				
13	Year of substantial completion	2013	2013	2013				

14	Were the bonds issued as part of a current refunding issue?	Yes	No	Yes	No	Yes	No
15	Were the bonds issued as part of an advance refunding issue?	✓	✓	✓	✓	✓	✓
16	Has the final allocation of proceeds been made?	✓	✓	✓	✓	✓	✓
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	✓	✓	✓	✓	✓	✓

Part III Private Business Use

1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?	Yes	No	Yes	No	Yes	No
2	Are there any lease arrangements that may result in private business use of bond-financed property?	✓	✓	✓	✓	✓	✓

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

Cat. No. 50193E

Schedule K (Form 990) 2014

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?		✓		✓		✓		
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?		✓		✓		✓		
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government		0 %		0 %		0 %		0 %
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government		0 %		0 %		0 %		0 %
6 Total of lines 4 and 5		0 %		0 %		0 %		0 %
7 Does the bond issue meet the private security or payment test?	✓		✓		✓			
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		✓		✓		✓		
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of		%		%		%		%
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	✓		✓		✓			

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		✓		✓		✓		
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?	✓		✓		✓			
b Exception to rebate?		✓		✓		✓		
c No rebate due?		✓		✓		✓		
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?		✓		✓		✓		
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		✓		✓		✓		
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

- Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
► Attach to Form 990 or Form 990-EZ.
► Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

Open To Public Inspection

Name of the organization

BOY SCOUTS OF AMERICA

Employer identification number

22-1576300

Part I

Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ► \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ► \$

Part II

Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
Total						► \$						

Part III

Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1) Sch L, Stmt 1				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions).

Schedule L, Part III - Flowers, candy, and commemorative items of appreciation were given during 2014 to some donors which did not exceed \$1,000 each.

Schedule L, Part V, Statement 1

Form: Schedule L

Page: 1

Line Number: Part III

BOY SCOUTS OF AMERICA**22-1576300****Description of Grants or Assistance Benefitting Interested Persons**

Name of interested person	Relationship with organization	Amount	Ty. of Asst.	Purpose
Dr Robert M Gates	Board Member and Officer	1,385	Gifts digital photo frame and commemorative rifle	Appreciation Gifts
Craig Fenneman	Board Member	1,918	Gifts of candy, flowers and 2 commemorative rifles	Appreciation Gifts

Amount = Amount of grant

Ty. of Asst. = Type of assistance

Purpose = Purpose of assistance

SCHEDULE M
(Form 990)

Noncash Contributions

OMB No. 1545-0047

2014

**Open To Public
Inspection**

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.
▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

Employer identification number

BOY SCOUTS OF AMERICA

22-1576300

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles	✓	257	219,736	Fair Market Value
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	✓	30	10,124,519	FMV on date of donation
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (Program Equipment)	✓	5	319,592	FMV
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** 0

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		✓
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?		✓
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	✓	
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Schedule M, Part I, Line 32b - Boy Scouts of America contracted with Insurance Auto Auctions to manage the national "One Car, One Difference" program. 95% of the proceeds are distributed to local Councils. Distributions are based upon the donor's designation or, if none, payments are made to the local Council servicing the area of the donor's zip code.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2014

**Open to Public
Inspection**

Name of the organization

BOY SCOUTS OF AMERICA

Employer identification number

22-1576300

Form 990, Part III, Line 4d - See Schedule O, Statement 2

Form 990, Part VI, Section B, Line 11b - Form 990 was reviewed and approved by the Controller and National Legal Counsel. An executive summary was prepared and that, along with Form 990 without Schedule B, was distributed to the Officers and the Audit Committee for their review. PricewaterhouseCoopers reviewed and signed Form 990 as paid preparer. Finally, Form 990 without Schedule B was distributed to all Executive Board members before it was filed. Schedule B was not included due to confidentiality agreements with donors, some of which are members of the Executive Board.

Form 990, Part VI, Section B, Line 12c - Annually a conflict of interest policy confirmation is required of the organizations Executive Board Members and employees responsible for every department. The organization uses an outside company for anonymous reporting of potential ethics violations. A report of the violations is given to the Controller and is thoroughly researched. The research is presented to Internal Audit and National Legal Counsel for review and resolution. The report, issue, and resolution are presented to the Audit Committee for review.

Form 990, Part VI, Section B, Line 15 - The National Council Executive Compensation Committee accepted the Intermediate Sanctions review, conducted in late 2012, of the total compensation, benefits and perquisites for the Chief Scout Executive and Chief Financial Officer. This was a routine Intermediate Sanctions review of Boy Scouts of America disqualified individuals and no new programs were added or changed.

Form 990, Part VI, Section C, Line 19 - Governing documents and conflict of interest policy are available upon request.

Schedule O, Statement 1

Form: 990

Page: 1

Line Number: Part I Line 1

BOY SCOUTS OF AMERICA

22-1576300

Activity Or Mission Description

Description

with other agencies, the ability of boys to do things for themselves and others, to train them in Scoutcraft, and to teach them patriotism, courage, self-reliance, and kindred virtues, using the methods which are now in common use by Boy Scouts.

Schedule O, Statement 2

Form: 990

Page: 2

Line Number: Part III Line 4d

BOY SCOUTS OF AMERICA

22-1576300

Other Program Services Accomplishments

Activity Code	Description	Expense	Grants	Revenue
	Marketing - Administration of public relations, including providing news releases, features for print and broadcast media, and internal news in the form of newsletters, fact sheets, and the annual report for the nationwide Scouting family. In addition, protection and promotion of the Scouting brand.	13,029,213	100,000	42,547
	Scouting Programs: Insurance Costs Borne for National and Local Councils - The National Council subsidized the group medical, dental, and life insurance programs for its employees and retirees. In addition, the National Council subsidized a general liability insurance program primarily for the benefit of local councils.	49,517,335	9,270	23,756,374
	Scouting Programs: World Bureau Fees - The registration fee that Boy Scouts of America annually pays the World Organization of the Scouting Movement (WOSM) is based on an established fee of registered uniformed adult and youth members. This registration fee supports international enrichment programs for the youth and adult membership. These programs include World Jamborees, National Association encampments, international training programs and conferences, program related magazines, brochures and pamphlets.	1,447,982	0	0
Total:		63,994,530	109,270	23,798,921

Schedule O, Statement 3

Form: 990

Page: 6

Line Number: Part VI Section C Line 17

BOY SCOUTS OF AMERICA

22-1576300

States Where Copy Of Return Is Filed

States

AK

AL

AR

AZ

CA

CT

FL

GA

IL

IN

KY

MA

MD

MN

MS

NH

NJ

NM

NY

OK

OR

PA

PR

RI

SC

TN

UT

VA

WA

WI

WV

Schedule O, Statement 4

Form: 990

Page: 8

Line Number: Part VII Section B

BOY SCOUTS OF AMERICA**22-1576300****Contractor Compensation**

Name and address:	Description Of Services	Compensation
WELD LLC PO BOX 601 FAYETTEVILLE, WV 25840	Website development	1,826,782
ONLINE COMMUNITY SERVICES LLC 413 OAK HILL DRIVE ALTAMONTE SPRINGS, FL 32701	Project Management	4,632,977
CORR CRONIN MICHELSON BAUMGARDNER&PREECE 1001 FOURTH AVENUE SUITE 3900 SEATTLE, WA 98154	Attorney	708,012
SCHWABE WILLIAMSON & WYATT PC 1211 SW FIFTH AVENUE SUITE 1900 Portland, OR 97204	Attorney	899,858
AUMILLER POOLS LLC 8468 TANGELO TREE DRIVE ORLANDO, FL 32836	Construction	839,459
Total:		8,907,088

SCHEDULE R
(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.

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

OMB No. 1545-0047

2014**Open to Public
Inspection**

Name of the organization

BOY SCOUTS OF AMERICA

Employer identification number

22-1576300

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) BSA Asset Management LLC (26-2473220) 1325 West Walnut Hill Lane, Irving, TX 75038-3008	General Partner/Investments	DE	0	0	N/A
(2) Atikokan Youth Ventures Inc PO Box 509, Ely, MN 55731	High Adventure Base operation	Canada	0	0	N/A
(3) Atikaki Youth Ventures Inc PO Box 509, Ely, MN 55731	High Adventure Base operation	Canada	0	0	N/A
(4)					
(5)					
(6)					

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) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) Learning for Life (75-2396057) 1329 West Walnut Hill Lane, Irving, TX 75038	Youth development.	DC	501(c)(3)	9	N/A		✓
(2) National Boy Scouts of America Foundation (75-2675978) 1325 West Walnut Hill Lane, Irving, TX 75038-3008	Support Scouting	DC	501(c)(3)	7	N/A		✓
(3) Learning for Life Foundation (26-2270708) 1329 West Walnut Hill Lane, Irving, TX 75038	Support Learning for Life programs.	TX	501(c)(3)	7	Learning for Life		✓
(4) Scout Executives Alliance (22-6069455) PO Box 152079, Irving, TX 75015-2079	Support Scouts' employees	TX	501(c)(9)		N/A	✓	
(5) Boy Scouts of America Employee Welfare Benefits Plan (75-23478) PO Box 152079, Irving, TX 75015-2079	Welfare Benefits Plan	TX	501(c)(9)		N/A	✓	
(6) Arrow WV Inc (27-0441319) 1325 West Walnut Hill Lane, Irving, TX 75038-3008	Develop program & facility for Boy Scouts	WV	501(c)(3)	7	Boy Scouts of America	✓	
(7) BSA Endowment Master Trust (27-6850785) 1325 West Walnut Hill Lane, Irving, TX 75038-3008	Support Scouting	DE	501(c)(3)	7	N/A		✓

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

Cat. No. 50135Y

Schedule R (Form 990) 2014

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) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) BSA Commingled Endowment 1325 West Walnut Hill Lane, Irving	Endowment investment	DE	N/A	Excluded	13,269,130	418,458,322		✓	-70,185		✓	71.249%
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

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) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.**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?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Gift, grant, or capital contribution to related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c Gift, grant, or capital contribution from related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d Loans or loan guarantees to or for related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e Loans or loan guarantees by related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f Dividends from related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g Sale of assets to related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
h Purchase of assets from related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
i Exchange of assets with related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
j Lease of facilities, equipment, or other assets to related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
k Lease of facilities, equipment, or other assets from related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
l Performance of services or membership or fundraising solicitations for related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
m Performance of services or membership or fundraising solicitations by related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
o Sharing of paid employees with related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
p Reimbursement paid to related organization(s) for expenses	<input type="checkbox"/>	<input checked="" type="checkbox"/>
q Reimbursement paid by related organization(s) for expenses	<input type="checkbox"/>	<input checked="" type="checkbox"/>
r Other transfer of cash or property to related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
s Other transfer of cash or property from related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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) Transaction type (a–s)	(c) Amount involved	(d) Method of determining amount involved
(1)	See Schedule R, Part VII, Statement 1			
(2)				
(3)				
(4)				
(5)				
(6)				

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.

(1)	(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
					Yes	No			Yes	No		Yes	No	
(1)														
(2)														
(3)														
(4)														
(5)														
(6)														
(7)														
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(15)														
(16)														

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R (see instructions).

Description of Covered Relationships and Transaction Thresholds

		Amt. involved
Name	Scout Executives Alliance	12,000
Transaction type	m	
Method of determining amt. involved	Estimated fair market value.	
Name	Scout Executives Alliance	609,443
Transaction type	r	
Method of determining amt. involved	Per tax return.	
Name	Boy Scouts of America Employee Welfare Benefits Plan	59,034,584
Transaction type	r	
Method of determining amt. involved	Per tax return.	
Name	Arrow WV Inc	7,677,424
Transaction type	a-i	
Method of determining amt. involved	Interest expense incurred by Arrow through the construction of the Summit Bechtel Reserve, which if constructed by the Boy Scouts of America, would be also be exempt.	
Name	BSA Commingled Endowment Fund LP	3,034,232
Transaction type	s	
Method of determining amt. involved	Per tax return of related organization.	
Name	BSA Commingled Endowment Fund LP	576,687
Transaction type	b	
Method of determining amt. involved	Per tax return of related organization.	



Department of Treasury
Internal Revenue Service
Ogden UT 84201

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BOY SCOUTS OF AMERICA
% STEPHANIE PHILLIPS
1325 W WALNUT HILL LN
IRVING TX 75038-3008



176657

Notice	CP211A
Tax period	December 31, 2014
Notice date	March 30, 2015
Employer ID number	22-1576300
To contact us	Phone 1-877-829-5500 FAX 801-620-5555

Page 1 of 1

Important information about your December 31, 2014 Form 990

We approved your Form 8868, Application for Extension of Time To File an Exempt Organization Return

We approved the Form 8868 for your
December 31, 2014 Form 990.

Your new due date is August 15, 2015.

What you need to do

File your December 31, 2014 Form 990 by August 15, 2015. We encourage you to use electronic filing—the fastest and easiest way to file.

Visit www.irs.gov/charities to learn about approved e-file providers, what types of returns can be filed electronically, and whether you are required to file electronically.

Additional information

- Visit www.irs.gov/cp211a.
- For tax forms, instructions, and publications, visit www.irs.gov or call 1-800-TAX-FORM (1-800-829-3676).
- Keep this notice for your records.

If you need assistance, please don't hesitate to contact us.

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☒ **Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Type or print	Enter filer's identifying number, see instructions	
Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or	
Boy Scouts of America	22-1576300	
Number, street, and room or suite no. If a P.O. box, see instructions.	Social security number (SSN)	
1325 West Walnut Hill Lane		
City, town or post office, state, and ZIP code. For a foreign address, see instructions.		
Irving, Texas 75038-3008		

Enter the Return code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of ▶ **Stephanie Phillips, Controller**
Telephone No. ▶ **972-580-2300** Fax No. ▶ **972-580-2129**
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box ☐ If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 4 I request an additional 3-month extension of time until November 16, 20 15.
- 5 For calendar year 14, or other tax year beginning , 20 , and ending , 20 .
- 6 If the tax year entered in line 5 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
☐ Change in accounting period
- 7 State in detail why you need the extension Additional time is needed to gather the information necessary to prepare a complete and accurate return.

8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	0
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	0
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ▶

Stephanie Phillips

Title ▶ Controller

Date ▶

6/11/15

Form 8868 (Rev. 1-2014)



Department of Treasury
Internal Revenue Service
Ogden UT 84201

Notice	CP211A
Tax period	December 31, 2014
Notice date	July 13, 2015
Employer ID number	22-1576300
To contact us	Phone 1-877-829-5500 FAX 801-620-5555

Page 1 of 1

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BOY SCOUTS OF AMERICA
% STEPHANIE PHILLIPS
1325 W WALNUT HILL LN
IRVING TX 75038-3008



068876

Important information about your December 31, 2014 Form 990

We approved your Form 8868, Application for Extension of Time To File an Exempt Organization Return

We approved the Form 8868 for your
December 31, 2014 Form 990.
Your new due date is November 15, 2015.

What you need to do

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Additional information

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- For tax forms, instructions, and publications, visit www.irs.gov or call 1-800-TAX-FORM (1-800-829-3676).
- Keep this notice for your records.

If you need assistance, please don't hesitate to contact us.