\*\*\* 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 SignatureForms@Form990.org

Exempt Organization Declaration and Signature for Electronic Filing

Form **8453-E0** 

|  |   |   | For calendar year 201  | 5, or tax year be   | ginning 01/01   | 2015, and ending  | 12/31   | , 20 15  | 004F   |
|--|---|---|--|---|---|---|---|--|--|
| Departi  | nent of t   | the Treasury<br>e Service   |  |   | s 990, 990-EZ, 990-   |   |   | 12   | 2015   |
|  |   | ot organization   |  |   |   |   | <del></del>   | Employer iden  | tification number  |
| BOY  | SCOUT   | S OF AME  | RICA   |   |   |   |   |  | 2-1576300  |
| Par  | I   | Type of I   | Return and Retu  | rn Informat   | ion (Whole Dollars  | Only)   |   | **************************************   |  |
| leave<br>applic                                | line 1b<br>able iii   | o, 2b, 3b, 4<br>ne below, [   | b, or 5b, whichever<br>Do not complete m   | r is applicable   | Form 8453-EO and<br>the amount on that<br>a, blank (do not ente<br>line in Part I.  |   |   |  |  |
| 2a F<br>3a F<br>4a F                           | orm 9<br>orm 1<br>orm 9   |   | eck here ► ☐ Leck here ► ☐ Leck here ► ☐ Leck here   | Total reve b Total t Tax basec  | e, if any (Form 990, I<br>enue, if any (Form 99<br>ax (Form 1120-POL<br>fon investment inc<br>(Form 8868, Part I, II  | 90-EZ, line 9)<br>, line 22).<br>   | <br><br>)-PF. Part \  |  | 1b 236,830,35<br>2b 3b<br>4b 5b  |
| Part   |   | Declarati   | on of Officer  |   |   |   | <u> </u>  | <del></del>  |  |
| correct,<br>return.<br>to the I                | orga<br>I mu<br>date<br>Infor<br>If a c<br>exec<br>PF (a<br>penalti<br>ation's<br>and c<br>I conse<br>RS and<br>proce | anization's fast contact and all also automation necessary of this automation decessary of the eleas specificates of perjuitable electromplete. If the allowed to receive | ederal taxes owed of the U.S. Treasury File horize the financial is essary to answer incomplete the treaturn is being filed ectronic disclosure of the treaturn and according return and according the treaturn and according the treaturn and according to the treaturn acc | on this return, a nancial Agent institutions involuties and res with a state a consent contail above) to the am an officiompanying so the amount in proceptory acknowledge. | I Financial Agent to nstitution account ir and the financial institution account ir and the financial institution at 1-888-353-4537 n volved in the process olve issues related to agency(ies) regulating ined within this return selected state agencer of the above named and statement Part I above is the transmitter, or elected any refund. | idicated in the tution to debit the lot later than 2 being of the electron the payment. In charities as part allowing disclopy(ies).  The discount of the beamount shown ronic return origeason for rejections. | tax prepara ne entry to the usiness days conic payme t of the IRS sure by the n and that nest of my king on the cop inator (ERO) on of the tra thael Ashlinic | tion software his account. I sprior to the ent of taxes to Fed/State pr IRS of this Follow I have exampled and a spring of the organization organization of the organization of the organization of the organi | e for payment of the for revoke a payment payment (settlement or receive confidential or settlement or receive confidential or settlement or s |
| on the r<br>informat<br>IRS e-fill<br>organiza | e that I<br>wledge<br>eturn,<br>ion to<br>e Provi   | have revie<br>If I am only<br>The organing<br>be filed with<br>iders for Bureturn and   | wed the above orga<br>y a collector, I am no<br>zation officer will ha<br>the IRS, and have in<br>usiness Returns. If I<br>accompanying sche   | nization's retu<br>of responsible<br>ave signed thi<br>followed all of<br>am also the P   | inator (ERO) and  Irn and that the entrice for reviewing the return the requirements in Proper requirements in Proper rements, and to the Irmation of which I ha  | es on Form 8453<br>urn and only dec<br>mit the return. I<br>lub. 4163, Mode<br>penalties of perj  | 3-EO are co<br>lare that this<br>will give the<br>rnized e-File<br>ury I declare  | mplete and c<br>form accura<br>officer a co<br>(MeF) Inform  | tely reflects the data<br>py of all forms and<br>ation for Authorized  |
| ERO's<br>Use<br>Only                           | yours if  | name (or<br>self-employeds, and ZIP cod   | d), <b>)</b>   |   | Date  | also paid se  | heck if lelf-<br>nployed [  | ERO's SSN or P   | TIN  |
| Under pe                                       | nalties   | of perium, Lo   | declare that I have eve  | mined the abov  | /e return and accompa   | nying schedules a   |   | one no.  | pest of my knowledge   |
| Paid   |   | Print/Type pr   | ect, and complete. De<br>reparer's name  |   | rerissignature  | Official of Which   | the preparer  | Check  | edge.  |
| Prepai<br>Use O                                |   | Firm's name   | <b>&gt;</b>  | 100   | Pricewaterhouse   | Coopers LLP   | UY 1 0 20   | our cripics  |  |
| Dag O  | עייין עייין   | Firm's addres   | na <b>b</b>  |   | 600 13th Street N   |   |   | Firm's EIN ▶   | 13-4008324   |

OMB No. 1545-1879

# Form **990**

# **Return of Organization Exempt From Income Tax**

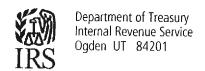
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047 2015

Department of the Treasury

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

| Ä   |                          | ■ 2015 coloration at   | out Form 990 and its ins          | tructions is at           | www.irs.g       | ov/form99         | 0.                   | Inspe              | ction         |
|---|--------------------------|--|-----------------------------------|---------------------------|-----------------|-------------------|----------------------|--------------------|---------------|
| <u> </u>                                      |                          | e 2015 calendar year, or tax year begin  |                                   | , 2015, a                 | nd ending       | 12                | 2/31                 | , 20 15            |               |
| , <u>, , , , , , , , , , , , , , , , , , </u> | 1                        | f applicable: C Name of organization BOY S   | COUTS OF AMERICA                  |                           |                 |                   | D Employ             | er identification  | number        |
| F   | 1                        | S change Doing business as   |                                   |                           |                 |                   |                      | 22-1576300         |               |
| <u> </u>                                      | ] Name o<br>] Initial re | · ·  | If mail is not delivered to stre  | et address)               | Room/suite      | I                 | E Telephor           | ne number          |               |
| <u> </u>                                      | 1                        | THE THE PARTY OF T | <del>-</del>                      |                           |                 |                   |                      | 972-580-2000       |               |
| 늗   | •                        | un/terminated City or town, state or province,   | country, and ZIP or foreign po    | ostal code                |                 |                   |                      |                    |               |
| Ë   | 1                        | Irving, TX, 75038-3008   |                                   |                           |                 |                   | G Gross re           | ceipts \$          | ,437,679,68   |
|   | Applica                  | tion pending F Name and address of principal   |                                   | пе                        |                 | H(a) is this a gr | oup return for s     | subordinates? Ye   | s 🗸 No        |
|   | Tay ava                  | 1325 West Walnut Hill Lane,  |                                   |                           |                 | H(b) Are all s    | subordinates         | included? 🗌 Ye     | s 🗌 No        |
| <u>-</u> -                                    | Website                  | mpt status:  | (c) ( ) ◀ (insert no.) L          | 4947(a)(1) or             | 527             | If "No," atta     | ch a list. (se       | e instructions)    |               |
| K   |                          | Table 1  |                                   |                           |                 | H(c) Group        | exemption            | number 🕨           | 1761          |
| _   | Part I                   | Summary  | ociation ☐ Other ►                | L Year                    | of formation:   | 1910              | M State              | of legal domicile: | TX            |
|   | 1                        |  | icolon or most dis-15             |                           |                 |                   |                      |                    |               |
| ģ   | 1                        | Briefly describe the organization's m  | ilssion of most significa         | int activities:           | As stated       | in the Bo         | y Scouts             | of America Ch      | arter -       |
| ano   |                          | The primary exempt purpose of the B (Continued on Schedule O, Statement  | by Scouts of America is           | to promote thr            | ough comr       | nunity org        | anization            | s, and coopera     | ition         |
| ē   | 2                        | Check this box ▶☐ if the organizati  | an discontinued to                |                           | ••••••          |                   |                      |                    |               |
| 200   | 3                        | Check this box ▶☐ if the organization Number of voting members of the go   | overning body (Past VI            | rations or dis            | posed of n      | nore than         |                      | ts net assets.     |               |
| જ   | 4                        | Number of independent voting mem   | hers of the governing b           | illiera)                  |                 |                   | 3                    | <del></del>        | 75            |
| ties  | 5                        | Total number of individuals employe  | d in calendar year 2015           | Ouy (rait vi, i           | me ro) .        |                   | 4                    | <del></del>        | 72            |
| Activities & Governance                       | 6                        | Total number of volunteers (estimate   | if necessary)                     | (rait v, iiile z          | 2점)             | • • •             | 5                    |                    | 4,056         |
| Ac  | 7a                       | Total unrelated business revenue fro   | m Part VIII. column (C)           | <br>line 12               |                 |                   | 6                    |                    | 924,308       |
|   | b                        | Net unrelated business taxable incor   | ne from Form 990-T Jir            |                           | · · · ·         | . (0)             | 7a                   |                    | ,232,216      |
|   | 1                        |  |                                   |                           | <del></del>     | Prior Yea         | 7b                   | -1<br>Current Yo   | ,492,989      |
| ē   | 8                        | Contributions and grants (Part VIII, Iii   | ne 1h)                            |                           |                 |                   | 225,774              |                    |               |
| Revenue                                       | 9                        | Program service revenue (Part VIII, li   | ne 2a)                            |                           | 5 52:           |                   |                      |                    | ,341,497      |
| ě   | 10                       | Investment income (Part VIII, column   | (A), lines 3, 4, and 7d)          |                           | 8 00            |                   | 051,177<br>560,441   |                    | ,999,547      |
| -   | 111                      | Other revenue (Part VIII, column (A), I  | ines 5, 6d, 8c, 9c, 10c,          | and 11e)                  |                 |                   | 763,386              |                    | ,496,985      |
| _   | 12                       | Total revenue—add lines 8 through 11   | (must equal Part VIII. c.         | olumn (A) line            | 12)             |                   | 600,778              |                    | ,992,322      |
|   | 13                       | Grants and similar amounts paid (Pai   | t IX, column (A), lines 1         | -3)                       |                 | _                 | 256,315              |                    | ,830,351      |
|   | 14                       | Benefits paid to or for members (Part  | IX, column (A), line 4)           |                           |                 |                   | 0                    |                    | ,553,985      |
| Ses   | 15                       | Salaries, other compensation, employe  | e benefits (Part IX, colun        | nn (A) lines 5            | 10)             | 68.8              | 337,715              | 70                 | ,244,718      |
| Expenses                                      | ioa                      | Professional fundralsing fees (Part IX)  | column (A). line 11e)             |                           |                 |                   | 58,938               |                    | 186,131       |
| 쭚   | l n                      | i otal fundraising expenses (Part IX, c  | olumn (D), line 25) 🕨             | 7 665 (                   | 007             |                   |                      | the second second  |               |
| _   | 1,1                      | Julier expenses (Part IX, column (A), I  | ines 11a-11d, 11f-24e             | )                         |                 |                   | 22,573               |                    | 115,407       |
|   | 18                       | Total expenses. Add lines 13-17 (mus   | st equal Part IX, column          | 1 (A), line 25)           |                 |                   | 75,541               |                    | 100,241       |
| _ 0   | 19                       | Revenue less expenses. Subtract line   | 18 from line 12                   | <u></u>                   |                 | 9,6               | 25,237               |                    | 269,890       |
| ance  | 20 7                     | Fotal apparts (Part V. P. 1919)  |                                   |                           | Begin           | ning of Curre     | ent Year             | End of Yea         |               |
| Asse  | 21                       | Fotal assets (Part X, line 16)   |                                   |                           |                 | 1,357,2           | 46,607               | 1,329.             | 793,787       |
| Net Assets or<br>Fund Balances                | 22 1                     | Total liabilities (Part X, line 26)  |                                   |                           |                 | 654,5             | 19,346               |                    | 628,091       |
|   | rt II                    | Net assets or fund balances. Subtrac<br>Signature Block  | line 21 from line 20              | <u></u> .                 |                 | 702,7             | 27,261               |                    | 165,696       |
|   |                          |  |                                   | <del></del>               |                 |                   |                      |                    |               |
| true  | , correct,               | es of perjury, I declare that I have examined this<br>and complete Declaration of Medarer (other th  | in officer) is based on all infor | ying schedules an         | nd statements   | and to the        | best of my           | knowledge and l    | pelief, it is |
|   |                          | VIVIA-11/1   | 4                                 | The second of this second | oreparer rias a | arry knowled      | ge.<br>————          |                    |               |
| Sig   |                          | Signature of officer   |                                   | <del>-</del>              |                 | D-1               | i                    | 1110/16            |               |
| Her   | e                        | Michael Ashline, Chief Financial C   | )fficer                           |                           |                 | Date              |                      |                    |               |
|   |                          | Type or print name and title   |                                   |                           |                 |                   |                      |                    |               |
| Pai   | d                        | Print/Type preparer's name   | Preparer's signature              | 7                         | Date            | т-                |                      | PTIN               |               |
|   | parer                    | Travis L. Patton   | 1/1-6                             |                           | - VOV 1         |                   | Check<br>self-employ | 11                 | 60B           |
|   | Only                     | Firm's name ▶  | Prinamet                          | erhouseCoop               |                 | <del></del>       | -                    | - PUU3U3           | 023           |
|   |                          | Firm's address ▶   | ann anth                          | Charles A BRAL Co.        | .t. 4000        | Firm's            |                      | 3-4008324          | <del></del>   |
| Мау   | the IRS                  | discuss this return with the preparer  | shown above was in                | RHCD-012000               | 5               | Phone             | no,                  | Ver                | No            |
| For F   | aperwo                   | rk Reduction Act Notice, see the senar   | ato instructions                  |                           |                 |                   |                      |                    |               |



096036.521728.486361.26446 1 AT 0.399 373

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

| Notice             | CP211A               |
|--------------------|----------------------|
| Tax period         | December 31, 2015    |
| Notice date        | July 11, 2016        |
| Employer ID number | 22-1576300           |
| To contact us      | Phone 1-877-829-5500 |
|                    | FAX 801-620-5555     |





096036

Important information about your December 31, 2015 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, 2015 Form 990.

Your new due date is November 15, 2016.

### What you need to do

File your December 31, 2015 Form 990 by November 15, 2016. We encourage you to use electronic filing—the fastest and easiest way to file.

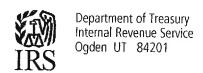
Visit www.irs.gov/charities to learn about approved e-File providers, what types of returns can be filed electronically, and whether you are required to file electronically.

### 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.

| Form 8868 (F   |  | c) 3 Marth Fat   |  |                            |                    | Page                |
|--|--|--|--|----------------------------|--------------------|---------------------|
|  | e filing for an <b>Additional (Not Automati</b><br>y complete Part II if you have already be<br>e filing for an <b>Automatic 3-Month Exter</b>   |  |  |                            | box                | 🕨 🛭                 |
| • If you are   |  |  |  |                            |                    |                     |
| Part II  | Additional (Not Automatic) 3-Mo  | onth Extension   | of Time Only file th   |                            |                    |                     |
|  |  |  | TOT THING. O'RLY INC LIT   | e original (no copies      | needed).           |                     |
| Type or  | Name of exempt organization or other file  | or, see instructions.  |  | nter filer's identifying i | number, see        | instruction         |
| print  | Boy Scouts of America  |  | -  |                            |                    | r                   |
| File by the  | Number, street, and room or suite no. If a   | P.O. box. see inst   | Tictions C   | 22-157                     | 76300              |                     |
| due date for   | 1325 West Walnut Hill Lane   | 1000 1100  |  | iocial security number (S  | SN)                |                     |
| illing your<br>eturn. See  | City, town or post office, state, and ZIP co   | nde For a foreign a  | addrone non inetwestics  |                            |                    |                     |
| nstructions.   | Irving, Texas 75038-3008   |  | address, see insuluctions.   |                            |                    |                     |
| Enter the R  |  |  |  |                            |                    |                     |
| -inci the N  | leturn code for the return that this applic  | ation is for (file a   | separate application for   | or each return)            |                    | 0 1                 |
| Application  | on   | Return   | Application  |                            |                    |                     |
| is For   |  | Code   | Is For   |                            |                    | Return              |
| Form 990 (   | or Form 990-EZ   | 01   |  | FALLER CENT                |                    | Code                |
| orm 990-   | BL   | 02   | Form 1041-A  |                            | . A SE             |                     |
| orm 4720   | (individual)   | 03   |  | for all the state of the   |                    | 08                  |
| orm 990-   | PF   | 04   | Form 4720 (other than Form 5227  | individual)                |                    | 09                  |
| orm 990-   | T (sec. 401(a) or 408(a) trust)  | 05   | Form 6069  | <del></del>                |                    | 10                  |
| orm 990-   | T (trust other than above)   | 06   | Form 8870  |                            |                    | 11                  |
|  |  |  | 170001 0070  |                            |                    | 12                  |
| The books Telephone If the organ If this is for If the whole   | ot complete Part II if you were not alreads are in the care of ► Stephanie Phillips, 0 972-580-2300  nization does not have an office or place r a Group Return, enter the organization e group, check this box ► □  names and EINs of all members the external  | Fax N of business in t 's four digit Grou  | lo. ► 97:<br>he United States, checl   | 2-580-2129<br>k this box   |                    | . ▶□                |
| The books Telephone If the orgal If this is for If the whole It with the I I require For ca If the   | are in the care of ► Stephanie Phillips, © 3 No. ► 972-580-2300  nization does not have an office or place r a Group Return, enter the organization e group, check this box ► [ names and EINs of all members the exter- uest an additional 3-month extension of alendar year 15, or other tax year beg tax year entered in line 5 is for less than  | Fax N of business in t of sour digit Grou of lit is for part on sion is for.   | No. ► 97; the United States, check to Exemption Number (it of the group, check thi  November 15  | 2-580-2129<br>k this box   | If this            | . ▶ □<br>is<br>ch a |
| The books Telephone If the orgal If this is for If the whole If this is for If the with the If I require If the If the If the If the   | s are in the care of ► Stephanie Phillips, © No. ► 972-580-2300  nization does not have an office or place r a Group Return, enter the organization e group, check this box ► [ names and EINs of all members the exte   | Fax N of business in t of sour digit Grou of life in the sour digit Grou of life in the sour digit Ground of life in the sour digit in the source in | No. ► 97: the United States, check to Exemption Number (in of the group, check thin the group, check thin the group, check thin the group, 20, and group, ck reason: ☐ Initial ret   | 2-580-2129 k this box      | If this ☐ and atta | . ► □ is ch a       |
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| The books Telephone If the organ If this is for If the whole If with the If I require For ca If the Ch. The books Telephone The organ The with the If The organ The or | are in the care of ► Stephanie Phillips, © 3 No. ► 972-580-2300  nization does not have an office or place r a Group Return, enter the organization e group, check this box ► [ names and EINs of all members the exter- uest an additional 3-month extension of alendar year 15, or other tax year beg tax year entered in line 5 is for less than  | Fax N of business in t of sour digit Grou of life in the sour digit Grou of life in the sour digit Ground of life in the sour digit in the source in | No. ► 97: the United States, check to Exemption Number (in of the group, check thin the group, check thin the group, check thin the group, 20, and group, ck reason: ☐ Initial ret   | 2-580-2129 k this box      | If this ☐ and atta | . ► □ is ch a       |
| The books Telephone If the organ If this is for or the whole at with the r  I requirate For ca If the Ch: State  | s are in the care of ► Stephanie Phillips, ©  972-580-2300  nization does not have an office or place r a Group Return, enter the organization e group, check this box ► [ names and EINs of all members the extension of allendar year 15], or other tax year begatax year entered in line 5 is for less than ange in accounting period in detail why you need the extension of the stephanical of the stephanical of the stephanical of the stephanical or the stephanical o  | Fax N of business in t of sour digit Grou of life in the sour digit Grou of life in the sour digit Ground of life in the sour digit in the source in | No. ► 97: the United States, check to Exemption Number (in of the group, check thin the group, check thin the group, check thin the group, 20, and group, ck reason: ☐ Initial ret   | 2-580-2129 k this box      | If this ☐ and atta | . ► □ is ch a       |
| The books Telephone If the orgal If this is for If the whole If this is for If the whole If the high If the | are in the care of ► Stephanie Phillips, © 972-580-2300  nization does not have an office or place of a Group Return, enter the organization enter the organization enter the organization of a group, check this box  | Fax N e of business in t 's four digit Grou ]. If It is for part ension is for.  time until ginning 12 months, che   | November 15  , 20 , 20 , 20 , 20 , 30 , 20 , 40 , 40 , 40 , 40 , 40 , 40 , 40 , 4  | 2-580-2129 k this box      | If this ☐ and atta | . ► □ is ch a       |
| The books Telephone If the organ If this is for If the whole If the with the If I require If the If  | s are in the care of ► Stephanie Phillips, ©  972-580-2300  nization does not have an office or place r a Group Return, enter the organization e group, check this box   | Fax N e of business in t 's four digit Grou ]. If It is for part ension is for.  time until ginning 12 months, che   | November 15  , 20 , 20 , 20 , 20 , 30 , 20 , 40 , 40 , 40 , 40 , 40 , 40 , 40 , 4  | 2-580-2129 k this box      | If this ☐ and atta | . ► □ is ch a       |
| The books Telephone If the organ If this is for If the whole If the with the If I require I Chi I State I repar  | s are in the care of ► Stephanie Phillips, © 972-580-2300  nization does not have an office or place or a Group Return, enter the organization of group, check this box  | Fax New of business in the property of the pro | No. P 97: the United States, check the United States, check the Exemption Number (i) of the group, check thi  November 15 , 20 , 20 ck reason: Initial ret needed to gather the inference of 6069, enter the tentat  | 2-580-2129 k this box      | If this ☐ and atta | . ► □ is ch a       |
| The books Telephone If the organ If this is for If the whole If the with the I I requ If the I Character If this If this If this If this If this If this   | s are in the care of ► Stephanie Phillips, © No. ► 972-580-2300  nization does not have an office or place or a Group Return, enter the organization of group, check this box ► [ and the companies and EINs of all members the extension of all all members the extension of all all and and the companies of the | Fax Notes of the controller  Fax Notes of business in the controller of the controll | No. > 97: the United States, check the United States, check the Exemption Number (i) of the group, check thi  November 15 , 20 , 20 ck reason: Initial ret needed to gather the info   | 2-580-2129 k this box      | If this ☐ and atta | . ► □ is ch a       |
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| The books Telephone If the organ If this is for r the whole t with the r  I requ For ca If the Cha The   | are in the care of ▶ Stephanie Phillips, © 972-580-2300  nization does not have an office or place or a Group Return, enter the organization of group, check this box ▶ □ names and EINs of all members the extension of all members and EINs of all members the extension of the care of the    | Fax New of business in the proof of the proo | No. P 97: the United States, check the United States, check the Exemption Number (it of the group, check thi  November 15 , 20 , 20 ck reason: Initial ret needed to gather the inference of 6069, enter the tentat beginner any refundational payment allowed as a with this form, if required, | 2-580-2129 k this box      | If this □ and atta |                     |
| The books Telephone If the orgal If this is for If the whole If the whole If the whole If the control If the whole If the  | are in the care of ▶ Stephanie Phillips, © 972-580-2300  nization does not have an office or place or a Group Return, enter the organization of group, check this box ▶ □ names and EINs of all members the extension of all members and EINs of all members the extension of the care of the    | Fax New of business in the of business in the of business in the of business in the state of business in the state of business in the state of the form in the state of the st | November 15  November 15  A 20  Ck reason: Initial ret  needed to gather the info  or 6069, enter any refundat  payment allowed as a  with this form, if required,   | 2-580-2129 k this box      | If this □ and atta |                     |



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

| Notice             | CP211A               |
|--------------------|----------------------|
| Tax period         | December 31, 2015    |
| Notice date        | March 21, 2016       |
| Employer ID number | 22-1576300           |
|                    | Phone 1-877-829-5500 |
|                    | FAX 801-620-5555     |
| Dans 4 . E.4       |                      |

Page 1 of 1



181067

Important information about your December 31, 2015 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, 2015 Form 990.

Your new due date is August 15, 2016.

### What you need to do

File your December 31, 2015 Form 990 by August 15, 2016. 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.

## Form **8868**

(Rev. January 2014)

Department of the Treasury Internal Revenue Service

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

► File a separate application for each return.
► Information about Form 8868 and its instructions is at www.irs.gov/form8868.

OMB No. 1545-1709

| • If v              | you are            | filing for an Automatic 3-Month Extension,                                      | complete       | only Port Land shoe       | le Abia bass  |                 | <u> </u>               |                |
|---------------------|--------------------|---|----------------|---------------------------|---|-----------------|------------------------|----------------|
| • If y              | you are            | filing for an Additional (Not Automatic) 3-M                                    | Ionth Evta     | psion, complete and       | R Tris Dox  |                 |                        | ▶ ☑            |
| Do                  | not cor            | nplete Part II unless you have already been                                     | granted ar     | automatic 3-month         | <b>y Fart II</b> (on page 2<br>extension on a previ | or thi<br>ously | s torm).<br>r filed Fo | rm 8868        |
| Elec                | ctronic            | filing (e-file). You can electronically file Forn                               | n 8868 if w    | ou need a 3 month o       | stamatic esternis-                                  |                 |                        | <b></b>        |
|                     |                    |   |                |                           |   |                 |                        |                |
|                     |                    |   |                |                           |   |                 |                        |                |
|                     |                    | Transiers Associated With Certain Person:                                       | al Repetit     | Contracte which mi        | ict ha cont to the                                  | IDC             | : ·                    |                |
|                     | 40110110           |   | nis torm, v    | ISIT www.irs.gov/etile    | and click on e-file fo                              | r Cha           | arities & l            | Vonprofits.    |
|                     | rt I               | Automatic 3-Month Extension of Time   | e. Only su     | bmit original (no co      | pies needed).                                       |                 |                        |                |
| A co                | orporati           | on required to file Form 990-T and reque  | esting an a    | automatic 6-month         | extension _ check +                                 | nis b           | ox and                 | complete       |
| , and               | I Olliny           |   |                |                           |   |                 |                        | ▶ □            |
| $A_{II}$ $O$        | urer co            | porations (including 1120-C filers), partners/                                  | nips, REMI     | Cs, and trusts must և     | ise Form 7004 to re                                 | auesi           | t an exte              | nsion of time  |
| το πι               | e incon            | e tax returns.  |                |                           |   | •               |                        |                |
|                     |                    |   |                |                           | Enter filer's identifyi                             | ng nu           | mber. se               | e instructions |
| Туре                | e or               | Name of exempt organization or other filer, see i                               | nstructions.   |                           | Employer identificatio                              | n num           | nber (EIN)             | or             |
| print               | t                  | Boy Scouts of America   |                |                           |   | -1576           |                        |                |
| File by             | the                | Number, street, and room or suite no. If a P.O. b                               | ox, see instr  | uctions.                  | Social security number                              | r (SSI          | N)                     |                |
| due da              | ate for            | 1325 West Walnut Hill Lane  |                |                           |   |                 | •                      |                |
| filing y<br>return. |                    | City, town or post office, state, and ZIP code. Fo                              | r a foreign a  | ddress, see instructions  | i.  |                 |                        |                |
| instruc             | ctions.            | Irving, Texas 75038-3008  |                |                           |   |                 |                        |                |
| Enter               | r the Re           | turn code for the return that this application                                  | is for (file a | concrete application      | <i>f</i>  |                 |                        |                |
|                     |                    |   | is for (file a | separate application      | for each return) .                                  | •               |                        | . 0 1          |
| App<br>Is Fe        | lication           | 1   | Return         | Application               |   |                 |                        | Return         |
|                     |                    |   | Code           | Is For                    |   |                 |                        | Code           |
|                     |                    | r Form 990-EZ   | 01             | Form 990-T (corpor        | ation)  |                 |                        | 07             |
|                     | n 990-E            |   | 02             | Form 1041-A               |   |                 |                        | 08             |
|                     |                    | (individual)  | 03             | Form 4720 (other th       | an individual)                                      |                 |                        | 09             |
|                     | n 990-F            | <del></del>   | 04             | Form 5227                 |   |                 |                        | 10             |
|                     |                    | (sec. 401(a) or 408(a) trust)   | 05             | Form 6069                 |   |                 |                        | 11             |
| Forn                | n 990-1            | (trust other than above)  | 06             | Form 8870                 |   |                 |                        | 12             |
|                     |                    |   |                |                           |   |                 |                        |                |
| • The               | books              | are in the care of Stephanie Phillips, Contr                                    | oller          |                           |   |                 |                        |                |
| T-1-                |                    | N .   |                |                           |   |                 |                        |                |
|                     | phone              |   | Fa             | ax No. ►                  | 972-580-2129  |                 |                        |                |
| • If the            | e orgar            | ization does not have an office or place of bu                                  | isiness in t   | he United States sho      | ack this hav  |                 |                        | ▶□             |
|                     |                    | a areap return, enter the organization \$ 100                                   | r algit Grot   | IP Exemption Numbe        | r (GEN)   |                 | If th                  | is is          |
| O liet              | e whole            | group, check this box ▶ □ . If i  | t is for part  | of the group, check       | this box  | ▶ [             | and at                 | tach           |
| a list v            | WILLI LITE         | names and EINS of all members the extension                                     | on is for.     |                           |   |                 |                        |                |
| 1                   | ı requ             | est an automatic 3-month (6 months for a co                                     | rporation re   | equired to file Form 9    | 90-T) extension of ti                               | me              |                        |                |
|                     | until              | August 15 , 20 16 , to file the exem  | npt organiz    | ation return for the or   | ganization named al                                 | bove.           | . The exte             | ension is      |
|                     | IOI LITE           | organization's return for:  |                |                           |   |                 |                        |                |
|                     |                    | alendar year 20 <u>15</u> or  |                |                           |   |                 |                        |                |
|                     | <b>►</b> □ •       |   |                |                           |   |                 |                        |                |
| _                   |                    | ax year entered in line 1 is for loss than 12 m                                 | , 20 _         | , and ending              |   | _               | , 20                   | 143            |
| 2                   | II the I           | ax year chered in line 1 is for less than 12 m                                  | onths, che     | ck reason: 🔲 Initial r    | eturn 🗌 Final retur                                 | n               |                        |                |
| 3a                  | If this            | inge in accounting period   |                |                           |   |                 |                        |                |
| Ja                  | nonrei             | application is for Forms 990-BL, 990-PF, 990 undable credits. See instructions. | )-⊤, 4720, c   | or 6069, enter the ten    | tative tax, less any                                |                 |                        |                |
| h                   |                    |   |                |                           |   | За              | \$                     | 0              |
| b                   | n lins             | application is for Forms 990-PF, 990-T, 4                                       | 720, or 60     | 069, enter any refun      | dable credits and                                   |                 |                        |                |
| ^                   | Polos              | ted tax payments made. Include any prior ye                                     | ar overpay     | ment allowed as a cr      | edit.   | 3b              | \$                     | 0              |
| С                   | PETDO              | ce due. Subtract line 3b from line 3a. Include                                  | your payn      | nent with this form, if   | required, by using                                  |                 |                        |                |
|                     |                    | (Electronic Federal Tax Payment System). S                                      |                |                           |   | 3c              | \$                     | 0              |
| instruct            | n. It you<br>ions. | are going to make an electronic funds withdrawal                                | (direct debit  | ) with this Form 8868, se | ee Form 8453-EO and                                 | Form            | 8879-EO                | for payment    |

| _    |     | /O.O:  |
|------|-----|--------|
| -orm | 990 | (2015) |

| Part |   |
|------|---|
|      | Check 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       |
| 2    | common use by Boy Scouts.  Did the organization undertake any significant program services during the year which were not listed on the |
| _    | Drior Form 990 or 990-E72   |
|      | 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?   |
|      | If "Yes," describe these changes on Schedule O.   ☐ Yes ✓ No  |
| 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 \$ 37,569,899 including grants of \$ 106,935 ) (Revenue \$ 3,195,097 )  |
|      | 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 \$ 14,156,417 including grants of \$ 136,070 ) (Revenue \$ 1,013,931 )  |
|      | 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.                                 |
|      |   |
|      |   |
|      |   |
|      | ·   |
|      |   |
|      |   |
|      |   |
|      |   |
|      |   |
|      | (Code:) (Expenses \$ 90,143,698 including grants of \$ 3,067,718 ) (Revenue \$ 59,477,024 )   |
|      | Program Development and Delivery - Development of the program for over 1.8 million registered youth and over 924 thousand               |
| -    | 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 \$ 79,617,461 including grants of \$ 17,580 ) (Revenue \$ 24,157,188 )   |
| 4e - | Total program service expenses ▶ 221,487,475  |

| Part       | IV Checklist of Required Schedules   |            |            | 1 age  |
|------------|--|------------|------------|--|
|            |  |            | Yes        | No   |
| 1          | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A  | 1          | 1          |  |
| 2          | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?  | 2          | 1          | +  |
| 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   |            | \ <u>\</u> | <del>                                     </del> |
| 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   | 3          | ,          | <b>✓</b>   |
| 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  | 4          | <b>✓</b>   | 1  |
| 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   | 5          |            | <b>√</b>   |
| 7          | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II   | 7          |            | 1  |
| 8          | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III  | 8          | 1          | Ť  |
| 9          | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV   | 9          |            | 1  |
| 10         | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V   | 10         | 1          |  |
| 11         | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.  |            |            |  |
| а          | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI  | 11a        | _          |  |
| b          | Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII  | 11b        | ✓<br>✓     |  |
| С          | 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  | 11c        |            | 1  |
| d          | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX   | 11d        | <b>√</b>   | Ť  |
| e<br>f     | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X . | 11e        | ✓          |  |
| 12 a       | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII   | 11f<br>12a | <b>√</b>   |  |
| 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  | 12b        | 1          | <u> </u>   |
| 13<br>14 a | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  Did the organization maintain an office, employees, or agents outside of the United States?   | 13         |            | <b>√</b>   |
| b          | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,   | 14a        | <b>✓</b>   | _  |
|            | fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.  | 14b        | 1          |  |
| 15         | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV   | 15         | /          |  |
| 16         | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.  | 16         | <u> </u>   |  |
| 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)  |            | <u> </u>   |  |
| 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   |            | <b>V</b>   |  |
| 19         | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?  If "Yes," complete Schedule G, Part III  | 19         | •          |  |
|            |  | <u> </u>   |            | <u></u>  |

| Part       | Checklist of Required Schedules (continued)  |           |          | Page     |
|------------|--|-----------|----------|----------|
|            |  |           | Yes      | No       |
| 20 a       |  | 20a       |          | 1        |
| b          | Too to line 20d, did the organization attach a copy of its addited infancial statements to this return?  | 20b       |          |          |
| 21         | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or  |           |          |          |
| 22         | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on  | 21        | ✓        | ļ        |
|            | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III  | 1         |          |          |
| 23         | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the  | 22        | <b>✓</b> | +        |
|            | organization's current and former officers, directors, trustees, key employees, and highest compensated  |           |          |          |
|            | employees? If "Yes," complete Schedule J   | 23        | <b>/</b> | 1        |
| 24a        | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than  |           |          | t        |
|            | \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b  |           | ĺ        |          |
|            | through 24d and complete Schedule K. If "No," go to line 25a   | 24a       | 1        |          |
| b<br>C     | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  | 24b       |          | ✓        |
| ·          | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?   |           |          |          |
| d          | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  | 24c       |          | <b>V</b> |
| 25a        | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit   | 24d       |          | <b>√</b> |
|            | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I  | 25a       |          | 1        |
| b          | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior   | 230       |          | <u> </u> |
|            | year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?   |           |          | ļ        |
|            | If "Yes," complete Schedule L, Part I  | 25b       |          | ✓        |
| 26         | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any   |           |          |          |
|            | current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II   | 1         |          |          |
| 27         |  | 26        |          | ✓        |
|            | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled |           |          |          |
|            | entity or family member of any of these persons? If "Yes," complete Schedule L, Part III   | 27        |          | 1        |
| 28         | Was the organization a party to a business transaction with one of the following parties (see Schedule I   |           | 100      | £ 140 U  |
|            | Part IV instructions for applicable filing thresholds, conditions, and exceptions):  |           |          |          |
| a          | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  | 28a       |          | 1        |
| b          | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV   |           |          |          |
| С          | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)  | 28b       |          | ✓_       |
| ·          | was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV   | 00-       |          | ,        |
| 29         | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M   | 28c<br>29 | /        | <b>√</b> |
| 30         | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified   | 29        | -        |          |
|            | conservation contributions? If "Yes," complete Schedule M  | 30        | l        | 1        |
| 31         | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,  |           |          |          |
| 32         | Part I   | 31        | _        | ✓_       |
| 32         | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II   |           |          |          |
| 33         | complete Schedule N, Part II   | 32        |          | <u>✓</u> |
|            | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I  | 33        | ,        |          |
| 34         | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R. Part II. III.   | 33        | <b>/</b> |          |
|            | or IV, and Part V, line 1  | 34        | /        |          |
| 35a        | Did the organization have a controlled entity within the meaning of section 512(b)(13)?  | 35a       | 1        |          |
| b          | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a  |           |          |          |
| 36         | controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  | 35b       | <b>✓</b> |          |
| <b>5</b> 0 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2   |           |          | ,        |
| 37         | Did the organization conduct more than 5% of its activities through an entity that is not a related organization   | 36        |          | <u> </u> |
|            | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,   |           |          |          |
|            | Part VI ,  | 37        |          | ✓        |
| 38         | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and   |           | $\neg +$ |          |
|            | 19? Note. All Form 990 filers are required to complete Schedule O.   | 38        | ✓_       |          |
|            |  | Form      | 990 (    | 2015)    |

| Par     |  |             |          | _        |
|---------|--|-------------|----------|----------|
|         | Check if Schedule O contains a response or note to any line in this Part V   | ٠           | Yes      | . L      |
| 1a      | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   1a   756  |             | res      | NO       |
| b       | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b   |             |          | 1535     |
| C       | Did the organization comply with backup withholding rules for reportable payments to vendors and   |             |          | 75       |
|         | reportable gaming (gambling) winnings to prize winners? ........................   | 1c          | 1        | -        |
| 2a      | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax  |             | 120      |          |
| _       | Statements, filed for the calendar year ending with or within the year covered by this return 2a 4056  |             |          |          |
| b       | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .   | 2b          | 1        |          |
| 20      | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  |             |          |          |
| 3a<br>L | Did the organization have unrelated business gross income of \$1,000 or more during the year?  | 3a          | 1        |          |
| b<br>4a | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.   | 3b          | ✓        | <u> </u> |
| Ta      | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial   |             |          |          |
|         | account)?  | 4a          | 1        |          |
| b       | If "Yes," enter the name of the foreign country: ▶ Bahamas, Canada   | -ta         | ECITE    |          |
|         | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts  |             |          |          |
|         | (FBAR).  |             |          |          |
| 5a      | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  | 5a          |          | 1        |
| b       | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?   | 5b          |          | 1        |
| C       | If "Yes" to line 5a or 5b, did the organization file Form 8886-T?  | 5с          |          |          |
| 6a      | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the   |             |          |          |
| b       | organization solicit any contributions that were not tax deductible as charitable contributions?   | 6a          |          | <b>√</b> |
| -       | gifts were not tax deductible?   | <b>0</b> 1- |          | ļ        |
| 7       | Organizations that may receive deductible contributions under section 170(c).  | 6b          |          | Illies   |
| а       | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods  | 323         |          |          |
|         | and services provided to the payor?  | 7a          | 1        | 26.55    |
| b       | If "Yes," did the organization notify the donor of the value of the goods or services provided?  | 7b          | 1        |          |
| С       | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was   |             | , ·      |          |
|         | required to file Form 8282?  | 7c          |          | 1        |
| d       | If "Yes," indicate the number of Forms 8282 filed during the year  |             |          |          |
| e       | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  | 7e          |          | ✓        |
| f       | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?   | 7f          |          | ✓        |
| g<br>h  | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  | 7g          |          |          |
| 8       | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the   | 7h          | <b>✓</b> | 7310     |
|         | Oppose and the second s | 8           | 101132   |          |
| 9       | Sponsoring organization have excess business holdings at any time during the year?   | •           | Alu      | Jacob,   |
| а       | Did the sponsoring organization make any taxable distributions under section 4966?   | 9a          |          | -        |
| b       | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  | 9b          |          |          |
| 10      | Section 501(c)(7) organizations. Enter:  | 3,6         | 70.50    | -11      |
|         | Initiation fees and capital contributions included on Part VIII, line 12   |             |          |          |
|         | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b  |             |          |          |
|         | Section 501(c)(12) organizations. Enter:   |             |          |          |
|         | Gross income from members or shareholders  |             |          |          |
| _       | against amounts due or received from them  |             |          |          |
|         | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?   | 10-         | 2020     |          |
| b       | If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b  | 12a         |          | 27.15    |
|         | Section 501(c)(29) qualified nonprofit health insurance issuers.   | 3 1         |          |          |
|         | lo the experimentary the constitution of the c | 13a         |          |          |
|         | Note. See the instructions for additional information the organization must report on Schedule O   | . 50        | ,=0.4j   | 5.14     |
| b       | Enter the amount of reserves the organization is required to maintain by the states in which   | 30          |          |          |
|         | the organization is licensed to issue qualified health plans   |             |          | 5        |
|         | Enter the amount of reserves on hand   |             |          | 2        |
| 14a     | Did the organization receive any payments for indoor tanning services during the tax year?   | 14a         |          | ✓        |
| b       | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  | 14b         |          |          |

| Part of the comments of the dispersion of the comments of the | _     | 990 (2015)   |           |              | Page 6   |
|---|-------|--|-----------|--------------|--|
| Check if Schedule O contains a response or note to any line in this Part V    Section A. Governing Body and Management  1a  | Par   | response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule   | O. See ir | nstruc       | i "No"   |
| 1a Enter the number of voting members of the governing body at the end of the tax year.  If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schodule O.  b Enter the number of voting members included in line 1a, above, who are independent 1b 72  Did any officer, director, trustee, or key employee?  Did any officer, director, trustee, or key employee?  Did the organization officer, director, trustee, or key employee?  Did the organization officer, director, trustee, or key employee?  Did the organization officer, director, trustee, or key employee?  Did the organization officer, director, trustee, or key employee?  Did the organization baccome aware during the year of a significant diversion of the organization has emembers or stockholders?  Did the organization have members or stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?  Pare any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  Did the organization store with the organization have withing the powerning body?  Each committee with authority to act on behalf of the governing body?  Each committee with authority to act on behalf of the governing body?  Did the organization have withing the powerning body?  Did the organization have a written power the power than a power than the power the organizati |       | Check if Schedule O contains a response or note to any line in this Part VI  |           |              | . 🔽  |
| The reference of voting members of the governing body at the end of the tax year, if there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, oxplain in Schedule O.  b Enter the number of voting members included in line 1a, above, who are independent 1b 72  Did any officer, director, fustee, or key employee have a family relationship or a business relationship with any other officer, director, fustee, or key employee have a family relationship or a business relationship with any other officer, director, fustees, or key employee to a management of the organization delegate control over management duties customarily performed by or under the direct supervision officers, director, trustee, or key employees to a management company or other person?  4 Did the organization have members or stockholders or key employees to a management company or other persons?  5 Did the organization have members or stockholders?  6 Did the organization have members or stockholders?  7 Did the organization have members or stockholders?  8 Did the organization because the powering body?  9 In the powering body?  8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  9 The governing body?  9 In Each committee with authority to act on behalf of the governing body?  10 Each committee with authority to act on behalf of the governing body?  10 Each committee with authority to act on behalf of the governing body?  11 Each committee with authority to act on behalf of the governing body?  12 Each committee with authority to act on behalf of the governing body?  13 Each committee with authority to act on behalf of the governing the activities of such chapters, but have organization have written policies and procedures governing the activities of such chapters, and the organization have written policies and procedures governing the activities  | Sec   | tion A. Governing Body and Management  |           |              |  |
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| 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 12 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 have a family relationship or a business relationship with any other officer, director, trustee, or key employee?  3 Did the organization degate 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?  4 Did the organization have members or stockholders?  5 Did the organization have members or stockholders?  6 Did the organization have members or stockholders?  6 Did the organization have members or stockholders?  7 Did the organization have members or stockholders?  8 Did the organization have members or stockholders?  9 Did the organization have members or stockholders?  10 Did the organization the decisions of the organization reserved to (or subject to approval by) members, stockholders, or parsons other than the governing body?  10 Did the organization temperaneously document the meetings held or written actions undertaken during the year of a progranization or temperaneously document the meetings held or written actions undertaken during the year by the following:  10 Did the organization and progranization temperaneously document the meetings held or written actions undertaken during the year of a progranization and activities with authority to act on behalf of the governing body?  10 Each committee with authority to act on behalf of the governing body?  11 Egoverning body?  12 Each committee with authority to act on behalf of the governing body?  13 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization have any address? If Yes, Prov | 1a    | Enter the number of voting members of the governing body at the end of the tax year 1a   | 75        |              | 33   |
| b Enter the number of voling members included in line 1a, above, who are independent 1b 72  Did any officer, director, trustee, or key employee?  3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employee?  4 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?  4 Did the organization make any significant changes to its governing documents insice the prior Form 990 was filed?  5 Did the organization become aware during the year of a significant driversion of the organization's assets?  5 Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?  5 Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?  6 Did the organization of the governing body?  7 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  8 Did the organization sometime with authority to act on behalf of the governing body?  8 Each committee with authority to act on behalf of the governing body?  9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)  10a Did the organization have local chapters, branches, or affiliates?  10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, if If "Yes," rough the organization is exempt purposes?  11a Has the organization favore written policies and procedure governing the expension is such the form 1b Section B requests of the form 90 of |       | If there are material differences in voting rights among members of the governing body, or   |           | 3 = 41       | THE R  |
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| but the organization make any significant changes to its governing documents since the prior Form 990 was filed?  Did the organization become aware during the year of a significant diversion of the organization's assets?  Did the organization have members or stockholders?  Did the organization have members or stockholders?  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?  Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  The governing body?  Back committee with authority to act on behalf of the governing body?  Back committee with authority to act on behalf of the governing body?  Back committee with authority to act on behalf of the governing body?  Back committee with authority to act on behalf of the governing body?  Back committee with authority to act on behalf of the governing body?  Back committee with authority to act on behalf of the governing body?  Back committee with authority to act on behalf of the governing body?  Back committee with authority to act on behalf of the governing body?  Back committee with authority to act on behalf of the governing body?  Back committee with authority to act on behalf of the governing body?  Back committee with authority to act on behalf of the governing body?  Back committee with authority to act on behalf of the governing body?  Back committee with authority to act on behalf of the governing body?  Back committee with authority to act on behalf of the governing body before filling the form?  By fill did the organization have a written conflict of interest policy? If "No," go to line 13  By fill did the organization have a written conflict of interest policy? If "No," go to line 13  By fill did the organization have a written conflict  |       | supervision of officers, directors, or trustees, or key employees to a management company or other person?   |           |              | 1,   |
| 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Did the organization have members or stockholders? 7a Did the organization have members or stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?  b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  a The governing body?  b Each committee with authority to act on behalf of the governing body?  s Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's maining address? If "Yes," provide the names and addresses in Schedule O.  Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)  10a Did the organization have local chapters, branches, or affiliates?  11b Has the organization have local chapters, branches, or affiliates?  11a Has 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, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes.  11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form' 1 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 ordific of interest policy? If "Yes," of the organization have a written ordific of interest policy? If "Yes," of the organization have a written ordific of interest policy? If "Yes," of the organization have a written ordific of interest policy? If "Are organization to a policy of t | 4     |  |           | -            | \ <u>\</u>                                       |
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| 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  |       |  | 8a        | 1            |  |
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| 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 ✓ 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 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  b Other officers or key employees of the organization  if "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  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?  List the states with which a copy of this Form 990 is required to be filed Person seed to the process of 10c) (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)  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.  | 12a   | Did the organization have a written conflict of interest policy? If "No," go to line 13  | 12a       | 1            |  |
| describe in Schedule O how this was done.  12c  √  13  Did the organization have a written whistleblower policy?  14  Did the organization have a written document retention and destruction policy?  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?  15  The organization's CEO, Executive Director, or top management official  |       |  |           | 1            |  |
| Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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?  The organization's CEO, Executive Director, or top management official  Dother officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  Dif "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?  Decition C. Disclosure  List the states with which a copy of this Form 990 is required to be filed ▶ See Schedule O, Statement 3  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)  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.  State the name, address, and telephone number of the person who possesses the organization's books and records: ▶  | С     | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,   | ,,        |              |  |
| Did the organization have a written document retention and destruction policy?  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?  The organization's CEO, Executive Director, or top management official  Did the organization in 15a or 15b, describe the process in Schedule O (see instructions).  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  Dif "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?  Disclosure  List the states with which a copy of this Form 990 is required to be filed ► See Schedule O, Statement 3  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)  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.  State the name, address, and telephone number of the person who possesses the organization's books and records: ►  | 40    |  | 12c       | ✓            |  |
| 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?  The organization's CEO, Executive Director, or top management official  |       | Did the organization have a written whistleblower policy?  | 13        | ✓            |  |
| a The organization's CEO, Executive Director, or top management official  |       | Did the process for determining component retention and destruction policy?  | 14        | ✓            |  |
| The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  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?  It is the states with which a copy of this Form 990 is required to be filed ▶ See Schedule O, Statement 3  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)  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.  State the name, address, and telephone number of the person who possesses the organization's books and records: ▶  | 13    | independent persons comparability data and contemporarpoous substantiation of the deliberation and deliberat | у         | 개불           |  |
| Other officers or key employees of the organization   | а     |  |           |              | 630  |
| If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  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?  List the states with which a copy of this Form 990 is required to be filed ► See Schedule O, Statement 3  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)  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.  State the name, address, and telephone number of the person who possesses the organization's books and records: ►  |       | Other officers or key employees of the organization  | <b>→</b>  | <b>✓</b>     |  |
| Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  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?  List the states with which a copy of this Form 990 is required to be filed ▶ See Schedule O, Statement 3  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)  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.  State the name, address, and telephone number of the person who possesses the organization's books and records: ▶   | _     | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)   | 150       |              |  |
| with a taxable entity during the year?  | 16a   | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement   | ,         | 100          |  |
| 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?  |       | with a taxable entity during the year?   | 2         | Della III    | j  |
| 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?   | b     | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate it  |           | 300E         |  |
| organization's exempt status with respect to such arrangements?   |       | participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the  | Э         |              |  |
| List the states with which a copy of this Form 990 is required to be filed ► See Schedule O, Statement 3  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)  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.  State the name, address, and telephone number of the person who possesses the organization's books and records: ►  |       | organization's exempt status with respect to such arrangements?  |           |              |  |
| 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)  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.  State the name, address, and telephone number of the person who possesses the organization's books and records: ▶  |       | on C. Disclosure   |           |              |  |
| 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)  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.  State the name, address, and telephone number of the person who possesses the organization's books and records: ▶   | 17    | List the states with which a copy of this Form 990 is required to be filed See Schedule O, Statement 3   |           |              |  |
| <ul> <li>✓ Own website</li></ul>  | 18    | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Sect   | on 501(d  | c)(3)s       | only)  |
| 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.  State the name, address, and telephone number of the person who possesses the organization's books and records:  |       |  |           |              |  |
| state the name, address, and telephone number of the person who possesses the organization's books and records:   |       | _ opinioquoti _ otini lexbiain in ochequie ()  |           |              |  |
| State the name, address, and telephone number of the person who possesses the organization's books and records:   |       | financial statements available to the public during the tay year   | nterest p | olicy,       | and  |
| Stephanie Phillips, (972)580-2300   |       |  |           | _            |  |
|   |       | Stephanie Phillips, (972)580-2300  | records:  |              |  |

| Form | 990 | /201 | 5) |
|------|-----|------|----|
|      |     |      |    |

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

### 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 no | or anv relate                                     | d ora                          | aniz                  | atio   | nn c         | omne                         | nes          | ated any currer                       | nt officer directo                                      | r or tructoo   |
|---|---|--------------------------------|-----------------------|--------|--------------|------------------------------|--------------|---------------------------------------|---|--|
|   | y uny rolato                                      | u o.g                          | uiiz                  | (4     | C)           | onipe                        | 1130         | led any curren                        | it officer, directo                                     | r, or trustee.   |
| (A)<br>Name and Title                         | (B) Average hours per week (list any hours for    | onicer and a director/trustee) |                       |        |              |                              | n an<br>tee) | (D)  Reportable compensation from the | (E)  Reportable compensation from related organizations | (F) Estimated amount of other compensation               |
|   | related<br>organizations<br>below dotted<br>line) |                                | Institutional trustee | icer   | Key employee | Highest compensated employee | mer          | organization<br>(W-2/1099-MISC)       | (W-2/1099-MISC)   | from the<br>organization<br>and related<br>organizations |
| Glenn Adams                                   | 1   |                                |                       |        |              |                              |              |                                       |   |  |
| Natl Exec Board Member                        | 0   | ✓                              |                       |        |              |                              |              | o                                     | o   | 0  |
| Jeanne Donlevy Arnold                         | 1   |                                |                       |        |              | _                            |              |                                       | - 0   |  |
| Natl Exec Board Member (May-Dec 2015)         | 0   | ✓                              |                       |        |              |                              |              | o                                     | 0   | 0  |
| David L Beck                                  | 1   |                                |                       |        |              | _                            | _            |                                       |   |  |
| Natl Exec Board Member (Jan-May 2015)         | 0   | ✓                              |                       |        |              |                              |              | o                                     | o   | 0  |
| Donald D Belcher                              | 1   | -                              |                       |        |              |                              |              |                                       |   |  |
| Natl Exec Board Member                        | 0   | ✓                              |                       |        |              |                              |              | o                                     | 0   | 0  |
| David Biegler                                 | 1   |                                |                       |        |              |                              |              |                                       |   |  |
| Natl Exec Board Member                        | 0   | ✓                              | - 1                   |        |              |                              |              | o                                     | 0   | 0  |
| Dr David L Briscoe                            | 1   |                                |                       |        |              |                              |              |                                       |   |  |
| Natl Exec Board Member                        | 0   | ✓                              |                       |        |              |                              |              | 0                                     | o   | 0  |
| B Howard Bulloch                              | 1   |                                |                       |        |              |                              |              |                                       |   |  |
| Natl Exec Board Member                        | 0   | 1                              | ł                     | 1      |              |                              |              | o                                     | 0   | 0  |
| Richard L Burdick                             | 1   |                                |                       | Ţ      |              |                              |              |                                       |   |  |
| Natl Exec Board Member                        | 0   | 1                              |                       | İ      |              | 1                            | ļ            | 0                                     | 0   | 0  |
| Harriss A Butler III                          | 1   |                                |                       |        |              |                              |              |                                       |   |  |
| Natl Exec Board Member                        | 0   | ✓                              |                       |        | İ            |                              |              | o                                     | o   | 0  |
| Ray Capp                                      | 1   |                                |                       |        | T            |                              | T            |                                       | -   |  |
| Natl Exec Board Member (May-Dec 2015)         | 0   | 1                              |                       | 1      |              |                              |              | 0                                     | 0   | 0  |
| Dennis H Chookaszian                          | 1   |                                | T                     |        |              |                              |              |                                       |   |  |
| Natl Exec Board Member                        | 0   | 1                              |                       |        | - 1          |                              | - 1          | 0                                     | o   | 0  |
| Keith A Clark                                 | 1   |                                |                       | $\neg$ |              |                              |              |                                       |   |  |
| Natl Exec Board Member                        | 0   | <b>✓</b>                       |                       |        |              |                              |              | o                                     | 0   | 0  |
| D Kent Clayburn                               | 1   |                                |                       |        | 1            |                              | T            |                                       |   |  |
| Natl Exec Board Member                        | 0   | 1                              |                       |        |              | - 1                          |              | 0                                     | o   | 0  |
| Ronald O Coleman                              | 1   |                                | $\top$                | 寸      | _            |                              |              |                                       |   |  |
| Natl Exec Board Member                        |   |                                |                       |        |              |                              |              |                                       |   |  |

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

|                                       |                             |                                   |                       |         | C)           |                              |        |                 |                       | <del></del>                 |
|---------------------------------------|-----------------------------|-----------------------------------|-----------------------|---------|--------------|------------------------------|--------|-----------------|-----------------------|-----------------------------|
| (A)                                   | (B)                         |                                   |                       | Pos     | sition       |                              |        | (D)             | (E)                   | (F)                         |
| Name and Title                        | Average                     |                                   |                       |         |              | e than<br>is both            |        | Reportable      | Reportable            | Estimated                   |
|                                       | hours per                   |                                   |                       |         |              | or/trus                      |        | compensation    | compensation from     | amount of                   |
|                                       | week (list any<br>hours for | 유원                                | Ins                   | Officer | T e          | en E                         | Fo     | from<br>the     | related organizations | other<br>compensation       |
|                                       | related organizations       | Individual trustee<br>or director | Institutional trustee | Cer     | Key employee | ploy                         | Former | organization    | (W-2/1099-MISC)       | from the                    |
|                                       | below dotted                | tor tall to                       | ona                   |         | plo          | 8 0                          | ,      | (W-2/1099-MISC) |                       | organization<br>and related |
|                                       | line)                       | ruste                             | TT.                   |         | /ee          | npe                          |        |                 |                       | organizations               |
|                                       |                             | 8                                 | stee                  |         |              | Highest compensated employee |        |                 |                       |                             |
|                                       |                             |                                   | <u> </u>              |         | -            | -                            |        | 7               |                       |                             |
| Philip M Condit                       | 11                          |                                   |                       |         |              |                              |        |                 |                       |                             |
| Natl Exec Board Member                | 0                           | ✓_                                |                       |         | <u>_</u>     |                              |        | 0               | 0                     | 0                           |
| William F Cronk                       | 1                           |                                   |                       |         |              |                              |        |                 |                       |                             |
| Natl Exec Board Member                | 0                           | _<_                               |                       |         |              |                              |        | 0               | 0                     | 0                           |
| John C Cushman III                    | 11                          |                                   |                       |         |              |                              |        |                 |                       |                             |
| Natl Exec Board Member                | 0                           | ✓                                 |                       |         |              |                              |        | _0              | 0                     | 0                           |
| Charles Dahlquist                     | 11                          |                                   |                       |         |              |                              |        |                 |                       |                             |
| Natl Exec Board Member (May-Dec 2015) | 0                           | ✓                                 |                       |         |              |                              |        | 0               | 0                     | 0                           |
| R Michael Daniel                      | 1                           |                                   |                       |         |              |                              |        |                 |                       |                             |
| Natl Exec Board Member                | 0                           | <b>√</b>                          |                       |         |              | _                            |        | 0               | 0                     | 0                           |
| Ralph de la Vega                      | 1                           |                                   |                       |         |              |                              |        |                 |                       |                             |
| Natl Exec Board Member                | 0                           | ✓                                 |                       |         |              | _                            |        | 0               | 0                     | 0                           |
| Douglas H Dittrick                    | 11                          |                                   |                       |         | Ī            |                              |        |                 |                       |                             |
| Natl Exec Board Member                | 0                           | 1                                 |                       |         |              |                              |        | 0               | 0                     | 0                           |
| John R Donnell Jr                     | 11                          |                                   | - 1                   |         |              |                              |        |                 |                       |                             |
| Natl Exec Board Member                | 0                           | ✓                                 |                       |         |              |                              |        | 0               | 0                     | 0                           |
| L B Eckelkamp Jr                      | 1                           | ļ                                 |                       |         |              |                              |        |                 |                       |                             |
| Natl Exec Board Member                | 0                           | ✓                                 |                       |         |              |                              |        | 0               | 0                     | 0                           |
| Craig Fenneman                        | 11                          |                                   |                       |         |              | 1                            |        |                 |                       |                             |
| Natl Exec Board Member                | 0                           | ✓                                 |                       |         |              |                              |        | 0               | 0                     | 0                           |
| E Gordon Gee                          | 1                           |                                   |                       |         | -            |                              |        |                 |                       |                             |
| Natl Exec Board Member (Oct-Dec 2015) | 0                           | ✓                                 |                       |         |              |                              |        |                 | 0                     | 0                           |
| Larry M Gibson                        | 1                           |                                   |                       |         |              |                              |        |                 |                       |                             |
| Natl Exec Board Member (May-Dec 2015) | 0                           | ✓                                 |                       |         |              | 1                            |        | 0               | o                     | 0                           |
| T Michael Goodrich                    | 1                           |                                   |                       | $\Box$  | $\neg$       |                              |        |                 |                       |                             |
| Natl Exec Board Member                | 0                           | ✓                                 |                       |         |              |                              |        | 0               | О                     | 0                           |
| John Gottschalk                       | 1                           |                                   | T                     |         |              |                              |        |                 |                       |                             |
| Natl Exec Board Member                | 0                           | ✓                                 |                       |         |              |                              |        | o               | 0                     | 0                           |

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

|                                       | 1 -                         | T                              | -                     |         | (C)            |                              | _      |                                 |                       |                                       |
|---------------------------------------|-----------------------------|--------------------------------|-----------------------|---------|----------------|------------------------------|--------|---------------------------------|-----------------------|---------------------------------------|
| (A)                                   | (B)                         |                                |                       | Pos     | sition         |                              |        | (D)                             | (E)                   | (F)                                   |
| Name and Title                        | Average                     |                                |                       |         |                | e than<br>is boti            |        | Reportable                      | Reportable            | رات)<br>Estimated                     |
|                                       | hours per<br>week (list any |                                |                       |         |                | tor/trus                     |        | compensation                    | compensation from     | amount of                             |
|                                       | hours for                   | 악                              | Inst                  | Officer | ξ <sub>0</sub> | emi<br>Hig                   | For    | from<br>the                     | related organizations | other<br>compensation                 |
|                                       | related<br>organizations    | Individual trustee or director | Institutional trustee | Cer     | Key employee   | hest                         | Former | organization<br>(W-2/1099-MISC) | (W-2/1099-MISC)       | from the                              |
|                                       | below dotted                | to a                           | onal                  |         | ploy           | con                          |        | (VV-2/1099-MISC)                |                       | organization<br>and related           |
|                                       | line)                       | uste                           | trus                  |         | e e            | pen                          |        | 1                               |                       | organizations                         |
|                                       |                             | Ö                              | 8                     |         |                | Highest compensated employee |        |                                 |                       |                                       |
|                                       |                             |                                |                       |         |                |                              |        |                                 |                       |                                       |
| Bradley E Haddock                     | 11                          |                                |                       |         |                |                              |        |                                 |                       |                                       |
| Natl Exec Board Member                | 0                           | 1                              |                       |         | <u> </u>       |                              |        | 0                               | 0                     | 0                                     |
| Michael D Harris Esq                  | 1                           |                                |                       |         |                |                              |        |                                 |                       |                                       |
| Natl Exec Board Member                | 0                           | ✓                              |                       |         |                |                              |        | 0                               | 0                     | 0                                     |
| J Brett Harvey                        | 1                           |                                |                       |         |                |                              |        |                                 |                       |                                       |
| Natl Exec Board Member                | 0                           | ✓                              |                       |         |                |                              |        | 0                               | 0                     | 0                                     |
| Jeffrey R Holland                     | 11                          |                                |                       |         |                |                              |        |                                 |                       |                                       |
| Natl Exec Board Member (May-Dec 2015) | 0                           | _ ✓                            |                       |         |                |                              | Ш      | 0                               | 0                     | 0                                     |
| Raymond E Johns                       | 1 1                         |                                |                       |         |                |                              |        |                                 |                       |                                       |
| Natl Exec Board Member                | 0                           | ✓_                             |                       |         |                |                              |        | 0                               | 0                     | 0                                     |
| Robert J LaFortune                    | 11                          |                                |                       |         |                |                              |        |                                 |                       |                                       |
| Natl Exec Board Member                | _ 0                         | ✓                              |                       |         |                |                              |        | 0                               | 0                     | 0                                     |
| Francis R McAllister                  | 11                          |                                |                       |         |                |                              |        |                                 |                       |                                       |
| Natl Exec Board Member                | 0                           | ✓                              |                       |         |                |                              |        | 0                               | 0                     | 0                                     |
| Judy R McReynolds                     | 1                           |                                |                       |         |                |                              |        |                                 |                       | · · · · · · · · · · · · · · · · · · · |
| Natl Exec Board Member                | 0                           | ✓                              |                       |         |                |                              |        | o                               | О                     | 0                                     |
| Ronald K Migita                       | 11                          |                                |                       |         |                |                              |        |                                 |                       |                                       |
| Natl Exec Board Member                | 0                           | ✓                              |                       |         |                |                              |        | 0                               | o                     | 0                                     |
| Douglas B Mitchell                    | 11                          |                                |                       |         |                | Ī                            |        |                                 |                       |                                       |
| Natl Exec Board Member                | 0                           | ✓                              |                       |         |                |                              |        | 0                               | 0                     | 0                                     |
| Thomas S Monson                       | 1 1                         | l                              |                       |         |                |                              | Ī      |                                 |                       |                                       |
| Natl Exec Board Member                | 0                           | ✓                              |                       |         |                |                              |        | 0                               | О                     | 0                                     |
| Jose F Nino                           | 1                           |                                |                       |         |                |                              |        |                                 |                       |                                       |
| Natl Exec Board Member                | 0                           | 1                              | _                     |         |                |                              |        | 0                               | 0                     | 0                                     |
| Stephen W Owen                        | 1                           |                                |                       |         |                |                              |        |                                 |                       |                                       |
| Natl Exec Board Member (May-Dec 2015) | 0                           | 1                              |                       |         |                |                              |        | o                               | 0                     | 0                                     |
| Bruce D Parker                        | 1                           |                                |                       |         |                |                              |        |                                 |                       |                                       |
| Natl Exec Board Member                | 0                           | 1                              |                       |         |                |                              |        | o                               | o                     | 0                                     |

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

|   |  |          |                       | (        | C)           |                              | _        |  |   |   |
|---|--|----------|-----------------------|----------|--------------|------------------------------|----------|--|---|---|
| (A)                                     | (B)  | (-1      |                       |          | sition       |                              |          | (D)  | (E)   | (F)   |
| Name and Title                          | Average  |          |                       |          |              | e than<br>i is both          |          | Reportable                                     | Reportable                                  | Estimated   |
|   | hours per<br>week (list any                                    |          |                       | -        | lirect       | or/trus                      |          | compensation                                   | compensation from                           | amount of   |
|   | hours for<br>related<br>organizations<br>below dotted<br>line) |          | Institutional trustee | Officer  | Key employee | Highest compensated employee | Former   | from<br>the<br>organization<br>(W-2/1099-MISC) | related<br>organizations<br>(W-2/1099-MISC) | other<br>compensation<br>from the<br>organization<br>and related<br>organizations |
| Aubrey B Patterson                      | 1  |          |                       |          |              |                              |          |  |   |   |
| Natl Exec Board Member                  | 0  | ✓        |                       |          |              |                              |          | 0  | o   | 0   |
| Frank R Ramirez                         | 1  | _        |                       |          |              | -                            |          |  |   | 0   |
| Natl Exec Board Member                  | 0  | ✓        |                       |          |              |                              |          | o  | o   | 0   |
| Hugh Redd                               | 1  |          |                       |          |              |                              |          |  |   | 0   |
| Natl Exec Board Member                  | 0  | 1        |                       |          |              |                              |          | o  | 0   |   |
| Robert H Reynolds                       | 1  |          |                       |          |              | -                            | -        |  |   | 0   |
| Natl Exec Board Member                  | 0  | <b>✓</b> | 1                     |          |              |                              | ĺ        | o  | o   | 0   |
| Roy S Roberts                           | 1  |          | $\neg$                |          |              |                              | _        |  |   | 0   |
| Natl Exec Board Member                  | 0  | 1        |                       |          |              |                              |          | 0  | o   | 0   |
| James D Rogers                          | 1  |          |                       | 7        |              |                              | _        |  | - 0   | 0   |
| Natl Exec Board Member                  | 0  | 1        |                       |          |              |                              | ı        | o  | o   | 0   |
| Jim Ryffel                              | 1  |          |                       |          |              |                              |          |  |   | 0   |
| Natl Exec Board Member                  | 0  | 1        |                       |          | ĺ            |                              |          | o  | o   | 0   |
| Alison K Schuler                        | 1  |          |                       |          | $\neg$       |                              | $\dashv$ |  |   |   |
| Natl Exec Board Member (May-Dec 2015)   | 0  | 1        |                       | İ        |              |                              |          | 0  | o   |   |
| Marshall M Sloane                       | 1  |          | $\neg$                |          | 7            |                              | _        |  |   | 0   |
| Natl Exec Board Member (Jan - May 2015) | 0  | 1        |                       |          | ł            |                              |          | 0  | o   | ^   |
| Charles H Smith                         | 1  |          | $\forall$             | _        | 7            |                              | $\dashv$ |  |   | 0   |
| Natl Exec Board Member                  | 0  | 1        | 1                     |          |              | 1                            |          | 0  | o   | •   |
| Wesley J Smith                          | 1  |          | _                     | $\dashv$ | +            |                              | $\dashv$ | - 4  |   | 0   |
| Natl Exec Board Member (May-Dec 2015)   | 0  | 1        |                       |          |              |                              |          | o  | 0   |   |
| Scott Sorrels                           | 1  | $\dashv$ | $\dashv$              | $\dashv$ | _            | -+                           | $\dashv$ |  |   | 0   |
| Natl Exec Board Member                  | 0  | 1        |                       |          |              |                              |          | 0  | 0   | •   |
| William W Stark Jr                      | 1  |          | $\top$                | 7        | _            | $\dashv$                     | +        |  |   | 0   |
| Natl Exec Board Member                  | 0  | 1        |                       |          |              |                              |          | 0  | o   |   |
| Bradley D Tilden                        | 1  |          | $\dashv$              | +        | $\dashv$     | $\dashv$                     | $\dashv$ | <del></del>                                    |   | 0   |
| Natl Exec Board Member                  | 0  | 1        |                       |          |              |                              |          | 0  | o   | 0   |

## Page 7 - 5 Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Indopendent Contractors **Independent Contractors**

| Carry   Carr   |   |                | -        | _                 |          | C)       |            |  |           |     | 1                        |
|--|---|----------------|----------|-------------------|----------|----------|------------|--|-----------|-----|--------------------------|
| Name and Title | (0)                                     | (5)            |          |                   |          |          |            |  |           |     |                          |
| Natl Exec Board Member   O   V   O   O   O   |   |                |          |                   | neck     | more     | e than     |  |           |     | (F)                      |
| Natl Exec Board Member   1   Natl Exec Board Member   0   ✓   ✓   ✓   ✓   ✓   ✓   ✓   ✓   ✓  | Name and Title                          |                |          |                   |          |          |            |  |           |     | Estimated                |
| Rex W Tillerson  | M                                       | week (list any | _        | _                 |          | _        |            | <del>,                                    </del> |           |     | amount of other          |
| Rex W Tillerson  |   |                | ar di    | nstit             | ₩        | ey       | # <u>#</u> | orn  |           |     | compensation             |
| Rex W Tillerson  | 0                                       |                | idu:     | Itio              | <u> </u> | 릙        | est o      | ब्   |           |     | from the<br>organization |
| Rex W Tillerson  | b                                       |                | 악        | na l              |          | Joy      | eom        |  | [         |     | and related              |
| Rex W Tillerson  |   | iine)          | ıste     | trus              |          | 8        | pen        |  |           |     | organizations            |
| Natl Exec Board Member         0         ✓         0         0           C Travis Traylor Jr         1         0         0         0           Natl Exec Board Member (Jan-May 2015)         0         ✓         0         0           Steven E Weekes         1         0         0         0           Natl Exec Board Member         0         ✓         0         0           Gary E Wendlandt         1         0         0         0           Natl Exec Board Member         0         ✓         0         0           Natl Exec Board Member         0         ✓         0         0           James S Wilson         1         0         0         0           Rosemary M Wixom         1         0         0         0           Rosemary M Wixom         1         0         0         0           R Ray Wood         1         0         0         0           Natl Exec Board Member (Jan-May 2015)         0         √         0         0           Wayne Brock         40         0         0         0           Secretary / Chief Scout Executive (Jan - Sept 2015)         11         √         √         0         0 <td></td> <td>,</td> <td>Œ</td> <td>tee</td> <td></td> <td></td> <td>sated</td> <td></td> <td></td> <td></td> <td></td>   |   | ,              | Œ        | tee               |          |          | sated      |  |           |     |                          |
| Natl Exec Board Member         0         ✓         0         0           C Travis Traylor Jr         1         ✓         0         0           Natl Exec Board Member (Jan-May 2015)         0         ✓         0         0           Steven E Weekes         1         ✓         0         0           Natl Exec Board Member         0         ✓         0         0           Gary E Wendlandt         1         ✓         0         0           Natl Exec Board Member         0         ✓         0         0           Brian Williams         1          0         0           Natl Exec Board Member         0         ✓         0         0           James S Wilson         1          0         0           Rosemary M Wixom         1          0         0           Rosemary M Wixom         1          0         0           R Ray Wood         1          0         0           Wayne Brock         40          0         0           Secretary / Chief Scout Executive (Jan - Sept 2015)         11         ✓         ✓         1,061,595         0           <  | loreau                                  |                |          |                   |          |          |            |  |           |     |                          |
| C Travis Traylor Jr       1       0       0         Natl Exec Board Member (Jan-May 2015)       0       √       0       0         Steven E Weekes       1       0       0       0         Natl Exec Board Member       0       √       0       0         Gary E Wendlandt       1       0       0       0         Natl Exec Board Member       0       √       0       0         Natl Exec Board Member       0       √       0       0         James S Wilson       1       0       0       0         Rosemary M Wixom       1       0       0       0         Natl Exec Board Member       0       √       0       0       0         Ray Wood       1       0  |   |                | ,        |                   |          |          |            |  |           |     |                          |
| Natl Exec Board Member (Jan-May 2015)         0         ✓         0         0           Steven E Weekes         1         ✓         0         0           Natl Exec Board Member         0         ✓         0         0           Gary E Wendlandt         1         ✓         0         0           Natl Exec Board Member         0         ✓         0         0           Brian Williams         1         ✓         0         0           James S Wilson         1         ✓         0         0           James S Wilson         1         ✓         0         0           Natl Exec Board Member         0         ✓         0         0           Rosemary M Wixom         1         ✓         0         0           Natl Exec Board Member         0         ✓         0         0           R Ray Wood         1         1         0         0           Wayne Brock         40         0         0           Secretary / Chief Scout Executive (Jan - Sept 2015)         11         ✓         ✓         1,061,595         0           R Thomas Buffenbarger         1         0         ✓         0         0         0  |   | _              | <b>√</b> | $\square$         |          |          |            |  | 0         | 0   | 0                        |
| Steven E Weekes         1           Natl Exec Board Member         0         ✓           Gary E Wendlandt         1           Natl Exec Board Member         0         ✓           Brian Williams         1         ✓           Natl Exec Board Member         0         ✓           James S Wilson         1         ✓           Natl Exec Board Member         0         ✓           Rosemary M Wixom         1         ✓           Natl Exec Board Member         0         ✓           R Ray Wood         1         ✓           Natl Exec Board Member (Jan-May 2015)         0         ✓           Natl Exec Board Member (Jan-Sept 2015)         0         ✓           Natl Exec Board Member (Jan-May 2015)         0         ✓           Natl Exec Board Member (Jan-Sep   |   |                | ,        | 1 1               |          |          |            |  |           |     |                          |
| Natl Exec Board Member         0         ✓         0         0           Gary E Wendlandt         1         0         0         0           Natl Exec Board Member         0         ✓         0         0           Brian Williams         1         0         0         0           Natl Exec Board Member         0         ✓         0         0           James S Wilson         1         0         0         0           Rosemary M Wixom         1         0         0         0           Ray Wood         1         0         0         0           Ray Wood         1         0         0         0           Wayne Brock         40         0         0         0           Secretary / Chief Scout Executive (Jan - Sept 2015)         11         ✓         ✓         1,061,595         0           R Thomas Buffenbarger         1         0         0         0         0         0           Assistant Treasurer (Jan-May 2015) and Natl Exec         0         ✓         ✓         0         0           Joe Crafton         1         ✓         ✓         0         0  |   |                | <b>✓</b> | $\vdash$ $\dashv$ |          |          |            |  | 0         | 0   | 0                        |
| Natl Exec Board Member   0   |   |                | ,        |                   |          | ĺ        |            |  |           |     |                          |
| Nati Exec Board Member         0         ✓         0         0           Brian Williams         1         0         0         0           Nati Exec Board Member         0         ✓         0         0           James S Wilson         1         0         0         0           Nati Exec Board Member         0         ✓         0         0           Rosemary M Wixom         1         0         0         0           Nati Exec Board Member         0         ✓         0         0           R Ray Wood         1         0         0         0           Wayne Brock         40         0         0         0           Secretary / Chief Scout Executive (Jan - Sept 2015)         11         ✓         ✓         1,061,595         0           R Thomas Buffenbarger         1         0         0         0         0         0           Assistant Treasurer (Jan-May 2015) and Natl Exec         0         ✓         ✓         0         0           Joe Crafton         1         ✓         ✓         0         0         0   |   |                | <b>√</b> | $\vdash$          |          |          |            |  | 0         | 0   | 0                        |
| Natl Exec Board Member   0   |   |                | ,        |                   |          |          |            |  |           |     |                          |
| NatI Exec Board Member         0         ✓         0         0           James S Wilson         1         0         0         0           NatI Exec Board Member         0         ✓         0         0           Rosemary M Wixom         1         0         0         0           R Ray Wood         1         0         0         0           NatI Exec Board Member (Jan-May 2015)         0         ✓         0         0           Wayne Brock         40         0         0         0           Secretary / Chief Scout Executive (Jan - Sept 2015)         11         ✓         ✓         1,061,595         0           R Thomas Buffenbarger         1         0         ✓         0         0         0           Assistant Treasurer (Jan-May 2015) and Natl Exec         0         ✓         ✓         0         0           Joe Crafton         1         ✓         ✓         0         0           Vice President-Supply and Natl Exec Board Member         0         ✓         ✓         0         0   |   |                |          | $\vdash$          | -        | -        |            | _  | 0         | 0   | 0                        |
| James S Wilson       1         Natl Exec Board Member       0       √         Rosemary M Wixom       1         Natl Exec Board Member       0       √         R Ray Wood       1         Natl Exec Board Member (Jan-May 2015)       0       √         Wayne Brock       40         Secretary / Chief Scout Executive (Jan - Sept 2015)       11       √       ✓         R Thomas Buffenbarger       1       √       ✓       0       0         Assistant Treasurer (Jan-May 2015) and Natl Exec       0       √       √       0       0         Joe Crafton       1       ✓       ✓       0       0         Vice President-Supply and Natl Exec Board Member       0       √       ✓       0       0   |   |                | ,        |                   | i        |          |            | ŀ  |           |     |                          |
| Natl Exec Board Member       0       √       0       0         Rosemary M Wixom       1       0       0       0         Natl Exec Board Member       0       √       0       0         R Ray Wood       1       0       √       0       0         Natl Exec Board Member (Jan-May 2015)       0       √       0       0         Wayne Brock       40       0       0       0         Secretary / Chief Scout Executive (Jan - Sept 2015)       11       √       √       1,061,595       0         R Thomas Buffenbarger       1       0       0       0       0       0         Assistant Treasurer (Jan-May 2015) and Natl Exec       0       √       √       0       0       0         Joe Crafton       1       0       0       0       0       0       0       0         Vice President-Supply and Natl Exec Board Member       0       √       √       0       0       0  |   |                | <u> </u> |                   |          |          |            | -+   | 0         | 0   | 0                        |
| Natl Exec Board Member   0   |   |                | 1        |                   |          | 1        |            |  |           |     |                          |
| Natl Exec Board Member       0       ✓       0       0         R Ray Wood       1       0       0         Natl Exec Board Member (Jan-May 2015)       0       ✓       0       0         Wayne Brock       40       0       0       0       0         Secretary / Chief Scout Executive (Jan - Sept 2015)       11       ✓       ✓       1,061,595       0         R Thomas Buffenbarger       1       0       0       0       0         Assistant Treasurer (Jan-May 2015) and Natl Exec       0       ✓       ✓       0       0         Joe Crafton       1       0       0       0       0         Vice President-Supply and Natl Exec Board Member       0       ✓       ✓       0       0  |   |                | •        | -                 | $\dashv$ |          | -          | -  | 0         | 0   | 0                        |
| R Ray Wood       1       0       0         Natl Exec Board Member (Jan-May 2015)       0       √       0       0         Wayne Brock       40       0       0       0       0         Secretary / Chief Scout Executive (Jan - Sept 2015)       11       √       √       1,061,595       0         R Thomas Buffenbarger       1       0       0       0       0         Assistant Treasurer (Jan-May 2015) and Natl Exec       0       √       √       0       0         Joe Crafton       1       0       0       0       0         Vice President-Supply and Natl Exec Board Member       0       √       √       0       0   |   |                | 1        |                   |          |          |            |  |           |     |                          |
| Natl Exec Board Member (Jan-May 2015)         0         ✓         0         0           Wayne Brock         40         40         1,061,595         0           Secretary / Chief Scout Executive (Jan - Sept 2015)         11         ✓         ✓         1,061,595         0           R Thomas Buffenbarger         1         0         0         0         0           Assistant Treasurer (Jan-May 2015) and Natl Exec         0         ✓         ✓         0         0           Joe Crafton         1         Vice President-Supply and Natl Exec Board Member         0         ✓         ✓         0         0   |   |                | •        | -                 | $\dashv$ | +        |            | $\dashv$   |           | - 0 | 0                        |
| Wayne Brock  Secretary / Chief Scout Executive (Jan - Sept 2015) 11  |   |                | 1        | ' '               | - 1      | İ        |            | 1  |           | _   |                          |
| Secretary / Chief Scout Executive (Jan - Sept 2015) 11   |   |                | *        |                   | $\dashv$ | -        |            | -  | 0         | 0   | 0                        |
| R Thomas Buffenbarger  Assistant Treasurer (Jan-May 2015) and Natl Exec  Joe Crafton  Vice President-Supply and Natl Exec Board Member  0  0 0 0   |   |                | 1        | - 1               | 1        |          |            |  | 4 004 505 |     |                          |
| Assistant Treasurer (Jan-May 2015) and Natl Exec 0   |   |                | ·        | $\dashv$          | *        | $\dashv$ | - 1        | +  | 1,061,595 | 0   | 283,710                  |
| Joe Crafton  1  Vice President-Supply and Natl Exec Board Membe 0 ✓ ✓ 0 0  |   |                | 1        |                   | /        |          |            | - 1  |           |     |                          |
| Vice President-Supply and Natl Exec Board Membe 0 ✓ ✓ 0  |   |                | _        | -                 | ╧        | $\dashv$ |            | $^{+}$   |           |     | 0                        |
|  | dent-Supply and Natl Exec Board Membe   |                | 1        | 1                 | /        |          |            |  | 0         | 0   |                          |
|  |   |                | -        | _                 | +        | 7        | _          | -+   |           |     | 0                        |
| Vice President-General Services (Jan-May 2015) ar 0 ✓ ✓ 0  |   |                | 1        |                   | /        |          |            |  | 0         |     |                          |
| Robert M Gates 1   |   |                |          |                   | -        | $\dashv$ | -          | $\dashv$   | - 0       |     | 0                        |
| President and Natl Exec Board Member 0 √ √ 0   | and Natl Exec Board Member              |                | <b>√</b> |                   | 1        |          |            |  |           |     | •                        |
| Aubrey B Harwell Jr 1  | larwell Jr                              |                | 1        | +                 | +        | +        |            | $\dashv$   | - 0       |     | 0                        |
| Vice President (Jan-May 2015) and Natl Exec Board 0 ✓ ✓ ✓  | dent (Jan-May 2015) and Natl Exec Board | ·              | 1        |                   | /        |          |            |  | Δ.        | م   | 0                        |

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

|  |                               | _                                 | -                     |          | C)           |                              | _        |                         |                                  |                              |
|--|-------------------------------|-----------------------------------|-----------------------|----------|--------------|------------------------------|----------|-------------------------|----------------------------------|------------------------------|
| (A)  | (B)                           |                                   |                       |          | ,<br>sition  |                              |          | (0)                     | <b>(-</b> )                      |                              |
| Name and Title   | Average                       |                                   |                       |          |              | e than                       |          | (D)                     | (E)                              | (F)                          |
| , , , , , , , , , , , , , , , , , , ,                              | hours per                     |                                   |                       |          |              | is botl<br>or/trus           |          | Reportable compensation | Reportable compensation from     | Estimated<br>amount of       |
|  | week (list any<br>hours for   |                                   |                       | _        |              |                              |          | from                    | related                          | other                        |
|  | related                       | Individual trustee<br>or director | Institutional trustee | Officer  | Key employee | Highest compensated employee | Former   | the organization        | organizations<br>(W-2/1099-MISC) | compensation<br>from the     |
|  | organizations<br>below dotted | dual                              | tion                  | ~        | mpl          | st co                        | 1 8      | (W-2/1099-MISC)         |                                  | organization                 |
|  | line)                         | T true                            | 의<br>tr               |          | oye          | Jii ji                       |          |                         |                                  | and related<br>organizations |
|  |                               | itee                              | uste                  |          |              | ens                          |          |                         |                                  | organizations                |
|  |                               |                                   | ď                     |          |              | atted                        |          |                         |                                  |                              |
| Lulo D Kaiaka  |                               |                                   |                       |          |              |                              |          |                         |                                  |                              |
| Lyle R Knight  | 1                             | ,                                 |                       | ,        |              |                              |          |                         |                                  |                              |
| Vice President-Human Resources (Jan-May 2015) a                    |                               | ✓                                 |                       | ✓        |              |                              | <u> </u> | 0                       | 0                                | 0                            |
| Joseph P Landy   | 1                             | ,                                 |                       | ,        |              |                              |          |                         |                                  |                              |
| Vice President-Operations and Natl Exec Board Me                   | -                             | ✓_                                |                       | ✓        |              |                              |          | 0                       | 0                                | 0                            |
| Drayton McLane Jr  | 1                             | ,                                 |                       | ,        |              |                              |          |                         |                                  |                              |
| Vice President (Jan-May 2015) and Natl Exec Board                  |                               | ✓                                 |                       | <b>√</b> |              |                              |          | 0                       | 0                                | 0                            |
| Arthur F Oppenheimer   | 11                            | _ ,                               |                       | ,        |              |                              |          |                         |                                  |                              |
| Vice President-Human Resources (May-Dec 2015) a<br>R Doyle Parrish | 0                             | ✓                                 | $\dashv$              | ✓        | $\dashv$     |                              |          | 0                       | 0                                | 0                            |
| Vice President-General Services (May-Dec 2015) ar                  | 1                             | 1                                 |                       | /        |              |                              |          |                         |                                  |                              |
| Tico A Perez   | <u>0</u>                      | _                                 | -                     | ·        |              |                              |          | 0                       | 0                                | 0                            |
| National Commissioner and Natl Exec Board Memb                     | <u>'</u>                      | 1                                 | ľ                     | 1        |              |                              |          | _                       |                                  |                              |
| Wayne M Perry  | 1                             | *                                 |                       | •        | $\dashv$     |                              | -        | 0                       | 0                                | 0                            |
| Past President and Natl Exec Board Member                          | 0                             | 1                                 |                       | 1        |              |                              |          |                         |                                  |                              |
| Matthew K Rose   | 1                             | •                                 | $\dashv$              | *        | -            | -                            | $\dashv$ | 0                       | 0                                | 0                            |
| Vice President-Development and Natl Exec Board I                   | 0                             | 1                                 |                       | /        |              | ľ                            |          | 0                       |                                  |                              |
| Nathan Rosenberg   | 1                             | -                                 | <b>-</b>              | 1        |              | -                            |          |                         | 0                                | 0                            |
| Vice President (Jan - May 2015) and Natl Exec Boar                 | 0                             | 1                                 |                       | 1        |              |                              |          | o                       | o                                |                              |
| Roger M Schrimp  | 1                             |                                   | _                     | •        |              |                              |          |                         |                                  | 0                            |
| International Commissioner and Natl Exec Board N                   | 0                             | 1                                 |                       | 1        | ĺ            |                              |          | 0                       | o                                | 0                            |
| Randall L Stephenson   | 1                             |                                   | 7                     | Ħ        | 1            |                              | -        |                         |                                  |                              |
| President Elect & VP-Regional Presidents and Natl                  | 0                             | 1                                 |                       | 1        |              |                              |          | o                       | 0                                | 0                            |
| David L Steward  | 1                             |                                   |                       |          |              |                              | _        | - 0                     |                                  |                              |
| Vice President-Information Delivery and Natl Exec                  | 0                             | 1                                 |                       | 1        | 1            |                              |          | o                       | o                                | 0                            |
| Michael B Surbaugh   | 40                            |                                   | $\neg$                | 7        | $\dashv$     | -+                           | _        |                         |                                  |                              |
| Secretary / Chief Scout Executive (Oct-Dec 2015)                   | 11                            | 1                                 |                       | 1        |              |                              | - 1      | 364,922                 | o                                | 169,154                      |
| James S Turley   | 1                             |                                   |                       | _        | $\dashv$     |                              | 7        | 201,022                 |                                  | 103,134                      |
| Treasurer and Vice President-Finance and Natl Exe                  | 0                             | 1                                 |                       | <b>√</b> |              |                              |          | o                       | 0                                | 0                            |

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

|  |                       | _                              |                       |         | C)           | _                            | _        | <del></del>             |   |                          |
|--|-----------------------|--------------------------------|-----------------------|---------|--------------|------------------------------|----------|-------------------------|---|--------------------------|
| (A)  | (B)                   |                                |                       |         | sition       | ı                            |          | (5)                     |   |                          |
| Name and Title                                   | Average               |                                |                       |         |              | e than                       |          | (D)                     | (E)   | (F)                      |
| Name and This                                    | hours per             |                                |                       |         |              | is both<br>tor/trus          |          | Reportable compensation | Reportable compensation from                  | Estimated<br>amount of   |
|  | week (list any        |                                |                       |         | _            | т —                          |          | from                    | related                                       | other                    |
|  | hours for related     | 함                              | stit                  | Officer | ey           | 필를                           | Former   | the<br>organization     | organizations<br>(W-2/1099-MISC)              | compensation<br>from the |
|  | organizations         | Individual trustee or director | Institutional trustee | 4       | Key employee | oyee                         | Φ        | (W-2/1099-MISC)         | (***271099*********************************** | organization             |
|  | below dotted<br>line) | 4 =                            | nal t                 |         | loye         | i som                        |          |                         |   | and related              |
|  | illie)                | stee                           | rust                  |         | ď            | ) en                         |          |                         |   | organizations            |
|  |                       | "                              | 8                     |         |              | Highest compensated employee |          |                         |   |                          |
|  |                       |                                |                       |         |              |                              |          |                         |   |                          |
| David M Weekley                                  | 1                     |                                |                       |         |              |                              |          |                         |   |                          |
| Vice President-Marketing and Natl Exec Board Mer |                       | 1                              |                       | ✓       |              |                              |          | 0                       |   | 0                        |
| Steven McGowan                                   | 40                    |                                |                       |         |              |                              |          |                         |   |                          |
| Assistant Secretary & General Counsel (Oct-Dec 2 | 0                     | _                              |                       | ✓       |              |                              |          | 105,752                 | o   | 833                      |
| Michael A Ashline                                | 40                    |                                |                       |         |              |                              |          |                         |   |                          |
| CFO  | 0                     |                                |                       |         | ✓            |                              |          | 439,582                 | 0   | 90,362                   |
| Gary Butler                                      | 40                    |                                |                       |         |              |                              |          |                         |   |                          |
| Deputy Chief Scout Executive                     | 0                     |                                |                       |         | ✓            |                              |          | 413,790                 | 0   | 171,348                  |
| Perry Cochell                                    | 40                    |                                |                       |         |              |                              |          |                         |   |                          |
| Director, Office of Philanthropy                 | 0                     |                                |                       |         | ✓            |                              |          | 253,016                 | О   | 138,015                  |
| Bradley Farmer                                   | 40                    |                                |                       |         |              |                              |          |                         |   |                          |
| ACSE Development                                 | 0                     |                                |                       |         | ✓            |                              |          | 372,366                 | 0   | 162,816                  |
| John Green                                       | 40                    |                                | 1                     |         |              |                              |          |                         |   |                          |
| Group Director - Outdoor Adventures              | 0                     |                                |                       |         | ✓            |                              |          | 331,810                 | o   | 77,182                   |
| J D McCarthy                                     | 40                    |                                |                       |         |              |                              |          |                         |   |                          |
| Group Director - Summit                          | 0                     |                                |                       |         | 1            |                              |          | 301,042                 | 0   | 90,738                   |
| Steve Medlicott                                  | 40                    |                                |                       |         |              |                              | ĺ        |                         |   |                          |
| Group Director - Marketing                       | 0                     |                                |                       |         | ✓            | ł                            |          | 221,175                 | 0   | 99,958                   |
| Ponce Duran                                      | 40                    |                                |                       |         |              |                              |          |                         |   |                          |
| Regional Director                                | 0_                    |                                |                       | ľ       | I            | ✓                            |          | 307,250                 | o   | 161,492                  |
| Tom Fitzgibbon                                   | 40                    |                                |                       |         |              |                              |          |                         |   |                          |
| ACSE Council Support                             | 0                     |                                |                       | ĺ       |              | ✓                            |          | 684,729                 | 0   | 90,117                   |
| Tom Harrington                                   | 40                    | 7                              |                       |         |              |                              |          |                         |   |                          |
| Regional Director                                | 0                     |                                |                       |         |              | ✓                            |          | 553,082                 | o   | 190,297                  |
| Al Lambert                                       | 40                    |                                |                       |         |              |                              |          |                         |   |                          |
| Regional Director                                | 0                     |                                |                       |         |              | ✓                            |          | 338,114                 | 0   | 163,340                  |
| Don McChesney                                    | 40                    |                                |                       |         |              |                              | $\dashv$ |                         |   | ,,,,,,,                  |
| Regional Director                                | 0                     |                                |                       |         |              | 1                            |          | 352,028                 | o   | 147,028                  |

|      | Section A. Officers, Directors, Trus   | lees, key E                  | mpio                           | yee:                  |            | na r<br>C)    | nigne                        | est C        | ompensated E                    | mployees (con               | tinued)           |                          | -           |
|------|--|------------------------------|--------------------------------|-----------------------|------------|---------------|------------------------------|--------------|---------------------------------|-----------------------------|-------------------|--------------------------|-------------|
|      | (A)  |                              |                                |                       |            | sition        | ı                            |              |                                 |                             |                   |                          |             |
|      | (A)  | (B)                          | (do r                          | ot ch                 |            |               | e than                       | one          | (D)                             | (E)                         |                   | (F)                      |             |
|      | Name and title   | Average hours per            |                                |                       |            |               | is bot<br>or/trus            |              | Reportable compensation         | Reportable compensation fro | I                 | Estimated<br>amount o    |             |
|      |  | week (list any               |                                | 1                     | _          | $\overline{}$ |                              | <del>,</del> | from                            | related                     | ."                | other                    | "           |
|      |  | hours for                    | Individual trustee or director | Institutional trustee | Officer    | Key employee  | Highest compensated employee | Form         | the                             | organizations               |                   | ompensati                |             |
|      |  | related<br>organizations     | rect<br>du                     | l E                   | ěř         | em            | loye                         | ner          | organization<br>(W-2/1099-MISC) | (W-2/1099-MISC              | <b>'</b>          | from the<br>organization |             |
|      |  | below dotted                 | or all tr                      | mal                   |            | оloy          | a cou                        |              | (11 27 1000 101100)             |                             | 1                 | and relate               |             |
|      |  | line)                        | uste                           | tr                    |            | ee<br>e       | lper                         |              |                                 |                             | O.                | rganizatio               | ns          |
|      |  |                              | й                              | stee                  |            |               | nsat                         |              |                                 |                             |                   |                          |             |
|      |  |                              |                                |                       | <u> </u>   |               | 8                            |              |                                 |                             |                   |                          |             |
|      |  | ļ<br>                        |                                |                       |            |               |                              |              | Ĭ                               |                             |                   |                          |             |
|      |  |                              | _                              |                       |            |               |                              |              |                                 |                             |                   |                          |             |
|      |  |                              |                                |                       |            |               |                              | ļ            |                                 |                             |                   |                          |             |
|      |  |                              |                                |                       |            |               |                              |              | ĺ                               |                             |                   |                          |             |
|      |  |                              |                                |                       |            |               |                              |              |                                 |                             |                   |                          |             |
|      |  |                              |                                |                       |            |               |                              |              |                                 |                             |                   |                          |             |
|      | *  |                              |                                |                       |            |               |                              |              |                                 |                             | †                 | -                        |             |
|      |  |                              |                                |                       |            |               |                              |              |                                 |                             |                   |                          |             |
|      |  |                              |                                |                       |            |               | _                            |              |                                 |                             | +-                |                          |             |
|      |  |                              |                                |                       |            |               |                              |              |                                 |                             |                   |                          |             |
|      |  | -                            |                                |                       |            | $-\dagger$    |                              | $\vdash$     |                                 |                             | +                 |                          |             |
|      |  |                              |                                |                       |            |               |                              |              |                                 |                             |                   |                          |             |
|      | <del></del>  | _                            | _                              | -                     | _          |               |                              | +            |                                 |                             | -                 |                          |             |
|      |  |                              |                                |                       |            |               |                              |              |                                 |                             |                   |                          |             |
|      |  |                              |                                |                       |            |               |                              |              |                                 | <del>-</del>                |                   |                          |             |
|      |  |                              |                                |                       |            | 1             |                              |              |                                 |                             |                   |                          |             |
|      |  |                              |                                | _                     | _          |               |                              | -            |                                 |                             |                   |                          | _           |
|      |  |                              |                                |                       |            |               |                              |              |                                 |                             |                   |                          |             |
|      |  |                              |                                |                       |            |               |                              |              |                                 |                             |                   |                          |             |
|      |  |                              |                                | ľ                     |            | 1             |                              |              |                                 |                             |                   |                          |             |
|      |  |                              |                                |                       |            |               |                              |              |                                 |                             |                   |                          |             |
|      |  |                              |                                |                       |            |               |                              |              |                                 |                             |                   |                          |             |
|      |  |                              |                                |                       | l          |               |                              |              |                                 |                             |                   |                          |             |
| 1b   | Sub-total  |                              |                                |                       |            |               |                              | <b></b>      | 6,100,253                       |                             | )                 | 2.03                     | 6,390       |
| С    | Total from continuation sheets to Part   | VII, Section                 | ı A                            |                       |            |               |                              | ▶            |                                 |                             | 1                 |                          | -,000       |
| d    | Total (add lines 1b and 1c)  |                              |                                |                       |            |               |                              | ▶            | 6,100,253                       |                             | ,                 | 2 03                     | 6,390       |
| 2    | Total number of individuals (including but   | not limited                  | to the                         | nse.                  | liste      | ed a          | hove                         | a) wh        | no received mo                  |                             |                   | 2,00                     | 0,330       |
|      | reportable compensation from the organization  | zation > 20                  | 2                              | 000                   | not        | ou u          | iDOV.                        | ,, ,,,       | io received inc                 | ne man proo,o               | 00 01             |                          |             |
|      |  |                              |                                |                       |            | _             |                              |              |                                 |                             |                   | 7,4                      |             |
| 3    | Did the organization list any former off   | icer, direct                 | or or                          | r tri                 | iste       | e k           | (ev e                        | mnl          | ovee or highe                   | est component               | od 🗔              | Yes                      | No          |
|      | employee on line 1a? If "Yes," complete S  | Schedule J 1                 | for su                         | ch i                  | ndi        | ridu          | al                           | nipi         | oyee, or mgne                   | ssi compensat               |                   |                          |             |
| 4    | For any individual listed on line 1a, is the   |                              |                                |                       |            |               |                              |              |                                 |                             | 3                 |                          | <b>✓</b>    |
| •    | organization and related organizations   | areator the                  | ortab                          | 16 C                  | יחחי       | pen           | sauo<br>"Vo                  | n an         | ia other compe                  | ensation from t             | ne                | - 000                    | 1000        |
|      | individual   | greater tha                  | п фт                           | 30,0                  | JUU        | : 11          | res                          | s, c         | complete Sche                   | eaule J for su              |                   |                          | 5           |
| =    |  |                              |                                |                       |            |               | •                            |              |                                 |                             | 4                 | . 🗸                      |             |
| 5    | Did any person listed on line 1a receive of  | accrue coi                   | mpen                           | sati                  | on 1       | rom           | n any                        | unr          | elated organiza                 | ation or individu           | ıal               |                          | 100         |
|      | for services rendered to the organization?   | ii yes, co                   | mpie                           | te S                  | cne        | eaui          | e J te                       | or st        | ich person .                    | · · · · ·                   | 5                 |                          | ✓_          |
|      | on B. Independent Contractors  |                              | _                              |                       |            |               |                              |              |                                 |                             |                   |                          |             |
| 1    | Complete this table for your five highest of   | ompensate                    | d ind                          | epe                   | nde        | nt c          | ontra                        | acto         | rs that received                | d more than \$1             | 00,000            | of                       |             |
|      | compensation from the organization. Rep  | ort compen                   | sation                         | n foi                 | r the      | е са          | ilenda                       | ar ye        | ear ending with                 | or within the o             | rganiza           | tion's ta                | аx          |
|      | year.  |                              |                                |                       |            |               |                              |              |                                 |                             |                   |                          |             |
|      | (A)  |                              |                                |                       |            |               |                              |              | (B)                             |                             |                   | C)                       |             |
|      | Name and business addr   | ess                          |                                |                       |            |               |                              |              | Description of ser              | rvices                      |                   | ensation                 |             |
| WELD | LLC, PO BOX 601, FAYETTEVILLE, WV 2584   | <u> </u>                     |                                |                       |            |               | _                            | Web          | site developme                  | int                         |                   | 1 440                    | 0 564       |
|      | IE COMMUNITY SERVICES LLC, 413 OAK HIL   |                              | TAMO                           | TINC                  | FS         | DDII          |                              |              |                                 |                             |                   |                          | 9,564       |
|      | be & Johnson PLLC, PO Box 247, Bridgeport,   |                              |                                | J141                  | _ 3        | · KII         |                              |              | ect Managemen                   | IL                          |                   |                          | 0,800       |
|      | ee Deakins Nash Smoak & Stewart PC, PO Bo  |                              | shic C                         |                       | 020        |               |                              |              | rney                            |                             |                   |                          | 9,548       |
|      | vaterhouseCoopers LLP, PO Box 952282, Dall   |                              |                                | U 2                   | <b>32U</b> |               |                              |              | rney                            |                             |                   |                          | 9,347       |
| 2    | Total number of independent contractor   | s (includios                 | y hut                          | no                    | + 1:-      | mita          | d +-                         | Aud          | it/Tax Services                 | (0) 1115                    | Van de la company | 81                       | 5,802       |
| -    | received more than \$100,000 of compensa   | o moluuliig<br>ition from th | o ora                          | ni)<br>Tine           | u III      | nite<br>•     | u 10                         | ti 10        |                                 | ve) who                     |                   |                          | 1000        |
|      | The state of the s | assir norm tr                | o org                          | ui IIZ                | auc        | / 11          |                              |              | 66                              | 1000                        |                   |                          | THE RESERVE |

66

| Pa   | rt VIII |   |                   |                   |  |                                | Page   |
|--|---------|---|-------------------|-------------------|--|--------------------------------|--|
|  |         | Check if Schedule O contains a re   | sponse or note to | (A) Total revenue | Part VIII (B)  Related or exempt function revenue  | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 |
| nts  | 1a      | i da di da da da da da da da da da da da da da  | 370,580           |                   |  |                                | 512-514  |
| Contributions, Gifts, Grants and Other Similar Amounts | b       | Membership dues 1b  |                   |                   |  |                                |  |
| Is, (  | С       | Fundraising events 10   | 72,378            |                   |  |                                |  |
| <u> </u>   | d       | Related organizations 1d  | 2,095,723         | 21 11 15          |  |                                |  |
| ns,  | е       | Government grants (contributions) 1e  | 0                 |                   |  |                                |  |
| utio   | f       | All other contributions, gifts, grants,   |                   |                   |  |                                |  |
| g Fi   |         | and similar amounts not included above  | 10,000,10         |                   |  |                                |  |
| i i  | 9       | Noncash contributions included in lines 1a-1f: \$   |                   | BORD WILLIAM      |  |                                |  |
|  | h       | Total. Add lines 1a-1f  | Business Code     | 85,341,497        |  | ASSAULT STATE                  |  |
| Program Service Revenue                                | 2a      | Ligh Adventure Bases in NR BIRL FI  |                   |                   |  |                                |  |
| Rev  | b       | High Adventure Bases in NM, MN, FL,<br>Local Council Assessments  |                   | 37,338,175        | 37,179,187   | 158,988                        | 0  |
| 8  | C       | Order of the Arrow and National Eagle   | 900099            | 24,156,788        | 24,156,788   | 0                              | 0  |
| e.   | d       | Regional and Professional Training  | 900099            | 9,142,570         | 9,142,570  | 0                              | 0  |
| S  | e       | regional and Professional Training  | 900099            | 4,209,028         | 4,209,028  | 0                              | 0  |
| gra  | f       | All other program service revenue.  | +                 | 13,152,986        | 13,152,986   | 0                              |  |
| P.   | g       | Total. Add lines 2a-2f  |                   | 87,999,547        | 13,132,900   |                                | 0  |
|  | 3       | Investment income (including divident   | dends, interest,  | 37,000,047        |  |                                |  |
|  |         | 1 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1  | •                 | 14,468,806        | o  | -38,071                        | 14,506,877   |
|  | 4       | Income from investment of tax-exempt by   | ond proceeds      | 0                 | 0  | 0                              | 14,300,077   |
|  | 5       | Royalties   | ▶                 | 2,051,315         | 0  | 0                              | 2,051,315  |
|  |         | (i) Real  | (ii) Personal     |                   | Service of the servic |                                | 2,001,010  |
|  | 6a      | Gross rents 30,542  | 2 0               | 1000              |  |                                |  |
|  | b       | Less: rental expenses   | 0                 |                   |  |                                |  |
|  | С       | Rental income or (loss) 30,542  | 2 0               |                   |  |                                |  |
|  | _d      |   | ▶                 | 30,542            | 0  | 0                              | 30,542   |
|  | 7a      | Gross amount from sales of (i) Securities   | (ii) Other        |                   |  |                                |  |
|  |         | assets other than inventory 1,082,803,096   | 1,954,594         |                   | The state of the   |                                |  |
|  | b       | Less: cost or other basis and sales expenses . 1.064.620.639  |                   |                   |  |                                |  |
|  | _       | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,   |                   |                   |  |                                |  |
|  | d       | Gain or (loss)  | ·                 |                   |  |                                |  |
|  | "       | Net gain or (loss)  | •                 | 18,028,179        | 0  | 0                              | 18,028,179   |
| Other Revenue  | 8a      | Gross income from fundraising events (not including \$ 72,378 of contributions reported on line 1c). See Part IV, line 18 a | 163,278           |                   |  |                                |  |
| ₹  | b       | Less: direct expenses b   | 120,233           |                   |  |                                |  |
|  |         | Net income or (loss) from fundraising Gross income from gaming activities.  | 0                 | 43,045            |  | 0                              | 43,045   |
|  |         | See Part IV, line 19 a  |                   |                   |  |                                |  |
|  | b       | Less: direct expenses <b>b</b> Net income or (loss) from gaming act   |                   |                   |  |                                | THE HOLE TO BE                                       |
|  | 10a     | Gross sales of inventory, less  | ivities ►         |                   |  |                                |  |
|  | IVa     | make make a seal of the   | 444 000 400       |                   |  |                                |  |
|  | ь       |   | 101,000,100       |                   |  |                                |  |
|  | C       | Less: cost of goods sold <b>b</b> Net income or (loss) from sales of inv  |                   |                   |  |                                | DOES WAR   |
|  | U       | Miscellaneous Revenue   | Business Code     | 27,898,508        | 0  | -1,353,133                     | 29,251,641   |
|  | 11a     |   |                   | F00 000           |  | HUNWIS HEND                    | ALL DETAIL VISIT                                     |
|  | b       | High Adventure Bases - Other Revenu<br>Other Regional Revenues  | 900099            | 598,089           |  | 0                              | 598,089  |
| İ  | C       | National Eagle Scout Association - Of   | 900099            | 110,260           | 0  | 0                              | 110,260  |
|  | d       | All other revenue   | 900099            | 260,563           | 0  | 0                              | 260,563  |
|  | e       | Tatal Address 44 44 1   |                   | 0 068 013         | 0  | 0                              | 0  |
|  | 12      | Total revenue. See instructions.  |                   | 968,912           | 87 840 559   | -1 232 216                     | 64 890 511   |
|  |         |   |                   | 430.030.33        | 07.040.3391  | #1 /3/ /7K                     | 67 UUN 611   |

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, (B) Program service expenses (D) Fundraising (A) Total expenses (C) Management and 8b, 9b, and 10b of Part VIII. general expenses expenses Grants and other assistance to domestic organizations and domestic governments, See Part IV, line 21 . . . 1,059,226 1,059,226 2 Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . . 932,711 932,711 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . 562,048 562,048 Benefits paid to or for members . . . 5 Compensation of current officers, directors, trustees, and key employees . . . . . 4,810,994 2,683,396 1,144,988 982,610 Compensation not included above, to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . 7 Other salaries and wages . . . . . . 51,463,989 39,992,931 1,875,424 9,595,634 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 4,089,442 3,177,927 762,490 149,025 9 4,206,271 3,814,997 315,431 75,843 Payroll taxes . . . . . . . . . 10 5,674,022 4,409,311 1,057,941 206,770 11 Fees for services (non-employees): Management а b 472,659 425,270 0 47,389 C 723,984 288.834 433,861 1,289 d 240,128 240,128 Professional fundraising services. See Part IV, line 17 e 186,131 186,131 Investment management fees . . . . . 1,869,407 1,869,407 Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . 10,431,186 9,511,451 0 919,735 12 Advertising and promotion . . . . . . 2,785,435 2,750,466 34,969 13 4,603,031 4,055,728 95,476 451,827 14 Information technology . . . 4,184,878 4,159,108 0 25,770 15 Occupancy . . . . . . . . . . . 16 14,078,537 13,248,516 185,810 644,211 17 5,069,600 3,508,087 1,032,342 529,171 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings . 30,480,400 29,688,272 8,300 783,828 20 8,076,821 8,076,821 Payments to affiliates . . . . . . . . . . . . 21 16,791,436 16,791,436 0 22 Depreciation, depletion, and amortization . 6,603,778 5,412,395 1,025,386 165,997 23 37,461,046 37,459,882 0 1,164 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.) Other Expenses а 7,752,852 7,149,221 21,221 582,410 Taxes, Permits, and Licenses 298,397 260,715 37,682 0 Insurance Claims C 28,574,765 28,574,765 0 0 Professional Dues and Membership d 1,617,067 1,570,782 44,841 1,444 All other expenses Total functional expenses. Add lines 1 through 24e 25 255,100,241 221,487,475 25,947,759 7,665,007 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 following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

| _                           |          | Check if Schedule O contains a response or note to any line in this Pa  | rt X                     | 140      |  |
|-----------------------------|----------|---|--------------------------|----------|--|
|                             |          |   | (A)<br>Beginning of year |          | (B)<br>End of year   |
|                             | 1        | Cash—non-interest-bearing   | 18,767,298               | 1        | 7,755,529  |
|                             | 2        | Savings and temporary cash investments  | 23,600,187               |          | 36,920,628   |
|                             | 3        | Pledges and grants receivable, net  | 68,739,767               | -        | 61,937,612   |
|                             | 4        | Accounts receivable, net  | 3,236,633                | 4        | 10,218,512   |
|                             | 5        | Loans and other receivables from current and former officers, directors,  |                          | Sh.      |  |
|                             |          | trustees, key employees, and highest compensated employees.  Complete Part II of Schedule L   |                          |          |  |
|                             |          |   | 0                        | 5        |  |
|                             | 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  |                          |          |  |
| ß                           |          | organizations (see instructions). Complete Part II of Schedule L  |                          | 6        | A COMPANY OF THE PARK OF THE P |
| Assets                      | 7        | Notes and loans receivable, net   |                          | 7        | ·  |
| As                          | 8        | Inventories for sale or use   | 60,007,672               | 8        | 65,337,483   |
|                             | 9        | Prepaid expenses and deferred charges   | 11,389,171               | 9        | 16,360,893   |
|                             | 10a      | Land, buildings, and equipment: cost or   |                          |          |  |
|                             |          | other basis. Complete Part VI of Schedule D 10a 227,540,240   |                          |          |  |
|                             | b        | Less: accumulated depreciation 10b 126,448,020  | 89,656,379               | 10c      | 101,092,220  |
|                             | 11       | Investments—publicly traded securities  | 391,945,383              | 11       | 393,799,549  |
|                             | 12       | Investments—other securities. See Part IV, line 11  | 383,965,771              | 12       | 327,893,489  |
|                             | 13       | Investments—program-related. See Part IV, line 11   |                          | 13       |  |
|                             | 14       | Intangible assets   |                          | 14       |  |
|                             | 15       | Other assets. See Part IV, line 11  | 305,938,346              | 15       | 308,477,872  |
|                             | 16<br>17 | Total assets. Add lines 1 through 15 (must equal line 34)   | 1,357,246,607            | 16       | 1,329,793,787  |
|                             | 18       | Accounts payable and accrued expenses   | 188,255,388              | 17       | 190,776,541  |
|                             | 19       | Deferred revenue  | 40 700 707               | 18<br>19 |  |
|                             | 20       | Tax-exempt bond liabilities   | 42,799,707               | 20       | 43,313,325   |
|                             | 21       | Escrow or custodial account liability. Complete Part IV of Schedule D .   | 260,914,560              | 21       | 209,488,035  |
| ç                           | 22       | Loans and other payables to current and former officers, directors,   |                          | 21       |  |
| Liabilities                 |          | trustees, key employees, highest compensated employees, and   |                          |          |  |
| abi                         |          | disqualified persons. Complete Part II of Schedule L  |                          | 22       |  |
| ا <del>ٽ</del>              | 23       | Secured mortgages and notes payable to unrelated third parties  | 17,000,000               | 23       | 61,000,000   |
|                             | 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  | 145,549,691              |          | 160,050,190  |
|                             |          | of Schedule D   | _                        | 25       |  |
|                             | 26       | Total liabilities. Add lines 17 through 25  | 654,519,346              | 26       | 664,628,091  |
| ces                         |          | Organizations that follow SFAS 117 (ASC 958), check here ▶ ✓ and complete lines 27 through 29, and lines 33 and 34.   |                          |          |  |
| lan                         | 27       | Unrestricted net assets   | 582,660,946              | 27       | 537,259,488  |
| 8<br>B                      | 28       | Temporarily restricted net assets   | 63,272,414               | 28       | 73,163,210   |
| 밀                           | 29       | Permanently restricted net assets   | 56,793,901               | 29       | 54,742,998   |
| Net Assets or Fund Balances |          | Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34.   |                          |          |  |
| ţ                           | 30       | Capital stock or trust principal, or current funds  |                          | 30       |  |
| SSE                         | 31       | Paid-in or capital surplus, or land, building, or equipment fund  |                          | 31       |  |
| ا ۲                         | 32       | Retained earnings, endowment, accumulated income, or other funds .  |                          | 32       |  |
| Ž                           | 33       | Total net assets or fund balances   | 702,727,261              | 33       | 665,165,696  |
|                             | 34       | Total liabilities and net assets/fund balances  | 1,357,246,607            | 34       | 1,329,793,787  |
|                             |          |   |                          |          | Form <b>990</b> (2015)   |

| _    |     |        |   |
|------|-----|--------|---|
| Form | 990 | (2015) | ì |

Page **12** 

| 8 Prior period adjustments  | Par  | t XI Reconciliation of Net Assets   |           |       |          |             |
|---|------|---|-----------|-------|----------|-------------|
| Total revenue (must equal Part VIII, column (A), line 12).  Total expenses (must equal Part X, column (A), line 25).  Revenue less expenses. Subtract line 2 from line 1.  Revenue less expenses. Subtract line 2 from line 1.  Revenue less expenses. Subtract line 2 from line 1.  Revenue less expenses. Subtract line 2 from line 1.  Revenue less expenses. Subtract line 2 from line 1.  Revenue less expenses. Subtract line 2 from line 1.  Revenue less expenses. Subtract line 2 from line 1.  Revenue less expenses. Subtract line 2 from line 1.  Revenue less expenses. Subtract line 2 from line 1.  Revenue less expenses. Subtract line 2 from line 1.  Revenue less expenses. Subtract line 2 from line 1.  Revenue less expenses. Subtract line 2 from line 1.  Revenue less expenses. Subtract line 2 from line 1.  Revenue less expenses. Subtract line 2 from line 1.  Revenue less expenses subtract line 2 fro |      | Check if Schedule O contains a response or note to any line in this Part XI                     |           |       |          | П           |
| Revenue less expenses. Subtract line 2 from line 1  Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) .   | 1    |   | 1         |       | 236,8    | <br>30,351  |
| Revenue less expenses. Subtract line 2 from line 1  Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)).  Net unrealized gains (losses) on investments  Net unrealized gains (losses) on investments  Donated services and use of facilities  Prior period adjustments  Prior period adjustments  Reporting  Other changes in net assets or fund balances (explain in Schedule 0)  Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))  This plant XIII Financial Statements and Reporting  Check if Schedule O contains a response or note to any line in this Part XII  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.  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  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  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.  | 2    | Total expenses (must equal Part IX, column (A), line 25)  | 2         |       | 255,10   | 00,241      |
| Separate basis Consolidated basis Separate basis Consolidated basis, crobable of the audit, review, or compilation of the audit, review, or compilation of the audit, review, or compilation of the audit, review, or compilation of its financial statements and selection of an independent accountant?  Investment expenses 6 6 80,979  7 0 0  8 7 0 0  8 7 0 0  8 7 0 0  8 7 0 0  8 7 0 0  9 0 0  10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 665,165,696  Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII  | 3    | Revenue less expenses. Subtract line 2 from line 1  | 3         |       |          |             |
| Separate basis Consolidated basis Separate basis Consolidated basis, crobable of the audit, review, or compilation of the audit, review, or compilation of the audit, review, or compilation of the audit, review, or compilation of its financial statements and selection of an independent accountant?  Investment expenses 6 6 80,979  7 0 0  8 7 0 0  8 7 0 0  8 7 0 0  8 7 0 0  8 7 0 0  9 0 0  10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 665,165,696  Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII  | 4    | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))       | 4         |       | 702,7    | 27,261      |
| Prior period adjustments  | 5    | Net unrealized gains (losses) on investments  | 5         |       | -19,3    | 72,654      |
| Prior period adjustments  | 6    | Donated services and use of facilities  | 6         |       | 1        | 30,979      |
| Other changes in net assets or fund balances (explain in Schedule O)  Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))  Part XII Financial Statements and Reporting  Check if Schedule O contains a response or note to any line in this Part XII  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.  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.   | 7    |   | 7         |       |          | 0           |
| Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))  Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII  Accounting method used to prepare the Form 990:  If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.  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  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  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.  | 8    | Prior period adjustments  | 8         |       |          | 0           |
| Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O cash ✓ Accrual Cher 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?  | _    |   | 9         |       |          | 0           |
| Check if Schedule O contains a response or note to any line in this Part XII  1 Accounting method used to prepare the Form 990:  If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.  2a Were the organization's financial statements compiled or reviewed by an independent accountant?  | 10   |   |           |       |          |             |
| Check if Schedule O contains a response or note to any line in this Part XII  1 Accounting method used to prepare the Form 990:  If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.  2a Were the organization's financial statements compiled or reviewed by an independent accountant?  |      | 33, column (B))   | 10        |       | 665,16   | 55,696      |
| Accounting method used to prepare the Form 990:  If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.  Were the organization's financial statements compiled or reviewed by an independent accountant?   | Part |   |           |       |          |             |
| 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?  |      | Check if Schedule O contains a response or note to any line in this Part XII                    |           |       |          | . $\square$ |
| 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?   |      |   |           |       | Yes      | No          |
| Schedule O.  2a Were the organization's financial statements compiled or reviewed by an independent accountant?   | 1    |   |           |       | 100      |             |
| 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  Were the organization's financial statements audited by an independent accountant?   |      |   | olain i   | n     |          |             |
| 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  ■ Were the organization's financial statements audited by an independent accountant?  ☐ "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  ■ Consolidated basis ☐ Both consolidated and separate basis  ■ Consolidated basis ☐ Both consolidated and separate basis  ■ Consolidated basis ☐ Both consolidated and separate basis  ■ Consolidated basis ☐ Both consolidated and separate basis  ■ Consolidated basis ☐ Both consolidated and separate basis  ■ Consolidated basis ☐ Both consolidated and separate basis  ■ Consolidated basis ☐ Both consolidated and separate basis  ■ Consolidated basis ☐ Both consolidated and separate basis  ■ Consolidated basis ☐ Both consolidated and separate basis  ■ Consolidated basis ☐ Both consolidated and separate basis  ■ Consolidated basis ☐ Both consolidated and separate basis  ■ Consolidated basis ☐ Both consolidated and separate basis  |      |   |           | 1     |          |             |
| 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.   | 2a   | Were the organization's financial statements compiled or reviewed by an independent accountant? |           | . 2a  |          | 1           |
| Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis  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.   |      |   | oiled c   | or    |          |             |
| 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.   |      |   |           | 4138  |          | IN E        |
| 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  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.   |      | ·   |           | 168.5 |          |             |
| separate basis, consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis  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.   | b    |   |           |       | <b>✓</b> |             |
| 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.   |      |   | d on      | a     | 600      |             |
| 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.  2c ✓   |      |   |           |       |          |             |
| 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.   |      |   |           |       |          |             |
| If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.   | C    |   |           |       |          |             |
| Schedule O.   |      | ·   |           |       | <b>/</b> | -           |
|   |      |   | Jiain II  |       | -        |             |
| Ja As a result of a redefal award, was the organization required to undergo an adult of adults as set form in   | 30   |   | orth :    | n     |          |             |
| the Single Audit Act and OMB Circular A-133?  | Jd   |   | OF ITE II |       |          | ,           |
| the Single Audit Act and OMB Circular A-133?  | h    | •   | ao th     |       |          | <b>-</b>    |
| required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.  | U    |   |           |       |          |             |
| Form <b>990</b> (2015)  |      | and describe any stope taken to dilucingo such at   | ano.      |       | aan      | (201E)      |

### **SCHEDULE A** (Form 990 or 990-EZ)

### **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.

Department of the Treasury Internal Revenue Service ▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Name of the organization Employer identification number

OMB No. 1545-0047

Open to Public Inspection

|                  | SCOUTS OF AMERICA  |                          |   |             |                        |                                     | 76300                                       |
|------------------|--|--------------------------|---|-------------|------------------------|-------------------------------------|---|
|                  | rt I Reason for Public Cha   |                          |   |             |                        |                                     | ons.  |
|                  | organization is not a private found  |                          |   |             |                        |                                     |   |
| 1                | A church, convention of church   |                          |   |             |                        |                                     |   |
| 2<br>3           | A school described in <b>section</b>   |                          |   |             |                        |                                     |   |
| 4                | <ul><li>☐ A hospital or a cooperative ho</li><li>☐ A medical research organization</li></ul> | ospital service o        | rganization described                             | in sectio   | n 1/0(b)(<br>oribod in | 1)(A)(III).<br>2004:05 170/b)(1)(A) | Viii) Fatautha                              |
| 7                | hospital's name, city, and sta   |                          | conjunction with a nos                            | pital des   | cribed in              | section 170(b)(1)(A)                | (III). Enter the                            |
| 5                | An organization operated for   |                          | a college or university                           | owned       | or operat              | ed by a governmen                   | tal unit described in                       |
|                  | section 170(b)(1)(A)(iv). (Com   |                          | a concess of aniversity                           | OWING       | ог орстат              | cd by a government                  | tai unit described in                       |
| 6                | A federal, state, or local gover   | rnment or aover          | nmental unit described                            | d in secti  | on 170(b               | )(1)(A)(v).                         |   |
| 7                | ✓ An organization that normally  | receives a sub           | stantial part of its sup                          | port fror   | n a gove               | rnmental unit or fror               | n the general public                        |
|                  | described in section 170(b)(1  | )(A)(vi). (Comple        | ete Part II.)                                     | •           | ·                      |                                     | 9   1                                       |
| 8                | ☐ A community trust described  | in <b>section 170(</b> I | b)(1)(A)(vi). (Complete                           | Part II.)   |                        |                                     |   |
| 9                | $\square$ An organization that normally  | receives: (1) m          | ore than 331/₃% of its                            | support     | from cor               | ntributions, members                | ship fees, and gross                        |
|                  | receipts from activities relate  | d to its exemp           | t functions—subject to                            | o certain   | exception              | ons, and (2) no more                | e than 331/3% of its                        |
|                  | support from gross investme  | ent income and           | d unrelated business                              | taxable     | income (               | less section 511 ta                 | x) from businesses                          |
| 40               | acquired by the organization a   |                          |   |             |                        | •                                   |   |
| 10<br>11         | An organization organized and  |                          |   |             |                        |                                     |   |
| "                | An organization organized and<br>one or more publicly supporte                               | operated exclus          | sively for the benefit of,                        | , to perior | rm the tur             | octions of, or to carry             | out the purposes of                         |
|                  | the box in lines 11a through 11  | d that describes         | s the type of supporting                          | osta)(1) t  | ition and              | complete lines 11e-1                | i <b>on bug(a)(3).</b> Check<br>Information |
| а                |  |                          |   |             |                        |                                     |   |
|                  | the supported organization(s   | s) the power to i        | regularly appoint or ele                          | ect a maio  | ority of th            | e directors or truste               | es of the supporting                        |
|                  | organization. You must con   | nplete Part IV,          | Sections A and B.                                 |             | ,                      |                                     | oo or are cupperang                         |
| b                | Type II. A supporting organi   | zation supervise         | ed or controlled in con                           | nection v   | vith its su            | pported organization                | n(s), by having                             |
|                  | control or management of th  | ne supporting or         | ganization vested in th                           | ne same p   | oersons t              | hat control or manaç                | ge the supported                            |
|                  | organization(s). You must c  |                          |   |             |                        |                                     |   |
| С                |  |                          |   |             |                        |                                     | y integrated with,                          |
| _                | its supported organization(s)  |                          |   |             | -                      |                                     |   |
| d                |  | tegrated. A sup          | porting organization of                           | perated     | in connec              | tion with its support               | ted organization(s)                         |
|                  | that is not functionally integr<br>requirement (see instruction:                             | rated. The organ         | ilzation generally must                           | satisty a   | distribut              | ion requirement and                 | an attentiveness                            |
| е                |  |                          |   |             |                        |                                     | I. Tuno III                                 |
| Ŭ                | functionally integrated, or Ty   | pe III non-funct         | ionally integrated supr                           | ortina or   | ganizatio              | n.                                  | i, Type III                                 |
| f                | Enter the number of supported  |                          |   |             | J                      |                                     |   |
| g                | Provide the following informatio   |                          | ported organization(s).                           |             |                        |                                     |   |
|                  | (i) Name of supported organization   | (ii) EIN                 | (iii) Type of organization                        | (iv) Is the | organization           | (v) Amount of monetary              | (vi) Amount of                              |
|                  |  |                          | (described on lines 1–9 above (see instructions)) |             | ur governing<br>ment?  | 02pps.1 (000                        | other support (see                          |
|                  |  |                          | above (see instructions))                         |             |                        | instructions)                       | instructions)                               |
|                  |  |                          |   | Yes         | No                     |                                     |   |
| (A)              |  |                          |   |             |                        |                                     |   |
|                  |  |                          |   |             |                        |                                     | <del></del>                                 |
| (B)              |  |                          |   |             |                        |                                     |   |
|                  |  |                          |   |             |                        | -                                   |   |
| (C)              |  |                          |   |             |                        |                                     |   |
|                  | -  |                          |   |             |                        |                                     |   |
| (D)              |  |                          |   |             |                        |                                     |   |
| (E)              |  |                          |   |             |                        |                                     |   |
| ( <del>-</del> ) |  |                          |   |             |                        |                                     |   |
|                  |  |                          |   |             |                        | _                                   |   |

| Par          | t II Support Schedule for Organiz  | ations Descr              | ibed in Secti  | ions 170(b)(1   | )(A)(iv) and 1                 | 170(b)(1)(A)(v                          | i)                        |
|--------------|--|---------------------------|--|-----------------|--------------------------------|---|---------------------------|
|              | (Complete only if you checked t  | he box on line            | 5, 7, or 8 of  | Part I or if th | e organizatio                  | n failed to qu                          | alify under               |
|              | Part III. If the organization fails to   | o qualify unde            | er the tests lis   | sted below, p   | lease comple                   | ete Part III.)                          |                           |
|              | ion A. Public Support  |                           |  |                 |                                | _                                       |                           |
|              | ndar year (or fiscal year beginning in)  | (a) 2011                  | <b>(b)</b> 2012  | (c) 2013        | (d) 2014                       | (e) 2015                                | (f) Total                 |
| 1            | Gifts, grants, contributions, and  |                           |  |                 |                                |   |                           |
|              | membership fees received. (Do not  |                           |  |                 |                                |   |                           |
| _            | include any "unusual grants.")   | 66,527,879                | 58,896,016   | 61,242,241      | 86,432,929                     | 77,632,390                              | 350,731,455               |
| 2            | Tax revenues levied for the  |                           |  |                 |                                |   |                           |
|              | organization's benefit and either paid to or expended on its behalf              |                           |  |                 |                                |   |                           |
| 2            |  |                           |  | _               |                                |   | -                         |
| 3            | The value of services or facilities furnished by a governmental unit to the      |                           |  |                 |                                |   |                           |
|              | organization without charge  |                           |  |                 |                                |   |                           |
| 4            | Total. Add lines 1 through 3   | 00 507 070                |  |                 |                                |   |                           |
|              | •  | 66,527,879                | 58,896,016   | 61,242,241      | 86,432,929                     | 77,632,390                              | 350,731,455               |
| 5            | The portion of total contributions by  |                           | STORY CALL   | and the same    |                                |   |                           |
|              | each person (other than a governmental unit or publicly                          |                           |  |                 |                                |   |                           |
|              | governmental unit or publicly supported organization) included on                |                           | STATE OF THE PARTY OF  |                 |                                |   |                           |
|              | line 1 that exceeds 2% of the amount   |                           |  |                 |                                |   |                           |
|              | shown on line 11, column (f)   |                           | STATE OF THE STATE |                 |                                |   | 00 400 004                |
| 6            | Public support. Subtract line 5 from line 4.                                     |                           |  |                 |                                | C 75 A 1 33                             | 23,493,831<br>327,237,624 |
|              | ion B. Total Support   |                           |  |                 |                                |   | 321,237,024               |
|              | ndar year (or fiscal year beginning in)  | (a) 2011                  | <b>(b)</b> 2012  | (c) 2013        | (d) 2014                       | (e) 2015                                | (f) Total                 |
| 7            | Amounts from line 4  | 66,527,879                | 58,896,016   | 61,242,241      | 86,432,929                     | 77,632,390                              | 350,731,455               |
| 8            | Gross income from interest, dividends,   |                           |  | 21,212,21       |                                |   |                           |
|              | payments received on securities loans,   |                           |  |                 |                                |   |                           |
|              | rents, royalties and income from similar   |                           |  |                 |                                |   |                           |
|              | sources  | 16,850,496                | 18,322,499   | 20,215,992      | 20,745,765                     | 16,839,237                              | 92,973,989                |
| 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.)  | 507,585                   | 3,467,135  | 972,481         | 906,987                        | 968,912                                 | 6,823,100                 |
| 11           | Total support. Add lines 7 through 10  |                           |  |                 |                                |   | 450,528,544               |
| 12           | Gross receipts from related activities, etc.                                     |                           |  |                 |                                | 12                                      | 1,160,089,888             |
| 13           | First five years. If the Form 990 is for the                                     |                           |  |                 |                                |   |                           |
| Casti        | organization, check this box and stop her  |                           |  |                 | · · · · ·                      |   | 🕨 🗆                       |
| <u> 3ecu</u> | on C. Computation of Public Suppor   |                           |  | 11 (0)          |                                |   |                           |
| 15           | Public support percentage for 2015 (line 6                                       |                           |  |                 |                                | 14                                      | 72.63 %                   |
| 16a          | Public support percentage from 2014 Sch 331/3% support test—2015. If the organiz |                           |  |                 |                                | 15arar                                  | 66.75 %                   |
| iou          | box and <b>stop here.</b> The organization qual                                  | lifies as a nublic        | rly supported (  | organization    | IIIIe 14 IS 33 %               | 3% of more, cr                          |                           |
| b            | 331/3% support test—2014. If the organ   |                           |  |                 |                                |   | . <b>&gt;</b> 🔽           |
| -            | check this box and <b>stop here.</b> The organi                                  | zation qualifies          | as a publicly  | supported ora   | nization                       | 10 18 00 7370 (                         | <b>.</b> —                |
| 17a          |  |                           |  |                 |                                |   |                           |
| 174          | 10%-facts-and-circumstances test—20<br>10% or more, and if the organization mee  | organ<br>ets the "facts-a | nd-circumetan  | CHECK a DOX     | on line 13, 16a                | a, or 160, and 1                        | ine 14 is                 |
|              | Part VI how the organization meets the "fa                                       | acts-and-circur           | nstances" test   | The organiza    | tion qualifies a               | u <b>stop nere.</b> E                   | xpiairi III<br>innorted   |
|              |  |                           |  |                 |                                |   |                           |
| h            | 10%-facts-and-circumstances test—20  |                           |  | t chook a ba    | on line 10 10                  | 16h 17                                  |                           |
|              | 15 is 10% or more, and if the organizat  | ion meets the             | "facts-and-cir   | cumetance" 1    | on me 13, 166<br>est check thi | a, 100, Or 1/2,                         | and line                  |
|              | Explain in Part VI how the organization me                                       | eets the "facts-          | and-circumeta  | ances" test. Th | e organization                 | a nov ana <b>sto</b><br>Langlifies as a | publick                   |
|              | supported organization   |                           |  |                 |                                | . qualifico ao a                        | . <b>•</b> □              |
| 18           | Private foundation. If the organization did                                      |                           |  |                 | or 17b. check                  | this box and s                          | see                       |
|              | instructions   |                           | ,  | , -,,           | ,                              |   |                           |

### 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.)

| Sect  | ion A. Public Support  |                       |                   |                   |                   |                   |   |
|-------|--|-----------------------|-------------------|-------------------|-------------------|-------------------|---|
| Cale  | ndar year (or fiscal year beginning in)  | (a) 2011              | <b>(b)</b> 2012   | (c) 2013          | (d) 2014          | (e) 2015          | (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 |                       |                   |                   |                   |                   | Ì                                       |
|       | organization's tax-exempt purpose  |                       |                   | 1                 |                   |                   | ,                                       |
| 3     | Gross receipts from activities that are not an   |                       |                   |                   |                   | -                 | ·-                                      |
|       | unrelated trade or business under section 513  |                       |                   | 1                 |                   |                   |   |
| 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    |  |                       |                   |                   |                   |                   |   |
|       | 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     | <b>Public support.</b> (Subtract line 7c from  |                       |                   |                   |                   |                   |   |
| C1:   | line 6.)   |                       |                   |                   |                   |                   |   |
|       | on B. Total Support  |                       |                   |                   | 1                 |                   |   |
|       | dar year (or fiscal year beginning in)   | (a) 2011              | <b>(b)</b> 2012   | (c) 2013          | (d) 2014          | <b>(e)</b> 2015   | (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  |                       |                   |                   |                   |                   |   |
| D     | section 511 taxes) from businesses   |                       |                   |                   |                   |                   |   |
|       | acquired after June 30, 1975   |                       |                   |                   |                   |                   |   |
| С     | Add lines 10a and 10b  |                       |                   |                   |                   |                   |   |
| 11    | Net income from unrelated business   |                       |                   |                   |                   |                   |   |
| • •   | activities not included in line 10b, whether   |                       |                   |                   |                   |                   |   |
|       | or not the business is regularly carried on  |                       |                   |                   |                   |                   |   |
| 12    | Other income. Do not include gain or   |                       |                   | <del></del>       |                   |                   |   |
|       | 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   | e organization        | 's first, second  | d, third, fourth  | , or fifth tax ve | ar as a sectio    | n 501(c)(3)                             |
|       | organization, check this box and stop her  |                       |                   |                   |                   |                   |   |
| Secti | on C. Computation of Public Suppor   | t Percentage          | •                 |                   |                   | <del></del>       |   |
| 15    | Public support percentage for 2015 (line 8   | 3, column (f) di      | vided by line 1   | 3, column (f))    |                   | 15                | %                                       |
| 16    | Public support percentage from 2014 Sch  | edule A, Part I       | II, line 15 .     | <u>. ,</u>        |                   | 16                | %                                       |
|       | on D. Computation of Investment Inc  | come Percer           | ntage             |                   | -                 |                   |   |
| 17    | Investment income percentage for 2015 (I   | ine 10c, colum        | ın (f) divided by | line 13, colur    | nn (f))           | 17                | %                                       |
| 18    | Investment income percentage from 2014   | Schedule A, F         | Part III, line 17 |                   |                   | 18                | %                                       |
| 19a   | 331/3% support tests - 2015. If the organi   | zation did not        | check the box     | on line 14, ar    | nd line 15 is m   | ore than 331/39   | 6, and line                             |
|       | 17 is not more than 331/3%, check this box a   | and <b>stop here.</b> | The organization  | on qualifies as a | a publicly suppo  | rted organization | on . 🕨 🗌                                |
| b     | 33 <sup>1</sup> / <sub>3</sub> % support tests—2014. If the organization                   | ation did not cl      | neck a box on I   | ine 14 or line 1  | 9a, and line 16   | is more than 3    | 3 <sup>1</sup> /3%, and                 |
|       | line 18 is not more than 331/3%, check this b  |                       |                   |                   |                   |                   |   |
| 20    | Private foundation. If the organization did  | d not check a t       | oox on line 14.   | 19a, or 19b, c    | heck this box a   | and see instruc   | tions                                   |

### Part IV **Supporting Organizations**

(Complete only if you checked a box in line 11 on 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. | ΑII | Supporting | <b>Organizations</b> |
|---------|----|-----|------------|----------------------|
|---------|----|-----|------------|----------------------|

supporting organizations)? If "Yes," answer 10b below.

determine whether the organization had excess business holdings.)

| Sect | ion A. All Supporting Organizations   | uit v | · ·)  |      |
|------|---|-------|-------|------|
|      |   |       | Yes   | N    |
| 1    | Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.  | 1     |       |      |
| 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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).   | 2     |       |      |
| За   |   | 3a    |       | in   |
| 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 <b>Part VI</b> when and how the organization made the determination.   | 3b    |       |      |
| С    | Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.  | 3c    |       | B    |
| 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.  | 4a    | esjuj | je.  |
| b    | Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.  | 4b    |       | V.   |
| С    | Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.   | 4c    |       |      |
| 5a   | Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).                                     | 5a    |       |      |
| b    | Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?   | 5b    | Ē.    |      |
| 6    | Substitutions only. Was the substitution the result of an event beyond the organization's control?  Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. | 5c    |       |      |
| 7    | Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).  | 7     |       | A ST |
| 8    | Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).   | 8     | 968   |      |
| 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 <b>Part VI</b> .  | 9a    |       |      |
| b    | Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI.</b> Did a disqualified person (as defined in line 9a) have an extraordinal interest in any entity in which   | 9b    |       | ŝ,   |
|      | Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .  | 9c    |       | 8 12 |
| 0a   | Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated   |       |       |      |

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

10a

|        | alo // ( offi 350 to 350-tz) 2015   |            |          | Page :   |
|--------|---|------------|----------|--|
| Par    | t IV Supporting Organizations (continued)   |            | _        |  |
| 11     | Has the organization accopted a gift or contribution from any of the following  |            | Yes      | No   |
| a      | Has the organization accepted a gift or contribution from any of the following persons?  A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)                                   |            | Sign     | 13   |
| _      | below, the governing body of a supported organization?  | 110        |          | 1000   |
| b      | A family member of a person described in (a) above?   | 11a<br>11b | -        |  |
|        | A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.   | 11c        |          | <del>                                     </del> |
| Sec    | ion B. Type I Supporting Organizations  |            | <u> </u> |  |
|        |   |            | Yes      | No   |
| 1      | Did the directors, trustees, or membership of one or more supported organizations have the power to   |            |          |  |
|        | regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or |            |          |  |
|        | controlled the organization's activities. If the organization had more than one supported organization,   |            |          | H.   |
|        | describe how the powers to appoint and/or remove directors or trustees were allocated among the supported   | 553        |          | B  |
|        | organizations and what conditions or restrictions, if any, applied to such powers during the tax year.  | 5580       | D H      |  |
| 2      | Did the organization operate for the benefit of any supported organization other than the supported   | 1          |          |  |
|        | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part</b>  |            |          |  |
|        | VI how providing such benefit carried out the purposes of the supported organization(s) that operated   |            |          |  |
|        | supervised, or controlled the supporting organization.  | 2          | 1150.00  |  |
| Sect   | ion 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   | THE S      |          |  |
|        | or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).   |            | 140      |  |
| Sect   | on D. All Type III Supporting Organizations   | 1_         |          |  |
|        | on D. All Type in Supporting Organizations  |            | V        | - NT -   |
| 1      | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the  | 716        | Yes      | No   |
|        | organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax   |            |          |  |
|        | year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the  |            |          |  |
|        | organization's governing documents in effect on the date of notification, to the extent not previously provided?  | 1          | 5,000    |  |
| 2      | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported  | 100 E      |          | 300  |
|        | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how  |            | X 20     |  |
| •      | the organization maintained a close and continuous working relationship with the supported organization(s).   | 2          |          |  |
| 3      | By reason of the relationship described in (2), did the organization's supported organizations have a   |            |          |  |
|        | significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's          |            |          |  |
|        | supported organizations played in this regard.  |            |          |  |
| Secti  | on E. Type III Functionally-Integrated Supporting Organizations   | 3          |          |  |
| 1      |   |            |          |  |
| ·<br>a | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in   | nstruc     | tions    | ):   |
| b      | ☐ The organization satisfied the Activities Test. Complete line 2 below. ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.  |            |          |  |
| c      | The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s  | aa inat    | مالاما س |  |
| •      |   | -          | ruciio   | 11S).  |
| 2      | Activities Test. Answer (a) and (b) below.  | ,          | Yes      | No   |
| а      | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of  |            |          |  |
|        | the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b> those supported organizations and explain how these activities directly furthered their exempt purposes,              |            |          |  |
|        | how the organization was responsive to those supported organizations, and how the organization determined   |            |          |  |
|        | that these activities constituted substantially all of its activities.  | 2a         |          | SIN  |
| b      | Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more   | Zd         | 200      | - 1-9  |
|        | of the organization's supported organization(s) would have been engaged in? If "Yes." explain in Part VI the  | 7          |          |  |
|        | reasons for the organization's position that its supported organization(s) would have engaged in these  |            |          |  |
|        | activities but for the organization's involvement.  | 2b         |          |  |
| 3      | Parent of Supported Organizations. Answer (a) and (b) below.  |            |          | 7  |
| а      | 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.  | 3a         |          |  |
| b      | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each   |            |          | 1  |
|        | of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.   | 3h         |          |  |

|   | v. 20, 1970. See instructions. All ons A through E.  Prior Year (B) Current Year (optional) |
|---|---|
| other Type III non-functionally integrated supporting organizations must complete Section  Section A - Adjusted Net Income  (A)   | ons A through E.  Prior Year  (B) Current Year  |
| Section A - Adjusted Net Income (A)   | Prior Year (B) Current Year   |
| 1 Net short-term capital gain   |   |
| 1 Net short-term capital gain   1   |   |
| 2 Recoveries of prior-year distributions 2  |   |
| 3 Other gross income (see instructions)   |   |
| 4 Add lines 1 through 3   |   |
| 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)   |   |
| Section B - Minimum Asset Amount (A)  | Prior Year (B) Current Year (optional)  |
| 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  |   |
| d Total (add lines 1a, 1b, and 1c)  |   |
| e Discount claimed for blockage or other factors (explain in detail in Part VI):  |   |
| 2 Acquisition indebtedness applicable to non-exempt-use assets  |   |
| 3 Subtract line 2 from line 1d  |   |
| 4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).   |   |
| 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5  |   |
| 6 Multiply line 5 by .035   |   |
| 7 Recoveries of prior-year distributions 7  |   |
| 8 Minimum Asset Amount (add line 7 to line 6)   |   |
| Section C - Distributable Amount  | Current Year  |
| 1 Adjusted net income for prior year (from Section A, line 8, Column A)   |   |
| 2 Enter 85% of line 1   |   |
| 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 3  |   |
| 4 Enter greater of line 2 or line 3   | 7 7 7 7 7 7 7   |
| 5 Income tax imposed in prior year 5  | SCHOOL SCHOOL   |
| 6 Distributable Amount. Subtract line 5 from line 4, unless subject to  | 85-0-X2010-113  |
| emergency temporary reduction (see instructions)  |   |
| 7 Check here if the current year is the organization's first as a non-functionally-integrated Ty-instructions).   | ype III supporting organization (see  |

| Par      | <u> </u>  | 3) Supporting Organ  | izations (continued)   |   |
|----------|---|--|--|---|
|          | tion D - Distributions  |  |  | Current Year                              |
|          | Amounts paid to supported organizations to accomplish   |  |  |   |
| 2        | Amounts paid to perform activity that directly furthers ex organizations, in excess of income from activity   | empt purposes of suppo   | orted  |   |
| 3        | Administrative expenses paid to accomplish exempt pur   | nizations  |  |   |
| 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 whice (provide details in <b>Part VI</b> ). See instructions.                                 | ch the organization is res   | ponsive  |   |
| 9        | Distributable amount for 2015 from Section C, line 6  |  | <del></del>  |   |
| 10       | Line 8 amount divided by Line 9 amount  |  |  |   |
|          | ection E - Distribution Allocations (see instructions)  | (i)<br>Excess Distributions  | (ii)<br>Underdistributions<br>Pre-2015   | (iii)<br>Distributable<br>Amount for 2015 |
| 1_       | Distributable amount for 2015 from Section C, line 6  |  |  |   |
| 2        | Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)  |  |  |   |
| 3        | Excess distributions carryover, if any, to 2015:  | A STATE OF THE STA |  |   |
| а        |   |  |  |   |
| b        |   |  |  |   |
| С        |   |  |  | A LEGISLAND LINE                          |
| d        | From 2013   |  |  |   |
| е        | From 2014   | The second of the  |  | DESCRIPTION AS                            |
| f        | Total of lines 3a through e   |  |  | HEROTE VEVE                               |
| g        | Applied to underdistributions of prior years  |  |  |   |
| h        | Applied to 2015 distributable amount  |  |  |   |
| <u>i</u> | Carryover from 2010 not applied (see instructions)  |  |  | RETURN NEW                                |
| j_       | Remainder. Subtract lines 3g, 3h, and 3i from 3f.   |  |  |   |
| 4        | Distributions for 2015 from Section D, line 7: \$   |  |  |   |
| а        | Applied to underdistributions of prior years  | FILE OF SECTION OF STREET  |  | 1778 L. A. P. L. L. B. L.                 |
| b        | Applied to 2015 distributable amount  |  | 3/91501150811 129  |   |
| С        | Remainder. Subtract lines 4a and 4b from 4.   |  |  |   |
| 5        | Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions). |  |  |   |
| 6        | Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).                        |  |  |   |
| 7        | Excess distributions carryover to 2016. Add lines 3j and 4c.  |  |  |   |
| 8        | Breakdown of line 7:  |  | What was a second  |   |
| а        |   |  | 477 1989 1974 1972   |   |
| b        |   |  |  |   |
| С        | Excess from 2013  |  |  |   |
| d        | Excess from 2014  |  |  |   |
| е        | Excess from 2015  |  |  | 30 200-30-3                               |
|          |   |  | The state of the s |   |

| Part VI    | Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.) |
|------------|---|
| Schedule / | A, Part II, Line 1 - Eight unusual grants totaling \$7,709,107 were made in 2015.   |
| Schedule A | A, Part II, Line 10 - Other miscellaneous income.   |
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### **SCHEDULE C** (Form 990 or 990-EZ)

### **Political Campaign and Lobbying Activities**

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

OMB No. 1545-0047

Department of the Treasury

► 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. Open to Public Inspection

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

| Tax) (  | see separate instructions), t     | then  | y rax/ (see separa    | te instructions) or Form 99                | ∪-EZ, Part V, line 35c (Proxy                      |
|---------|-----------------------------------|---|-----------------------|--|--|
| • s     | ection 501(c)(4), (5), or (6) org | anizations: Complete Part III.  |                       |  |  |
| Name    | of organization                   |   |                       | Employer ide                               | ntification number                                 |
| _       | SCOUTS OF AMERICA                 |   |                       |  | 22-1576300   |
| Part    | I-A Complete if th                | e organization is exempt und  | ler section 501       | (c) or is a section 527                    | organization.                                      |
| 1       | Provide a description of          | the organization's direct and indire                                    | ect political campa   | aign activities in Part IV.                |  |
| 2       | Political expenditures .          |   |                       |  | \$   |
| 3       | Volunteer hours                   |   |                       |  |  |
| Part    | Complete if th                    | o organization is everythin   |                       | (-)(0)                                     |  |
| 1       |                                   | e organization is exempt und excise tax incurred by the organiz         | er section 501(       | C)(3).                                     | <u> </u>   |
| 2       | Enter the amount of any           | excise tax incurred by the organizatio                                  | ation under section   | on 4955                                    | ₩  |
| 3       | If the organization incurre       | ed a section 4955 tax, did it file Fo                                   | rm 4720 for this v    | r Section 4955 🗩 🕔                         | P  |
| 4a      | Was a correction made?            | · · · · · · · · · · · · · · · · · · ·                                   | 1111 4720 101 till3 y | car  | · · Yes No   |
| b       | If "Yes," describe in Part        | IV.   |                       |  | res No   |
| Part    |                                   | e organization is exempt und  | er section 501(       | c), except section 501                     | (c)(3)   |
| 1       | Enter the amount direct           | ly expended by the filing organia                                       | zation for section    | 527 exempt function                        |  |
|         | activities                        |   |                       | \$   | 3  |
| 2       | Enter the amount of the           | filing organization's funds contrib                                     | outed to other org    | ganizations for section                    |  |
| _       | 527 exempt function acti          | ivities   |                       | \$   | }  |
| 3       | Total exempt function e           | expenditures. Add lines 1 and 2   | . Enter here and      | on Form 1120-POL,                          |  |
|         |                                   |   |                       |  |  |
| 4       | Did the filing organization       | n file <b>Form 1120-POL</b> for this year                               | ?                     |  | Yes No   |
| 5       | Enter the names, address          | ses and employer identification nul                                     | mber (EIN) of all se  | ection 527 political organi                | izations to which the filing                       |
|         | the amount of political of        | ents. For each organization listed,                                     | enter the amount      | paid from the filing organ                 | ization's funds. Also enter                        |
|         | as a separate segregated          | ontributions received that were profund or a political action committee | mptiy and directly    | delivered to a separate p                  | oolitical organization, such                       |
|         |                                   |   |                       | illai space is fleeded, prov               | Tue information in Part IV.                        |
|         | (a) Name                          | (b) Address   | (c) EIN               | (d) Amount paid from filing organization's | (e) Amount of political                            |
|         |                                   |   |                       | funds. If none, enter -0                   | contributions received and promptly and directly   |
|         |                                   |   |                       |  | delivered to a separate political organization. If |
|         |                                   |   |                       |  | none, enter -0                                     |
| <br>(1) |                                   |   |                       |  |  |
|         |                                   |   |                       |  |  |
| (2)     |                                   |   |                       |  |  |
|         |                                   |   |                       |  |  |
| (3)     |                                   |   |                       |  |  |
|         |                                   |   |                       |  |  |
| (4)     |                                   |   |                       |  |  |
|         |                                   |   |                       |  |  |
| (5)     |                                   |   |                       |  |  |
| (0)     |                                   |   |                       |  |  |
| (6)     |                                   |   |                       |  |  |

|    | dule C (Form 990 or 990-EZ) 2015  |  |                       | Page 2                                |  |  |  |  |  |
|----|---|--|-----------------------|---------------------------------------|--|--|--|--|--|
| Pa | rt II-A Complete if the organization section 501(h)).   | on is exempt under section 501(c)(3) and file  | d Form 5768 (elec     | tion under                            |  |  |  |  |  |
| Α  | Check ▶ ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's |  |                       |                                       |  |  |  |  |  |
|    | name, address, EIN, expe  | nses, and share of excess lobbying expenditur  | res).                 | ap momber c                           |  |  |  |  |  |
| В  |   | ecked box A and "limited control" provisions a   |                       |                                       |  |  |  |  |  |
|    | Limits on Lob   | oying Expenditures   | (a) Filing            | (b) Affiliated                        |  |  |  |  |  |
|    | (The term "expenditures" m  | eans amounts paid or incurred.)  | organization's totals | group totals                          |  |  |  |  |  |
| 1  | Total lobbying expenditures to influence  | public opinion (grass roots lobbying)  | 0                     |                                       |  |  |  |  |  |
|    | Total lobbying expenditures to influence  | a legislative body (direct lobbying)   | 240,128               |                                       |  |  |  |  |  |
|    | Total lobbying expenditures (add lines 1  | a and 1b)  | 240,128               | <del></del> -                         |  |  |  |  |  |
|    |   | (45) (46) (46) (46) (46) (46) (46) (46)  | 385,276,635           |                                       |  |  |  |  |  |
|    | <ul> <li>Total exempt purpose expenditures (ad-</li> </ul>  | d lines 1c and 1d)   | 385,516,763           |                                       |  |  |  |  |  |
|    | Lobbying nontaxable amount. Enter columns.  | the amount from the following table in both  | 1,000,000             |                                       |  |  |  |  |  |
|    | If the amount on line 1e, column (a) or (b) is  | The labeling wants also  |                       |                                       |  |  |  |  |  |
|    | Not over \$500,000  | The lobbying nontaxable amount is: 20% of the amount on line 1e.                                       |                       |                                       |  |  |  |  |  |
|    | Over \$500,000 but not over \$1,000,000   |  |                       |                                       |  |  |  |  |  |
|    | Over \$1,000,000 but not over \$1,500,000   | \$100,000 plus 15% of the excess over \$500,000.<br>\$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.   |                       |                                       |  |  |  |  |  |
|    | Grassroots nontaxable amount (enter 25  |  | 250,000               | X X X X X X X X X X X X X X X X X X X |  |  |  |  |  |
|    | Subtract line 1g from line 1a. If zero or le  |  | 250,000               |                                       |  |  |  |  |  |
|    | Subtract line 1f from line 1c. If zero or le  |  | 0                     |                                       |  |  |  |  |  |
| j  |   | on either line 1h or line 1i, did the organization   |                       |                                       |  |  |  |  |  |
|    | reporting section 4911 tax for this year?   |  |                       | Yes No                                |  |  |  |  |  |
|    |   | ar Averaging Period Under section 501(h)   | -                     |                                       |  |  |  |  |  |
|    | (Some organizations that made a see   | ction 501(h) election do not have to complete all  | of the five columns   | below.                                |  |  |  |  |  |
|    |   | separate instructions for lines 2a through 2f.)  |                       |                                       |  |  |  |  |  |
|    |   |  |                       |                                       |  |  |  |  |  |

| Lobbying Expenditures During 4-Year Averaging Period |  |           |                 |           |                 |           |  |  |
|--|--|-----------|-----------------|-----------|-----------------|-----------|--|--|
|  | Calendar year (or fiscal year<br>beginning in)           | (a) 2012  | <b>(b)</b> 2013 | (c) 2014  | <b>(d)</b> 2015 | (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<br>(150% of line 2a, column (e)) |           |                 |           |                 | 6,000,000 |  |  |
| С  | Total lobbying expenditures                              | 180,000   | 240,100         | 233,698   | 240,128         | 893,926   |  |  |
| d  | Grassroots nontaxable amount                             | 250,000   | 250,000         | 250,000   | 250,000         | 1,000,000 |  |  |
| е  | Grassroots ceiling amount (150% of line 2d, column (e))  |           |                 |           |                 | 1,500,000 |  |  |
| f  | Grassroots lobbying expenditures                         | 0         | 0               | 0         | 0               | 0         |  |  |

Schedule C (Form 990 or 990-EZ) 2015

| Part             | II-B Complete if the organization is exempt under section 501(c)(3) and has NOT (election under section 501(h)).  | filed I         | Forn         | n 5768               |        | ugo  |
|------------------|---|-----------------|--------------|----------------------|--------|------|
| For              | each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed  | (a)             |              | (b)                  |        |      |
|                  | ription of the lobbying activity.   | Yes             | No           | An                   | nount  |      |
| 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: |                 |              |                      |        |      |
| а                | Volunteers?   |                 | -            |                      |        |      |
| b                | Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?  |                 |              |                      |        |      |
| С                | Media advertisements?   |                 |              |                      |        |      |
| d                | Mailings to members, legislators, or the public?  |                 |              |                      |        |      |
| е                | 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?   | $\Box$          |              |                      |        |      |
| h                | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?   |                 |              |                      |        |      |
| į                | 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   |                 |              |                      |        |      |
| d<br>d           | If "Yes," enter the amount of any tax incurred by organization managers under section 4912. If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?                                      |                 |              | Experience (         | FR     | 53   |
| Part             | III-A Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).   | (5), o          | r se         | ction                |        |      |
|                  |   |                 |              | ·                    | 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             | Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," O answered "Yes."   | (5), o<br>R (b) | r se<br>Part | ction<br>: III-A, li | ne 3   | , is |
| 1 2              | Dues, assessments and similar amounts from members  | of              | 1            |                      |        |      |
| а                | Current year  |                 | 20           |                      |        |      |
| b                | Carryover from last year  |                 | 2a           |                      |        | _    |
| c                | Total   |                 | 2b<br>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  |                 | 3            |                      |        |      |
| •                | excess does the organization agree to carryover to the reasonable estimate of nondeductible lobby   |                 |              |                      |        |      |
|                  | and political expenditure next year?  | "19             | 4            |                      |        |      |
| 5                | Taxable amount of lobbying and political expenditures (see instructions)  | ·  -            | 5            |                      |        |      |
| Part             |   |                 |              |                      |        |      |
| Provid<br>2 (see | e the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated grou<br>instructions); and Part II-B, line 1. Also, complete this part for any additional information.            | 2 <b>5</b> 2    |              | t II-A, lin          | es 1 a | and  |
| ·                |   |                 |              |                      |        |      |
|                  |   |                 |              |                      |        |      |
|                  |   |                 |              |                      |        |      |
|                  |   |                 |              |                      |        |      |
| ·                |   | <b></b>         |              |                      |        |      |
|                  |   |                 |              |                      |        |      |
|                  |   |                 |              |                      |        |      |
|                  |   |                 |              |                      |        |      |
|                  |   |                 |              |                      |        |      |
|                  |   |                 |              |                      |        |      |

### SCHEDULE D (Form 990)

### **Supplemental Financial Statements**

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990.

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

**BOY SCOUTS OF AMERICA** 22-1576300 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year . . . . . . . 1 Aggregate value of contributions to (during year) 2 3 Aggregate value of grants from (during year) . Aggregate value at end of year . . . . 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? . . . . . . . ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used 6 only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) ☐ Protection of natural habitat Preservation of a certified historic structure ☐ Preservation of open space 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 2a 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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) 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. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 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. 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 on Form 990, Part VIII, line 1 . . . . . . . . . . . . . . . \$ 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: Assets included in Form 990, Part X 0

| Pa     | t III Organizations Maintaining  | g Collections of                             | Art, Hi            | storical '               | Treasure                    | s, or O               | ther Similar             | Asse          | ts (con     | tinued)    |
|--------|--|--|--------------------|--------------------------|-----------------------------|-----------------------|--------------------------|---------------|-------------|------------|
| 3      | Using the organization's acquisition, collection items (check all that apply)  | accession, and ot                            | her rec            | ords, ched               | ck any of t                 | he follo              | wing that are a          | a sign        | ificant u   | ise of its |
| а      | ✓ Public exhibition  |  | d                  | ☐ Loan                   | or exchan                   | ae prod               | rams                     |               |             |            |
| b      | Scholarly research   | d ☐ Loan or exchange programs e ☐ Other      |                    |                          |                             |                       |                          |               |             |            |
| C      | Preservation for future generation   | IS   |                    |                          |                             |                       |                          |               |             |            |
| 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 assets to be sold to raise funds rathe   | n solicit or receive<br>er than to be mainta | donatio<br>ined as | ns of art,<br>part of th | historical t<br>e organizat | treasure<br>tion's co | s, or other simulations  |               | □ Vec       | ☑ No       |
| Pai    | Part IV Escrow and Custodial Arrangements.   |  |                    |                          |                             |                       |                          |               |             |            |
|        | Complete if the organization 990, Part X, line 21.   |  |                    |                          |                             |                       |                          |               | nt on F     | orm        |
| 1a     | Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? |  |                    |                          |                             |                       |                          |               |             |            |
| b      | If "Yes," explain the arrangement in P   | art XIII and comple                          | te the f           | ollowing to              | able:                       |                       |                          |               | _           |            |
|        |  |  |                    | _                        |                             |                       |                          | Amou          | ınt         |            |
| С      | Beginning balance  |  |                    |                          |                             | 1c                    |                          | _             |             |            |
| d      | Additions during the year  |  |                    |                          |                             | 1d                    |                          |               |             |            |
| е      | Distributions during the year  |  |                    |                          |                             | 1e                    |                          |               |             |            |
| f      | Ending balance   |  |                    |                          |                             | 1f                    |                          |               |             |            |
| 2a     | Did the organization include an amou   | nt on Form 990, Pa                           | rt X, line         | e 21, for e              | scrow or c                  | ustodial              | account liabili          | tv?           | Yes         | No         |
| b      | If "Yes," explain the arrangement in P   | art XIII. Check here                         | if the e           | xplanation               | n has been                  | provide               | ed on Part XIII          |               |             |            |
| Par    | t V Endowment Funds.   |  |                    |                          |                             |                       |                          |               |             |            |
|        | Complete if the organization   | answered "Yes"                               | on Fo              | rm 990, F                | Part IV, line               | e 10.                 |                          |               |             |            |
|        |  | (a) Current year                             |                    | ior year                 | (c) Two yea                 |                       | (d) Three years ba       | ick (e        | e) Four yea | ars back   |
| 1a     | Beginning of year balance  | 256,278,087                                  | 27                 | 2,426,025                | 243.7                       | 714,804               | 280,080,7                |               |             | 870,684    |
| b      | Contributions  | 516,596                                      |                    | 435,411                  |                             | 555,415               | 2,357,9                  |               |             | 645,067    |
| C      | Net investment earnings, gains, and  |  | ,                  |                          |                             |                       |                          | -             |             | 040,007    |
|        | losses   | -9,594,314                                   |                    | 9,571,742                | 34.5                        | 568,882               | 29,679,5                 | 21            | -5          | 483 574    |
| d      | Grants or scholarships   | 938,480                                      |                    | 5,182,904                |                             | 569,126               |                          | 0             | ·           |            |
| е      | Other expenditures for facilities and  |  |                    | -,,                      |                             | 700/120               |                          |               |             | 102,931    |
|        | programs   | 30,327,913                                   |                    | 0                        |                             | 0                     | 66,923,3                 | 40            |             | 211 250    |
| f      | Administrative expenses  | 1,523,189                                    |                    | 972,186                  | 1 5                         | 13,392                | 1,480,0                  | $\overline{}$ |             |            |
| g      | End of year balance  | 214,410,787                                  | 25                 | 6,278,088                |                             | 356,583               | 243,714,8                |               |             |            |
| 2      | Provide the estimated percentage of t  |  |                    |                          |                             | )) held a             | 243,714,0                | 04            | 2/3,        | 131,233    |
| а      | Board designated or quasi-endowmer   | nt ▶ 71.52                                   |                    | / (IIII 19,              | , coluitiii (a              | yy Hola b             |                          |               |             |            |
| b      |  | .72 %  |                    |                          |                             |                       |                          |               |             |            |
| С      | Temporarily restricted endowment ▶   |  |                    |                          |                             |                       |                          |               |             |            |
|        | The percentages on lines 2a, 2b, and   |  | <b>0%</b>          |                          |                             |                       |                          |               |             |            |
| 3a     | Are there endowment funds not in the   | possession of the                            | ozo.<br>e organi   | zation tha               | t are held                  | and adr               | ninistered for t         | ·ho           |             |            |
|        | organization by:   | , p = = = = = = = = = = = = = = = = = =      | , o. ga            | Lation ina               | it are noid                 | and adi               | imiliatorea for t        | .110          | Va          | a Na       |
|        | (i) unrelated organizations  |  |                    |                          |                             |                       |                          | Ī,            | Ye          |            |
|        | (ii) related organizations   |  |                    |                          |                             | . 3 %                 | 05 05 07 98 65           |               | Ba(i)       | -          |
| b      | If "Yes" on line 3a(ii), are the related or  | roanizations listed a                        | <br>se requi       | red on Sc                | hodulo P2                   | 62 05                 |                          |               | Ba(ii) ✓    |            |
| 4      | Describe in Part XIII the intended uses  | of the organization                          | ı's enda           | wment fu                 | inde                        | (12                   |                          | _             | 3b   ✓      |            |
| Part   |  |  | i o onde           | ZWITI CITE TO            |                             |                       |                          |               |             |            |
|        | Complete if the organization   |  | on For             | m 000 D                  | ort IV line                 | 110 0                 | 200 Form 000             | Dou           | مائل کا     | 10         |
|        | Description of property  | (a) Cost or other                            |                    |                          | other basis                 |                       |                          |               |             |            |
| 4-     |  | (investmer                                   | nt)                |                          | her)                        |                       | ccumulated<br>preciation | (a)           | ) Book val  |            |
| 1a     | Land   | 68   | 0                  | 1                        | 18,359,447                  |                       |                          |               | 18,3        | 59,447     |
| b      | Buildings  | (3)  | 0                  | {                        | 95,386,885                  |                       | 50,253,308               |               | 45,1        | 33,577     |
| C      | Leasehold improvements   | 0  | 0                  |                          | 766,253                     |                       | 359,970                  |               | 4           | 06,283     |
| d      | Equipment  |  | 0                  | 11                       | 13,027,655                  |                       | 75,834,742               |               | 37,1        | 92,913     |
| е      | Other  |  | 0                  |                          | 0                           |                       | 0                        |               | · · · ·     | 0          |
| Total. | Add lines 1a through 1e. (Column (d) m   | oust equal Form 990                          | ), Part X          | k, column                | (B), line 10                | c.)                   | •                        |               | 101.0       | 92.220     |

| Part VII  | Investments-Other Securitie  | es.                    |  |                      | Page                                     |
|---|--|------------------------|--|----------------------|--|
|   | Complete if the organization an                                      | swered "Yes" on Form   | 990, Part IV, Iir                      | e 11b. See Form      | 990, Part X, line 12.                    |
|   | (a) Description of security or category (including name of security) | ory                    | (b) Book value                         | (c) Meth             | od of valuation:<br>of-year market value |
|   | al derivatives   |                        |  |                      |  |
|   | held equity interests  |                        |  |                      |  |
| (A) Other B:  | SA Commingled Endowment Fund LP                                      |                        | 327,893,489                            | End-of-Year Market   | Value                                    |
| (B)   |  |                        |  |                      |  |
| (C)   | ·  |                        |  |                      |  |
| (D)   |  |                        |  |                      |  |
| (E)   |  |                        |  |                      |  |
| (F)   |  |                        |  |                      |  |
| (G)   |  |                        | -                                      |                      |  |
| (H)   |  |                        |  |                      |  |
|   | b) must equal Form 990, Part X, col. (B) line 12.) ▶                 |                        | 327,893,489                            |                      | AND COMPANY OF LEVEL                     |
| Part VIII   | Investments - Program Relate   |                        |  |                      |  |
|   | Complete if the organization ans                                     | swered "Yes" on Form 9 | 90, Part IV, lin                       | e 11c. See Form 9    | 990, Part X, line 13.                    |
|   | (a) Description of investment  |                        | (b) Book value                         | (c) Metho            | od of valuation:<br>f-year market value  |
| _(1)  |  |                        |  |                      |  |
| (2)   |  |                        |  |                      |  |
| (3)   |  |                        |  |                      |  |
| (4)   |  |                        |  |                      |  |
| (5)<br>(6)  |  |                        |  |                      | <u> </u>                                 |
| (7)   |  |                        |  |                      |  |
| (8)   |  |                        |  |                      |  |
| (9)   |  |                        |  |                      |  |
|   | o) must equal Form 990, Part X, col. (B) line 13.)                   |                        |  |                      |  |
| Part IX   | Other Assets.  |                        |  |                      |  |
|   | Complete if the organization ans                                     | wered "Yes" on Form 9  | 90. Part IV. line                      | 11d. See Form 9      | 90 Part X line 15                        |
|   |  | a) Description         |  |                      | (b) Book value                           |
|   | pany Receivable  |                        |  |                      | 299,611,82                               |
|   | uity and Other Assets  |                        |  |                      | 8,866,047                                |
| (3)   |  |                        |  |                      |  |
| (4)   |  |                        |  |                      |  |
| (5)   |  |                        |  |                      |  |
| (6)<br>(7)  |  |                        |  |                      |  |
| (8)   |  |                        |  |                      |  |
| (9)   |  |                        |  |                      |  |
| Fotal. (Colum   | nn (b) must equal Form 990, Part X, co                               | ol. (B) line 15.)      |  |                      |  |
| Part X  | Other Liabilities.   | (                      | <del>· · · · · ·</del>                 |                      | 308,477,872                              |
|   | Complete if the organization ans                                     | wered "Yes" on Form 99 | 0. Part IV line                        | 11e or 11f See F     | orm 990 Part V                           |
|   | line 25.   |                        | , , , a, , , , , , , , , , , , , , , , | 110 01 111. 000 1    | onn 990, Fart A,                         |
|   | (a) Description of liability   | (b) Book value         | 日製組出別表                                 | ter til findnish med |  |
|   | come taxes   | 0                      |  |                      |  |
| <del>``</del>   |  | 7 400 722              |  |                      |  |
|   | ity Liability  | 7,409,723              |  |                      |  |
| (2) Gift Annu   | uity Liability<br>e Reserves   | 152,640,467            |  |                      |  |
| (2) Gift Annu<br>(3) Insurance<br>(4)                             |  |                        |  |                      |  |
| (2) Gift Annu<br>(3) Insurance<br>(4)<br>(5)                      |  |                        |  |                      |  |
| (2) Gift Annu<br>(3) Insurance<br>(4)<br>(5)                      |  |                        |  |                      |  |
| (2) Gift Annu<br>(3) Insurance<br>(4)<br>(5)<br>(6)<br>(7)        |  |                        |  |                      |  |
| (2) Gift Annu<br>(3) Insurance<br>(4)<br>(5)<br>(6)<br>(7)        |  |                        |  |                      |  |
| (2) Gift Annu<br>(3) Insurance<br>(4)<br>(5)<br>(6)<br>(7)<br>(8) |  |                        |  |                      |  |

| Pai     | Reconciliation of Revenue per Audited Financial Statements With Revenue per   | Return.  |
|---------|---|--|
|         | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.   |  |
| 1       | Total revenue, gains, and other support per audited financial statements  | 1 197,143,000  |
| 2       | Amounts included on line 1 but not on Form 990, Part VIII, line 12:   | 1931   |
| a       | Net unrealized gains (losses) on investments  |  |
| b       | Donated services and use of facilities  |  |
| C       | Recoveries of prior year grants   |  |
| d       | Other (Describe in Part XIII.)  | 22   |
| е<br>3  | Add lines 2a through 2d   | 2e -19,291,675   |
| 4       | Subtract line 2e from line 1  | 3 216,434,675  |
| a       | Amounts included on Form 990, Part VIII, line 12, but not on line 1:  |  |
| b       | Investment expenses not included on Form 990, Part VIII, line 7b 4a 0   |  |
| C       | Other (Describe in Part XIII.)  |  |
| 5       | Add lines <b>4a</b> and <b>4b</b>   | 4c 20,395,676  |
| Part    | Reconciliation of Expenses per Audited Financial Otto 12.)  | 5 236,830,351  |
|         | Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. | r Return.  |
| 1       | Total expenses and losses per audited financial et at a second  |  |
| 2       | Amounts included on line 1 but not on Form 990, Part IX, line 25:   | 1 242,258,000  |
| a       |   |  |
| b       | Prior year adjustments  | 38   |
| c       | Other losses  |  |
| d       |   |  |
| e       | Add lines 2a through 2d   |  |
| 3       | Subtract line 2e from line 1  | 2e 0   |
| 4       | Amounts included on Form 990, Part IX, line 25, but not on line 1:  | 3 242,258,000  |
| а       | Investment expenses not included as Fr. 1999 B. 1999 B.   | N. L. C.   |
| b       | Other (Describe in Bort VIII.)  |  |
| С       | Add lines As and All  |  |
| 5       | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  | 4c 12,842,241  |
| Part    | XIII Supplemental Information.  | 5 255,100,241  |
| Provid  | e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 3b;   | Part V line 4: Port V line   |
| 2; Part | : XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional info  | ormation   |
| Sched   | ule D, Part III, Line 1 - The National Scouting Museum in Irving, Texas, possesses artifacts, fine art, and mult  | imadia arabiyos last   |
| apprai  | sed in March 2012 at approximately \$60,000,000. The museum also houses collections of Scouting memorab   | nilia objects and  |
| archiva | al documents. In conformity with accounting policy generally followed by museums, these collections are no  | ot recognized as assets in   |
| the co  | nsolidated balance sheet; however, costs associated with insuring and maintaining these collections have b  | een evnenged During  |
| 2015, r | no major additions or disposals of collections items occurred.  | cen expensed. During   |
|         |   |  |
| Sched   | ule D, Part III, Line 4 - Extensive collection of Scout memorabilia and Rockwell paintings reflecting Boy Scou  | ts in daily life are on  |
| display | y for the enjoyment of members, volunteers, and visitors. Encouraging boys to explore the many facets of So   | Couting  |
|         |   | Journal of the second of the s |
| Schedu  | ule D, Part V, Line 4 - Endowments consist of approximately 78 individual funds established for a variety of p  | ournoses The   |
| endow   | ment includes both donor-restricted endowment funds and funds designated by the Executive Board to fund   | tion as endowments. Not  |
| assets  | associated with endowment funds, including funds designate by the Executive Board to function as endown   | ments are classified and   |
| reporte | ed based upon the existence or absence of donor-imposed restrictions or in accordance with the Executive E  | Board's interpretation of  |
| relevar | ıt law.   | - und protuction of  |
|         |   |  |
| Schedu  | ule D, Part X, Line 2 - The National Council recognizes interest and penalties related to underpayment of inco  | me taxes as income tax   |
| expens  | ise. As of December 31, 2015, the National Council had not recorded any amounts related to unrecognized inc   | oma tay honofito or  |
| accrue  | d interest and penalties. The National Council does not anticipate any significant changes to unrecognized in   | ncome tax benefits over  |
| the nex | t year.   |  |
|         |   |  |
| schedu  | tle D, Part XI, Line 4b - A consolidated audit of the Boy Scouts of America and related organizations financial   | statements was   |
| comple  | ted for the year ending December 31, 2015. The audited revenues include Learning for Life, National Boy Sco   | outs of America  |
| ounda   | ttion, Arrow WV, Inc. and regional trust revenues and reclassification of expenses netted to income are elimi   | nated for reporting  |
| purpos  | BS.   |  |

# 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, 2015. The audited expenses include Learning for Life, National Boy Scouts of America   |
|--|
| Foundation Arrow WV. Inc. and regional trust ownerses and reglectify the state of t |
| Foundation, Arrow WV, Inc. and regional trust expenses and reclassification of expenses netted to income are eliminated for reporting purposes.  |
| purposes.  |
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### **SCHEDULE F** (Form 990)

## Statement of Activities Outside the United States

OMB No. 1545-0047 2015

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

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

DOV COOLITO OF ALLERY

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

Inspection Employer identification number

|      | Conord Information                                      | A 12 11                             |   |   |  | 22-                                | 1576300   |
|------|---|-------------------------------------|---|---|--|------------------------------------|---|
| Pa   | rt I General Information Form 990, Part IV, line        | on on Activit<br>e 14b.             | ies Outside   | the United States. Comp   | lete if the organi   | ization answ                       | vered "Yes" on  |
| 1    | For grantmakers. Does the assistance, the grantees' e   | e organization                      | maintain reco   | ords to substantiate the amossistance, and the selection  | ount of its grants<br>criteria used to   | and other                          |   |
|      | grants or assistance?                                   |                                     |   |   |  |                                    | ✓ Yes □ No  |
| 2    | For grantmakers. Describ<br>assistance outside the Unit | pe in Part V ted States.            | the organizati  | on's procedures for monit   | oring the use o  | f its grants                       | and other   |
| 3    | Activities per Region. (The f                           | ollowing Part                       | l, line 3 table o   | can be duplicated if addition   | al space is need   | ed.)                               |   |
|      | (a) Region  | (b) Number of offices in the region | (c) Number of<br>employees,<br>agents, and<br>independent<br>contractors<br>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 liste<br>a program se<br>describe specific<br>service(s) in re | d in (d) is<br>rvice,<br>c type of | (f) Total<br>expenditures for<br>and investments<br>in region |
| (1)  | Sch F, Stmt 1   |                                     |   |   |  |                                    |   |
| (2)  |   |                                     |   |   |  |                                    |   |
| (3)  |   |                                     |   |   |  |                                    |   |
| (4)  |   |                                     |   |   |  |                                    |   |
| (5)  |   |                                     | <u> </u>  |   |  |                                    |   |
| (6)  |   |                                     |   |   |  |                                    |   |
| (7)  |   |                                     |   |   |  |                                    |   |
| (8)  |   |                                     |   |   |  |                                    |   |
| (9)  |   |                                     |   |   |  |                                    |   |
| (10) |   |                                     |   |   |  |                                    |   |
| (11) |   |                                     |   |   |  |                                    |   |
| (12) |   |                                     |   |   |  |                                    |   |
| (13) |   |                                     |   |   |  |                                    |   |
| (14) |   |                                     |   |   |  |                                    |   |
| (15) |   |                                     |   |   |  |                                    |   |
| (16) |   |                                     |   |   |  |                                    |   |
| 17)  |   |                                     |   |   |  |                                    |   |
|      | Sub-total   |                                     |   |   |  |                                    |   |
| С    | Totals (add lines 3a and 3b)                            | 2                                   | 1   |   |  | HUROTEN.                           | 22 100 245  |

22,189,245

Schedule F (Form 990) 2015

Page 2 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. Part II

|            |                          | 2, 2, 2                                      | מינייי, ייייל יכן מיון יכיוף יכיון ייייל יכי מיייל ייייל ייייל ייייל יכי מיייל ייייל יייל ייייל ייייל ייייל יייל  יייל   | S,000. Fart II car       | Illore trial so, occ. har in car be duplicated it additional space is needed | dditional space is                | needed                                 |  |
|------------|--------------------------|--|---|--|--------------------------|--|-----------------------------------|--|--|
| -          | (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, |
| Ξ          |                          |  | Central America and   | Central America and Leadership training.   | 126 965 wires            | Niros  |                                   |  | other)   |
| 2          |                          |  | East Asia and the Pa  | East Asia and the PaSafe Scouting progran  | 66,346                   | 66,346 EFT and wire  |                                   |  |  |
| <u>(£)</u> |                          |  | Europe (including Ic  | Europe (including Ic Support International | 301,650 wire             | vire   | 0                                 |  |  |
| €          |                          |  | South America   | Support International                      | 9,587 wire               | vire   | 0                                 |  |  |
| 9          |                          |  | South Asia  | Scout center improver                      | 25,000 wire              | vire   | 0                                 |  |  |
| (9)        |                          |  |   |  |                          |  |                                   |  |  |
| ε          |                          |  |   |  |                          |  |                                   |  |  |
| 9          |                          |  |   |  |                          |  |                                   |  |  |
| (6)        |                          |  |   |  |                          |  |                                   |  |  |
| (10)       |                          |  |   |  |                          |  |                                   |  |  |
| (11)       |                          |  |   |  |                          |  |                                   |  |  |
| (12)       |                          |  |   |  |                          |  |                                   |  |  |
| (13)       |                          |  |   |  |                          |  |                                   |  |  |
| (14)       |                          |  |   |  |                          |  |                                   |  |  |
| (15)       |                          |  |   |  |                          |  |                                   |  |  |
| (16)       |                          |  |   |  |                          |  |                                   |  |  |
| 8          | Enter total nur          | ahar of recipier                             | Enter total number of recipient organizations listed above  | 4 0 0 0                                    | -                        |  |                                   |  |  |

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 ▶

Enter total number of other organizations or entities က

Schedule F (Form 990) 2015

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Page 3

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 Schedule F (Form 990) 2015

Part III Grants ar

| רמוניווו כמוו טב חתטווכ                                      | r ai till call be uuplicated II additional space is | s 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<br>non-cash<br>assistance | (g) Description of non-cash assistance | (h) Method of valuation (book, FMV, appraisal, cheek, FMV, |
| (1) World Scout Jamboree grants is East Asia and the Pacific | East Asia and the Pacific                           | 300                      | 25,480 check             | check                           | 0                                       |  | (bag)  |
| (2) Science center research and su South America             | South America                                       | 2                        | 7,020                    | 7,020 check and wire            | 0                                       |  |  |
| (3)  |   |                          |                          |                                 |   |  |  |
| (4)  |   |                          |                          |                                 |   |  |  |
| (5)  |   | r                        |                          |                                 |   |  |  |
| (9)  |   |                          |                          |                                 |   |  |  |
| (7)  |   |                          |                          |                                 |   |  |  |
| (8)  |   |                          |                          |                                 |   |  |  |
| (6)  |   |                          |                          |                                 |   |  |  |
| (10)   |   |                          |                          |                                 |   |  |  |
| (11)   |   |                          |                          |                                 |   |  |  |
| (12)   |   |                          |                          |                                 |   |  |  |
| (13)   |   |                          |                          |                                 |   |  |  |
| (14)   |   |                          |                          |                                 |   |  |  |
| (15)   |   |                          |                          |                                 |   |  |  |
| (16)   |   |                          |                          |                                 |   |  |  |
| (17)   |   |                          |                          |                                 |   |  |  |
| (18)   |   |                          |                          |                                 |   |  |  |

Schedule F (Form 990) 2015

| Sched | lule F (Form 990) 2015   | Danasi |
|-------|--|--------|
| Part  | t IV Foreign Forms   | Page   |
| 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)   | □ No   |
| 2     | Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately 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)   | □ 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)  | □ 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)   | □ 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 separately file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)  | ☑ No   |

Schedule F (Form 990) 2015

| Schedule F (Fo | Pag  |
|----------------|--|
| 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); a |
|                | 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. The    | se specific organizations are supported due to their effectiveness and legitimacy with program documentation and finances. The   |
| organizatio    | n is in contact with these organizations regularly to follow up on projects and ensure compliance.   |
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BOY SCOUTS OF AMERICA 22-1576300

Form: Schedule F

Page: 1

Line Number: Part I Line 3

### Accounts and Activities Outside the United States

|                                  |   | Offices         | Employees | Tota       |
|----------------------------------|---|-----------------|-----------|------------|
| Region<br>Activities<br>Services | Central America and the Caribbean Investments Investment of pension funds in foreign partnerships and corporations.   | 0               | 0         | 15,164,089 |
| Region<br>Activities<br>Services | Europe (including Iceland and Greenland) Investments Investment of pension funds in foreign partnerships and corporations.  | 0               | 0         | 5,675,104  |
| Region<br>Activities<br>Services | North America (including Canada and Mexico, but not the United States) Program Services Northern Tier High Adventure Base programs in Canada at the Atikaki and Atiko Ventures Inc. facilities. | 2<br>okan Youth | 1         | 494,414    |
| Region<br>Activities<br>Services | East Asia and the Pacific Program Services Reviewing supply vendor facilities and World Jamboree.   | 0               | 0         | 231,935    |
| Region<br>Activities<br>Services | Central America and the Caribbean Program Services Training.  | 0               | 0         | 4,158      |
| Region<br>Activities<br>Services | Europe (including Iceland and Greenland) Program Services Grants to support International Scouting movement.  | 0               | 0         | 40,110     |
| Region<br>Activities<br>Services | North America (including Canada and Mexico, but not the United States) Program Services 2019 World Jamboree preparation.  | 0               | 0         | 4,719      |
| Region<br>Activities<br>Services | Sub-Saharan Africa<br>Program Services<br>African Regional Conference.  | 0               | 0         | 12,668     |
| Region<br>Activities<br>Services | Central America and the Caribbean Grantmaking Support Scout training and activity center construction.  | 0               | 0         | 126,965    |
| Region<br>Activities<br>Services | East Asia and the Pacific Grantmaking Safe Scouting Program Grant.  | 0               | 0         | 91,826     |
| Region<br>Activities<br>Services | Europe (including Iceland and Greenland) Grantmaking Support World Scouting movement.   | 0               | 0         | 301,650    |
| Region<br>Activities<br>Services | South America Grantmaking Training grant.   | 0               | 0         | 16,607     |
| Region<br>Activities<br>Services | South Asia Grantmaking Scout Center improvement grant.  | 0               | 0         | 25,000     |
|                                  | Total:  | 2               | 1         | 22,189,245 |

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

### **Supplemental Information Regarding Fundraising or Gaming Activities**

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

Department of the Treasury Internal Revenue Service ▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. OMB No. 1545-0047

| Name of the organization  |                                 |                          |  |                                   | Employer identific   | ation number                            |
|---|---------------------------------|--------------------------|--|-----------------------------------|--|---|
| BOY SCOUTS OF AMERICA   |                                 |                          |  |                                   |  | 1576300                                 |
| <b>Part I</b> Form 990-EZ filers are r  | Complete if t<br>ot required to | he organiz<br>o complete | ation ansv<br>this part.                   | wered "Yes" on F                  | orm 990, Part IV,  | line 17.                                |
| 1 Indicate whether the organization   |                                 |                          |  |                                   | neck all that apply.   |   |
| a ✓ Mail solicitations  |                                 |                          |  | ion of non-governn                |  |   |
| b  Internet and email solicitatio   | ns                              | f [                      |  | ion of government                 |  |   |
| c Phone solicitations   |                                 | g [                      |  | fundraising events                |  |   |
| d In-person solicitations   |                                 |                          |  | -                                 |  |   |
| 2a Did the organization have a writ   | ten or oral agre                | ement with               | n any indivi                               | dual (including offic             | ers, directors, trust  | tees                                    |
| or key employees listed in Form   | 990, Part VII) o                | r entity in c            | onnection                                  | with professional fu              | ndraising services?  | ່ ⊈ Yes 🔲 No                            |
| b If "Yes," list the ten highest paid   | individuals or                  | entities (fur            | idraisers) p                               | ursuant to agreeme                | ents under which th  | e fundraiser is to b                    |
| compensated at least \$5,000 by   | the organization                | on.                      |  |                                   |  |   |
|   |                                 |                          |  |                                   |  |   |
| <ul><li>(i) Name and address of individual<br/>or entity (fundraiser)</li></ul> | (ii) Activity                   | custody o                | ndraiser have<br>or control of<br>outions? | (iv) Gross receipts from activity | (v) Amount paid to<br>(or retained by)<br>fundraiser listed in | (vi) Amount paid to<br>(or retained by) |
|   |                                 | Yes                      | No   |                                   | col. (i)   | organization                            |
| 1 See Schedule G, Part IV, Statement  |                                 | 100                      | 110  | -                                 |  |   |
| 2   |                                 | -                        |  |                                   |  |   |
|   |                                 | <u> </u>                 |  |                                   |  |   |
| 3   |                                 |                          |  |                                   |  |   |
| 4   |                                 |                          |  |                                   |  |   |
| 5   |                                 |                          |  |                                   |  |   |
| 6   |                                 |                          |  |                                   |  |   |
|   |                                 |                          |  |                                   |  |   |
| 7   |                                 |                          |  |                                   |  | -                                       |
| 8   |                                 |                          |  |                                   |  |   |
| 9   |                                 |                          |  |                                   |  |   |
|   |                                 |                          |  |                                   |  |   |
| 10  |                                 |                          |  |                                   |  |   |
| Fotal   |                                 |                          |  | 581,579                           | 181,904  | 399,675                                 |
| 3 List all states in which the organ  | ization is regis                | tered or lie             | need to e                                  | olioit contributions              | h h tir.   | 000,070                                 |
| registration or licensing.  | ization is regist               | tered or lice            | enseu to st                                | DIICIL CONTRIBUTIONS              | or has been notified   | It is exempt from                       |
| AK, AL, AR, CA, CO, CT, FL, GA, HI, IL, IN,                                     | KS, KY, LA, MA                  | , MD. ME. M              | I. MN. MO. r                               | MS. NC. ND. NH. NJ.               | NM NV OH OK OB   | DA DD DI SC                             |
| TN, UT, VA, WA, WI, WV  |                                 |                          | , , , .                                    | ,,,,                              | ,,,,,  | , i A, i IC, ICI, 50,                   |
|   |                                 |                          |  |                                   |  |   |
|   |                                 |                          |  |                                   |  |   |
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|   |                                 |                          |  |                                   |  |   |
|   |                                 |                          |  |                                   |  |   |

| Р               | art II   | Fundraising Events. Co<br>than \$15,000 of fundrais<br>gross receipts greater th     | ing event contributions                 | tion answered "Yes" or<br>s and gross income on     | n Form 990, Part IV, li<br>Form 990-EZ, lines 1 | ne 18, or reported more and 6b. List events with       |
|-----------------|----------|--|---|---|---|--|
|                 |          | <u> </u>   | (a) Event #1                            | (b) Event #2  tilderness Fish Tourname (event type) | (c) Other events  e 0 (total number)            | (d) Total events<br>(add col. (a) through<br>col. (c)) |
| Revenue         | 1        | Gross receipts   | 80,888                                  |   |   | 163,278  |
| ш.              | 2        | Less: Contributions Gross income (line 1 minus                                       | 28,988                                  | 43,390  |   | 72,378   |
|                 | _        | (ine 2)  | 51,900                                  | 39,000  |   | 90,900   |
|                 | 4        | Cash prizes .  | 0                                       | 0   |   | 0  |
|                 | 5        | Noncash prizes   | 0                                       | 246   |   | 246  |
| Direct Expenses | 6        | Rent/facility costs  | 41,803                                  | 4,587   |   | 46,390   |
| it Exp          | 7        | Food and beverages   | 4,045                                   | 49,625  |   | 53,670   |
| Direc           | 8        | Entertainment  | 0                                       | 0   |   | 0  |
|                 | 9        | Other direct expenses .  | 13,729                                  | 6,198   |   | 19,927   |
|                 | 10<br>11 | Direct expense summary. Ac<br>Net income summary. Subtra                             | act line 10 from line 3, c              | olumn (d)   |   | 120,233<br>-29,333                                     |
| Pa              | rt III   | Gaming. Complete if the than \$15,000 on Form 9                                      | e organization answe<br>90-EZ, line 6a. | red "Yes" on Form 99                                | 0, Part IV, line 19, or                         | reported more  |
| Revenue         |          |  | (a) Bingo                               | (b) Pull tabs/instant<br>bingo/progressive bingo    | (c) Other gaming                                | (d) Total gaming (add col. (a) through col. (c))       |
| Re              | 1        | Gross revenue  |   |   |   |  |
| ses             | 2        | Cash prizes  |   |   |   |  |
| ect Expenses    | 3        | Noncash prizes   |   |   |   |  |
| Direct I        | 4        | Rent/facility costs  | _                                       |   |   |  |
|                 | 5        | Other direct expenses .  |   |   |   |  |
|                 | 6        | Volunteer labor  | ☐ Yes %                                 | ☐ Yes %   | ☐ Yes% ☐ No                                     |  |
|                 | 7        | Direct expense summary. Ad   | d lines 2 through 5 in co               | olumn (d)   |   |  |
|                 | 8        | Net gaming income summary  | . Subtract line 7 from lin              | ne 1, column (d)                                    | <u>.</u>  |  |
| 9<br>8          | a Isth   | ter the state(s) in which the org<br>he organization licensed to co<br>No," explain: | nduct gaming activities                 |   |   | Yes No   |
| 10a             | Wei      | re any of the organization's ga<br>Yes," explain:                                    | aming licenses revoked,                 | suspended or terminate                              | ed during the tax year?                         | .   Yes   No   |

| Sched              | Jule G (Form 990 or 990-EZ) 2015  |                   | Р           | age    |
|--------------------|---|-------------------|-------------|--------|
| 11<br>12           | Does the organization conduct gaming activities with nonmembers?  | ☐ Y               | es 🗌        | No     |
| 13<br>a<br>b<br>14 | Indicate the percentage of gaming activity conducted in:  The organization's facility   |                   | es 🗆        | %<br>% |
|                    | Name ►  |                   |             |        |
|                    | Address -   |                   |             |        |
| 15a                | revenue?  | ☐ Ye              | • 🗀         | 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 ▶ \$ If "Yes," enter name and address of the third party:                 |                   | <b>э</b>    | NO     |
|                    | Name ▶  |                   |             |        |
|                    | Address ▶   |                   |             |        |
| 16                 | Gaming manager information:   |                   |             |        |
|                    | Name ►  |                   |             |        |
|                    | Gaming manager compensation ► \$  |                   |             |        |
|                    | Description of services provided ▶  |                   |             |        |
|                    | □ Director/officer □ Employee □ Independent contractor  |                   |             |        |
| 17<br>a            | Mandatory distributions:  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 > \$                              |                   |             | NO     |
| Part l             | Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional inform instructions). | d (v); a<br>ation | ind<br>(see |        |
|                    |   |                   |             |        |
|                    |   |                   |             |        |
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|                    |   |                   |             |        |

### Schedule G, Part IV, Statement 1

Form: Schedule G

Page: 1

Line Number: Part | Line 2b

BOY SCOUTS OF AMERICA 22-1576300

### **Fundraiser Activity Information**

| Name and Address  | Activity                            | C1  | Gross<br>Receipts | C2      | C3      |
|---|-------------------------------------|-----|-------------------|---------|---------|
| Community Counselling Service<br>461 5th Ave<br>3rd Floor<br>New York, NY 10017             | Develop Campaign                    | No  | 0                 | 63,112  | -63,112 |
| America's Charities<br>14150 Newbrook Dr<br>Suite 110<br>Chantilly, VA 20151                | Employee AGC & Federated Campaigns. | Yes | 370,580           | 56,469  | 314,111 |
| Automotive Recovery Services Two Westbrook Corporate Center Suite 500 Westchester, IL 60154 | Donated vehicle auction program.    | Yes | 210,999           | 62,323  | 148,676 |
| Total:  |                                     |     | 581,579           | 181,904 | 399,675 |

C1 = Fundraiser control of funds?

C2 = Amount paid to (or retained by) fundraiser

C3 = Amount paid to (or retained by) organization

# **SCHEDULE 1** (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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

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

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

| 8 |
|---|
|---|

OMB No. 1545-0047

| raine of the organization  |                     |                                      |                                  |                                       |  | Emplo   | Employer identification number        |
|--|---------------------|--------------------------------------|----------------------------------|---------------------------------------|--|---|---------------------------------------|
| Σ  |                     |                                      |                                  |                                       |  |   | 22-1576200                            |
| Parit General Information on Grants and Assista  | n on Grants and     | Assistance                           |                                  |                                       |  |   | 2000101-27                            |
| 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and   | ain records to sub  | stantiate the amou                   | unt of the grants or             | assistance, the c                     | grantees' eligibility fo                 | r the grants or assistanc   | e, and                                |
| Sec  | award trie grants   | or assistance;<br>res for monitoring | the use of grant fu              | nds in the United                     | States.                                  |   | · · · · Yes · · No                    |
| Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization ans 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed | ssistance to Do     | mestic Organiz<br>that received m    | ations and Don ore than \$5,000. | nestic Governm<br>Part II can be d    | nents. Complete if uplicated if addition | Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed | ered "Yes" on Form                    |
| 1 (a) Name and address of organization or government   | (p) EIN             | (c) IRC section if applicable        | (d) Amount of cash<br>grant      | (e) Amount of non-<br>cash assistance | (book, FMV, appraisal,                   | (g) Description of non-cash assistance  | (h) Purpose of grant<br>or assistance |
| (1) Sch I, Stmt 1  |                     |                                      |                                  |                                       | (5)                                      |   |                                       |
| (2)  |                     |                                      |                                  |                                       |  |   |                                       |
| (6)  |                     |                                      |                                  |                                       |  |   |                                       |
| (4)  |                     |                                      |                                  |                                       |  |   |                                       |
| (5)  |                     |                                      |                                  |                                       |  |   |                                       |
|  |                     |                                      |                                  |                                       |  |   |                                       |
| (9)  |                     |                                      |                                  | ;                                     |  |   |                                       |
| (7)  |                     |                                      |                                  |                                       |  |   |                                       |
| (8)  |                     |                                      | ,                                |                                       |  |   |                                       |
| (6)  |                     |                                      |                                  |                                       |  |   |                                       |
| (10)   |                     |                                      |                                  |                                       |  |   |                                       |
| (11)   |                     |                                      |                                  |                                       |  |   |                                       |
| (12)   |                     |                                      |                                  |                                       |  |   |                                       |
| 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 3 Enter total number of other organizations listed in the line 1 table   | 1501(c)(3) and gov  | ernment organizat                    | ions listed in the lir           | ne 1 table                            |  |   | 45                                    |
| Jag  | see the Instruction | for Form 900                         |                                  |                                       |  |   | 0                                     |
| •  |                     | 333                                  |                                  | Ca                                    | Cat. No. 50055P                          |   | Schedule I (Form 990) (2015)          |

Schedule | (Form 990) (2015)

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

| (a) Type of grant or assistance (b) Number of (c) Arrecipients casis | 1 See 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. |
|--|--|--|---|--|---|
| (c) Amount of cash grant of non-cash assistance                      |  |  | : |  | n Part I, line 2, Part III, columr  |
| (e) Method of valuation (book, FMV, appraisal, other)                |  |  |   |  | (b), and any other additio  |
| (f) Description of non-cash assistance                               |  |  |   |  | onal information.   |

Schedule I (Form 990) (2015)

Form: Schedule I

Page: 1

Line Number: Part II

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

|  |  | Recipient EIN | Amt. of cash<br>grant | Amt. of non- |
|--|--|---------------|-----------------------|--------------|
| Name and address                               | Alamo Area Council 583 2226 NW Military Drive San Antonio, TX 78213                    | 74-6079583    | 6,877                 |              |
| 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                               | Aloha Council 104<br>42 Puiwa Road<br>Honolulu, HI 96817                               | 99-0073482    | 11,166                |              |
| 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                               | Anthony Wayne Area Cncl 157<br>8315 W Jefferson Blvd<br>Fort Wayne, IN 46804           | 35-0876343    | 16,000                |              |
| IRC code section                               | 501(c)(3)  |               |                       |              |
| Method of valuation                            |  |               |                       |              |
| Desc. of Non-Cash Asst.                        |  |               |                       |              |
| Purpose of grant                               | Grant to support local council Scout programs.   |               |                       |              |
| Name and address                               | Baltimore Area Council 220   | 52-0591572    | 14,353                |              |
|  | 701 Wyman Park Drive   |               | ,000                  |              |
|  | Baltimore, MD 21211  |               |                       |              |
| RC code section                                | 501(c)(3)  |               |                       |              |
| Method of valuation                            |  |               |                       |              |
| Desc. of Non-Cash Asst.                        |  |               |                       |              |
| Ourpose of grant                               | Grants funded by America Charities donations supporting Scouting at the local council. |               |                       |              |
| Name and address                               | Calumet Council 152  | 35-0867968    | 16,000                |              |
|  | 8751 Calumet Ave   |               | 10,000                |              |
|  | Munster, IN 46321  |               |                       |              |
| RC code section                                | 501(c)(3)  |               |                       |              |
| lethod of valuation                            |  |               |                       |              |
| Desc. of Non-Cash Asst.                        |  |               |                       |              |
| Purpose of grant                               | Grant to support local council Scout programs.   |               |                       |              |
| lame and address                               | Capitol Area Council 564   | 74-1143057    | 9,110                 |              |
|  | 12500 North IH 35  |               |                       |              |
|  | Austin, TX 78753   |               |                       |              |
| RC code section                                | 501(c)(3)  |               |                       |              |
| lethod of valuation<br>lesc. of Non-Cash Asst. |  |               |                       |              |
| esc. OI NOII-CASN ASST.                        |  |               |                       |              |
| urpose of grant                                | Grants funded by America Charities donations supporting Scouting at the                |               |                       |              |

| Schedule I, Part IV, State              | ment 1   |            | BOY SCOUTS OF AMERICA |
|---|--|------------|-----------------------|
| Name and address                        | Cascade Pacific Council 492<br>2145 Naito Pkwy<br>Portland, OR 97201                   | 93-0386792 | 8,180                 |
| IRC code section<br>Method of valuation | 501(c)(3)  |            |                       |
| 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 11<br>5049 E Broadway Blvd<br>Ste 200<br>Tucson, AZ 85711        | 86-0107516 | 5,520                 |
| 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                        | Chief Seattle Council 609 3120 Rainier Ave South P O Box 440408 Seattle, WA 98114      | 91-0569878 | 11,378                |
| 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 571 8605 Harry Hines Blvd P O Box 35726                             | 75-0800615 | 11,133                |
| IRC code section                        | Dallas, TX 75235<br>501(c)(3)  |            |                       |
| Method of valuation                     | 301(0)(3)  |            |                       |
| Desc. of Non-Cash Asst.                 |  |            |                       |
| Purpose of grant                        | Grants funded by America Charities donations supporting Scouting at the local council. |            |                       |
| Name and address                        | Cradle Of Liberty Council 525<br>1485 Valley Forge Road<br>Wayne, PA 19087             | 23-1352052 | 6,422                 |
| 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                        | Crater Lake Council 491<br>3039 Hanley Rd<br>Central Point, OR 97502                   | 93-0386820 | 5,258                 |
| 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                        | French Creek Council 532<br>1815 Robinson Road West                                    | 25-0965265 | 9,940                 |

| Schedule I, Part IV, State | ment 1   |            | BOY SCOUTS OF AMERICA                   |
|----------------------------|--|------------|---|
|                            | Erie, PA 16509   |            | DOT GOODING OF AMERICA                  |
| IRC code section           | 501(c)(3)  |            |   |
| Method of valuation        |  |            |   |
| Desc. of Non-Cash Asst.    |  |            |   |
| Purpose of grant           | Aquatics grant.  |            |   |
| Name and address           | Georgia-Carolina Council 93  | 58-0566185 | 7,454                                   |
|                            | 4132 Madeline Drive  |            | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
|                            | Augusta, GA 30909  |            |   |
| 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           | Grand Canyon Council 10  | 86-0101295 | 5,308                                   |
|                            | 2969 N Greenfield Rd   |            | 0,000                                   |
|                            | Phoenix, AZ 85016  |            |   |
| 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           | Great Smoky Mountain Council 557   | 62-0476811 | 68,712                                  |
|                            | 1333 Old Weisgarber Rd   |            | ,                                       |
|                            | Knoxville, TN 37909  |            |   |
| IRC code section           | 501(c)(3)  |            |   |
| Method of valuation        |  |            |   |
| Desc. of Non-Cash Asst.    |  |            |   |
| Purpose of grant           | STEM program grant.  |            |   |
| Name and address           | Great Southwest Council 412  | 85-0102305 | 6,655                                   |
|                            | 5841 Office Blvd NE  |            | ,                                       |
|                            | Albuquerque, NM 87109  |            |   |
| RC 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. |            |   |
| lame and address           | Greater Los Angeles Area Council 33  | 95-1643982 | 7,144                                   |
|                            | 2333 Scout Way   |            | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
|                            | Los Angeles, CA 90026  |            |   |
| RC code section            | 501(c)(3)  |            |   |
| lethod of valuation        |  |            |   |
| esc. of Non-Cash Asst.     |  |            |   |
| Purpose of grant           | Grants funded by America Charities donations supporting Scouting at the local council. |            |   |
| lame and address           | Greater New York Council 640   | 13-1624015 | 11,968                                  |
|                            | Empire State Bldg 350 Fifth Avenue   |            | 11,000                                  |
|                            | Suite 7820   |            |   |
|                            | New York Andreas   |            |   |

IRC code section

Method of valuation Desc. of Non-Cash Asst. Purpose of grant New York, NY 10118

Grants funded by America Charities donations supporting Scouting at the

501(c)(3)

local council.

| Schedule I, Part IV, States Name and address | Greater St Louis Area Council 312  | 43-0652676  | 8,807  |
|--|--|-------------|--------|
|  | 4568 West Pine Blvd  |             |        |
| IRC code section                             | St Louis, MO 63108<br>501(c)(3)  |             |        |
| Method of valuation                          | 301(0)(3)  |             |        |
| Desc. of Non-Cash Asst.                      |  |             |        |
| Purpose of grant                             | Grants funded by America Charities donations supporting Scouting at the local council. |             |        |
| Name and address                             | Gulf Ridge Council 86<br>13228 North Central Avenue<br>Tampa, FL 33612                 | 59-0624406  | 5,084  |
| 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                             | Indian Nations Council 488 4295 S Garnett Road Tulsa, OK 74146                         | 73-0579230  | 11,856 |
| IRC code section                             | 501(c)(3)  |             |        |
| Method of valuation                          |  |             |        |
| Desc. of Non-Cash Asst.                      |  |             |        |
| Purpose of grant                             | Grant supporting Indian camperships.   | <del></del> |        |
| Name and address                             | Last Frontier Council 480<br>3031 N W 64th St  | 73-0580263  | 7,047  |
| IRC code section                             | Oklahoma City, OK 73116  |             |        |
| Method of valuation                          | 501(c)(3)  |             |        |
| Desc. of Non-Cash Asst.                      |  |             |        |
| Purpose of grant                             | Grants funded by America Charities donations supporting Scouting at the local council. |             |        |
| Name and address                             | Mecklenburg County Council 415 1410 East 7th Street Charlotte, NC 28204                | 56-0529957  | 10,895 |
| 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                             | Middle Tennessee Council 560<br>3414 Hillsboro Rd                                      | 62-0477729  | 5,380  |
| RC code section                              | Nashville, TN 37215  |             |        |
| Wethod of valuation                          | 501(c)(3)  |             |        |
| Desc. of Non-Cash Asst.                      |  |             |        |
| Purpose of grant                             | Grants funded by America Charities donations supporting Scouting at the local council. |             |        |
| lame and address                             | Mount Baker Council 606  | 91-1622046  | 6,731  |
|  | 1715-100th Place SE  |             | 0,701  |
|  | Everett, WA 98208  |             |        |
| RC code section                              | 501(c)(3)  |             |        |
| flethod of valuation                         |  |             |        |
| esc. of Non-Cash Asst.                       |  |             |        |

| Schedule I, Part IV, State<br>Purpose of grant | Grants funded by America Charities donations supporting Scouting at the                |              | BOY SCOUTS OF AMERICA |
|--|--|--------------|-----------------------|
| . a. pood or grain                             | local council.   |              |                       |
| Name and address                               | National Capital Area Council 82   | 53-0204610   | 43,401                |
|  | 9190 Rockville Pike  | 00 020 10 10 | 40,401                |
|  | Bethesda, MD 20814   |              |                       |
| 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                               | Occoneechee Council 421  | 56-0529984   | 7,230                 |
|  | 3231 Atlantic Avenue   |              | 7,200                 |
|  | Raleigh, NC 27629  |              |                       |
| 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                               | Ohio River Valley Council 619  | 55-0357014   | E 450                 |
|  | P O Box 6186   | 55-035/014   | 5,459                 |
|  | Wheeling, WV 26003   |              |                       |
| 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                               | Old Hickory Cncl 427   | 56-0529985   | 10,048                |
|  | 6600 Silas Creek Pkwy  |              |                       |
|  | Winston Salem, NC 27106  |              |                       |
| IRC code section                               | 501(c)(3)  |              |                       |
| Method of valuation                            |  |              |                       |
| Desc. of Non-Cash Asst.                        |  |              |                       |
| Purpose of grant                               | Grant to support local council Scout programs.   |              |                       |
| Name and address                               | Orange County Council 39   | 95-1727660   | 8,098                 |
|  | 1211 East Dyer Road  | 00 1727000   | 0,090                 |
|  | Santa Ana, CA 92705  |              |                       |
| 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                               | Quivira Council 198  | 23-7147508   | 10,478                |
|  | 3247 N Oliver St   |              | טודיטו                |
|  | Wichita, KS 67220  |              |                       |
| IRC code section                               | 501(c)(3)  |              |                       |
| Method of valuation                            |  |              |                       |
| Desc. of Non-Cash Asst.                        |  |              |                       |
| Purpose of grant                               | STEM program grant.  |              |                       |
| Name and address                               | Rio Grande Council 775   | 74-1143104   | 31,364                |
|  | 6912 W Expressway 83   |              | +·,++·                |
|  | Harlingen, TX 78551  |              |                       |
| IRC code section                               | 501(c)(3)  |              |                       |
|  |  |              |                       |

| Schedule I, Part IV, State<br>Desc. of Non-Cash Asst. | ment 1   |            | BOY SCOUTS OF AMERIC |
|---|--|------------|----------------------|
| Purpose of grant                                      | Grant for operation expenses.  |            |                      |
| Name and address                                      | Sagamore Council 162<br>518 N Main St<br>Kolomo, IN 46903                              | 35-0867972 | 16,000               |
| IRC code section                                      | 501(c)(3)  |            |                      |
| Method of valuation                                   | · //· /  |            |                      |
| Desc. of Non-Cash Asst.                               |  |            |                      |
| Purpose of grant                                      | Grant to support local council Scout programs.   |            |                      |
| Name and address                                      | Sam Houston Area Council 576<br>2225 North Loop West<br>Houston, TX 77292              | 76-0239833 | 6,676                |
| 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 Diego-Imperial Council 49 1207 Upas St   | 95-1643983 | 10,219               |
| IRC code section                                      | San Diego, CA 92163<br>501(c)(3)   |            |                      |
| Method of valuation                                   | 501(0)(3)  |            |                      |
| 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 28<br>1001 Davis St                                     | 94-1568616 | 7,020                |
| IRC code section Method of valuation                  | San Leandro, CA 94577<br>501(c)(3)   |            |                      |
| Desc. of Non-Cash Asst.                               |  |            |                      |
| Purpose of grant                                      | Grants funded by America Charities donations supporting Scouting at the local council. |            |                      |
| Name and address                                      | Tidewater Council 596<br>1032 Heatherwood Dr<br>Virginia Beach, VA 23455               | 54-0505875 | 39,325               |
| RC 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                                      | Transatlantic Council 802 USAG Brussels Unit 28100 Box 24                              | 98-0000121 | 125,000              |
|   | APO, AE 09714  |            |                      |
| RC code section                                       | 501(c)(3)  |            |                      |
| flethod of valuation                                  |  |            |                      |
| Desc. of Non-Cash Asst.                               |  |            |                      |
| Purpose of grant                                      | Grant to support local council development efforts.                                    |            |                      |
| lame and address                                      | Westchester-Putnam Council 388 41 Saw Mill River Road                                  | 13-2750608 | 6,011                |
| RC code section                                       | Hawthorne, NY 10532<br>501(c)(3)   |            |                      |

#### Schedule I, Part IV, Statement 1 **BOY SCOUTS OF AMERICA** 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 Yocona Area Council 748 64-0315213 25,000 505 Air Park Rd Tupelo, MS 38801 IRC code section 501(c)(3) Method of valuation Desc. of Non-Cash Asst. Purpose of grant Grant for operation expenses. Name and address Daniel Webster Council 330 02-0222115 5,046 571 Holt Ave Manchester, NH 03109 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 Nashua Valley Council 230 04-2349692 5,307 1980 Lunenburg Rd Lancaster, MA 01523 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 National Catholic Committee on Scouting 53-0196617 10,000 55 Broad St Red Bank, NJ 07701 IRC code section 501(c)(3) Method of valuation Desc. of Non-Cash Asst. Purpose of grant Grant to support scouting. Name and address Pathway to Adventure Council 47-5066720 21,150 600 N Wheeling Road Mount Prospect, IL 60056 IRC code section 501(c)(3) Method of valuation Desc. of Non-Cash Asst. Purpose of grant Grant to support operations.

Form: Schedule I

Page: 2

Line Number: Part III

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

|   |   | Number of recipients | Amt. of cash<br>grant | Amt. of non- |
|---|---|----------------------|-----------------------|--------------|
| Type of grant<br>Method of valuation<br>Desc. of Non-Cash Asst. | Florida Seabase Scholarship                       | 42                   | 33,040                |              |
| Type of grant<br>Method of valuation<br>Desc. of Non-Cash Asst. | National Eagle Scout Association Scholarship      | 111                  | 300,983               | 0            |
| Type of grant<br>Method of valuation<br>Desc. of Non-Cash Asst. | National Jewish Committee on Scouting Scholarship | 8                    | 7,000                 | 0            |
| Type of grant<br>Method of valuation<br>Desc. of Non-Cash Asst. | Doerr Scholarship                                 | 4                    | 8,000                 | 0            |
| Type of grant<br>Method of valuation<br>Desc. of Non-Cash Asst. | Maguire Scholarship                               | 82                   | 36,950                | 0            |
| Type of grant<br>Method of valuation<br>Desc. of Non-Cash Asst. | Waite Phillips Scholarship                        | 714                  | 272,320               | 0            |
| Type of grant<br>Method of valuation<br>Desc. of Non-Cash Asst. | World Jamboree Scholarship                        | 3                    | 18,810                | 0            |
| Type of grant<br>Method of valuation<br>Desc. of Non-Cash Asst. | GLIP Scholarship                                  | 12                   | 6,360                 | 0            |
| Type of grant<br>Method of valuation<br>Desc. of Non-Cash Asst. | Josh Sain Memorial Scholarship                    | 11                   | 13,000                | 0            |
| Type of grant<br>Method of valuation<br>Desc. of Non-Cash Asst. | Cooke Eagle Scholarship                           | 42                   | 161,785               | 0            |
| Type of grant<br>Method of valuation<br>Desc. of Non-Cash Asst. | STEM Scholarship                                  | 3                    | 16,854                | 0            |
| Type of grant<br>Method of valuation<br>Desc. of Non-Cash Asst. | Kiefer Scholarship                                | 36                   | 31,000                | 0            |

### **SCHEDULE J** (Form 990)

2015

Department of the Treasury Internal Revenue Service Name of the organization

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.

Open to Public Inspection Employer identification number

OMB No. 1545-0047

|          | SCOUTS OF AMERICA  | 22-15763             | ROO      |          |          |
|----------|--|----------------------|----------|----------|----------|
| Par      | t I Questions Regarding Compensation   |                      | 300      |          |          |
|          |  |                      |          | Yes      | No       |
| та       | Check the appropriate box(es) if the organization provided any of the following to or for a person li-<br>990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these   | sted on Form items.  |          |          |          |
|          | ✓ First-class or charter travel  ✓ Housing allowance or residence for perso  | nal use              |          |          |          |
|          |  | sidence              |          |          |          |
|          | ☑ Tax indemnification and gross-up payments ☑ Health or social club dues or initiation feet  |                      |          |          | 133      |
|          | ☐ Discretionary spending account ☐ Personal services (e.g., maid, chauffeur, c   | hef)                 |          |          |          |
| <b>L</b> |  |                      | 9.1      |          | 17       |
| b        | " any or the boxes on the ra are checked, did the oldanization follow a written bolicy regard  | ing payment          | DE       |          |          |
|          | or reimbursement or provision of all of the expenses described above? If "No," complete explain  | Part III to          |          |          |          |
|          |  |                      | 1b       | <b>V</b> |          |
| 2        | Did the organization require substantiation prior to reinshausian and all a  |                      |          |          | 4 87     |
| _        | Did the organization require substantiation prior to reimbursing or allowing expenses included directors, trustees, and officers, including the CEO/Executive Director, regarding the items che  | urred by all         |          |          |          |
|          | 1a?  | scked in line        | _        | ,        |          |
|          |  |                      | 2        | <b>✓</b> |          |
| 3        | Indicate which, if any, of the following the filing organization used to establish the compensation of   | . 6.11               | E.       |          |          |
|          | organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods  | or the               |          |          |          |
|          | related organization to establish compensation of the CEO/Executive Director, but explain in Part  | III                  | - 95     | 100      |          |
|          | ✓ Compensation committee ✓ Written employment contract   |                      |          |          |          |
|          | <ul> <li>✓ Independent compensation consultant</li> <li>✓ Compensation survey or study</li> </ul>  |                      |          |          | 33       |
|          | ☐ Form 990 of other organizations ☐ Approval by the board or compensation co   | nmittee              |          | . те ш   |          |
|          |  |                      |          |          |          |
| 4        | During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the organization or a related organization:  | filing               |          |          |          |
| а        | Receive a severance payment or change-of-control payment?  | an 1900 2000 2004    | 4a       | 1        |          |
| b        | Participate in, or receive payment from, a supplemental nonqualified retirement plan?  | V7 - V8X - OSX - OSX | 4b       | <b>V</b> |          |
| C        | Participate in, or receive payment from, an equity-based compensation arrangement?   | 10 100 100           | 4c       |          | 1        |
|          | If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in  | Part III.            |          | MEST     | FAS      |
|          |  |                      | 46       |          |          |
| _        | Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.   |                      | TAT.     | 8 . 3    |          |
| 5        | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any   | /                    |          |          |          |
|          | compensation contingent on the revenues of:  |                      |          | 134      |          |
| a        | The organization?  |                      | 5a       | ✓_       |          |
| b        | Any related organization?  |                      | 5b       |          | ✓_       |
|          | If "Yes" to line 5a or 5b, describe in Part III.   | 1                    | 13.19    |          |          |
| 6        | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any   |                      |          | 135      |          |
| •        | compensation contingent on the net earnings of:  | '                    | 523      | 0.5      |          |
| а        | The organization?  |                      | 66       |          |          |
| b        | Any related organization?  |                      | 6a<br>6b |          | <u>√</u> |
|          | If "Yes" on line 6a or 6b, describe in Part III.   |                      | OD       |          | <u> </u> |
|          | ,  | - 1                  |          |          | N.S.     |
| 7        | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any   | v non-fixed          |          |          |          |
|          | payments not described on lines 5 and 6? If "Yes," describe in Part III  |                      | 7        |          | ✓        |
| 8        | Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was   | s subject            |          | -+       |          |
|          | to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes  | " describe           |          |          |          |
|          | in Part III  |                      | 8        |          | ✓        |
| _        | If the same of the | ŀ                    |          |          | 084      |
| 9        | If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure de   | escribed 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 on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that 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,

|                                   |            | (B) Breakdown of W-2     | (B) Breakdown of W-2 and/or 1099-MISC compensation | 3C compensation        |                             |                | 1 (a) (b) (b) (c)    | יוסו נוומן וווסוגוססמו.                        |
|-----------------------------------|------------|--------------------------|--|------------------------|-----------------------------|----------------|----------------------|--|
|                                   |            |                          | 1  |                        | (C) Retirement and          | (D) Nontaxable | (E) Total of columns | (E) Compensation                               |
| (A) Name and Title                |            | (I) Base<br>compensation | (ii) Bonus & incentive compensation                | (iii) Other reportable | other deferred compensation | benefits       | (B)(I)-(D)           | in column (B) reported<br>as deferred on prior |
|                                   |            |                          |  | compensation           |                             |                |                      | Form 990                                       |
| wayne Brock, Secretary / Chief    | 8          | 320,776                  | 49.780   | 691 039                | 266 602                     | 907.00         |                      |  |
| 1 Scoul Executive (Jan - Sept     | €          | •                        |  |                        | 200,007                     | 076,62         | 1,351,724            | 0  |
| Michael B Surbaugh, Secretary /   | 3          | 100 000                  |  |                        | 0                           | 0              | 0                    | 0  |
| Chief Scout Executive (Oct-Dec    | € (€       | 708,887                  | 0  | 75,115                 | 147,636                     | 23,593         | 536,151              | 0  |
|                                   |            | 0                        | 0  | 0                      | 0                           | 0              | 0                    | 0  |
| Secretary & General Counsel       | 3 (        | 81,862                   | 0  | 23,890                 | 0                           | 1,406          | 107,158              |  |
| Michael A Achlina CEO             | <b>E</b>   | 0                        | 0  | 0                      | 0                           | 0              | 0                    |  |
|                                   | ⊋ :        | 323,471                  | 37,090   | 79,021                 | 76,684                      | 16.988         | 533 254              |  |
| Ohn Cross Cross                   | <b>E</b>   | 0                        | 0  | 0                      | 0                           | 0              | 0                    | 0  |
| Outdoor Adventures                | Ξ.         | 259,930                  | 0  | 71,880                 | 54.365                      | 28 460         | A14 62E              |  |
|                                   | €          | 0                        | 0  | 0                      | C                           |                | CONT                 |  |
| Bradley Farmer, ACSE              | €          | 304,259                  | 35,772   | 12 23                  | 120 644                     |                |                      | 0  |
| 6 Development                     | Ξ          | 0                        | 1  | 100,100                | 139,014                     | G65'97         | 538,374              | 0  |
| Gary Butler, Deputy Chief Scout   | (          | 000                      | 0 100  | 0                      | 0                           | 0              | 0                    | 0  |
| , Executive                       | : 6        | 501,806                  | 32,965   | 71,672                 | 140,810                     | 33,847         | 588,447              | 0  |
| Tom Fitzgibbon ACSE Council       |            | 0                        | 0  | 0                      | 0                           | 0              | 0                    | 0  |
| Support                           | ⊋ €        | 45,670                   | 60,293   | 578,766                | 87,765                      | 2,517          | 775,011              |  |
| Don McChesney Regional            | 3          | 0                        | 0  | 0                      | 0                           | 0              | 0                    |  |
|                                   | i<br>∋     | 305,786                  | 27,338   | 18,903                 | 132,999                     | 17,920         | 502.946              |  |
| Perry Cochell Director Office of  |            | 0                        | 0  | 0                      | 0                           | 0              | 0                    |  |
|                                   | =:         | 242,889                  | 0  | 10,127                 | 112,702                     | 191,791        | 393.509              |  |
| OL October                        | Ξ          | 0                        | 0  | 0                      | 0                           | 0              | 0                    |  |
| rollice Durant, Regional Director | ;<br>3: 3: | 262,132                  | 24,912   | 20,206                 | 128,884                     | 36,151         | 472 285              |  |
| 11<br>I D McCarthy Group Director | 3          | 0                        | 0  | 0                      | o                           | 0              | 0                    |  |
| Summit                            | - :<br>B ( | 266,936                  | 30'08  | 4,008                  | 75,669                      | 18,834         | 395.545              |  |
| Steve Medicott Group Director     | E 6        | 0                        | 0  | 0                      | 0                           | 0              | 0                    |  |
| Marketing                         | _;<br>≥ §  | 215,913                  | 0  | 5,262                  | 77,031                      | 24,724         | 322.930              |  |
| All amhort Dogicasi Director      | <b>E</b> 5 | 0                        | 0  | 0                      | 0                           | 0              | C                    |  |
|                                   | E          | 286,157                  | 30,085   | 21,873                 | 139,136                     | 27 775         | 50A A7E              |  |
| 14                                | €          | 0                        | 0  | 0                      | 0                           | 0              | 0/4/4/00             | 0  |
| Iom Harrington, Regional          | ε          | 266,016                  | 30.468   | 256 598                | 166 020                     |                | 0                    | 0  |
| 15 Director                       | €          | 0                        | 0  |                        | 6/6'001                     | 800,42         | 746,069              | 0  |
|                                   | Ξ          |                          | >  | <b>D</b>               | 0                           | 0              | 0                    | 0  |
| 16                                | : (2)      |                          |  |                        |                             |                |                      |  |
|                                   |            |                          |  |                        |                             |                |                      |  |

Schedule J (Form 990) 2015

# t 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,

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 2015 was \$52,722 and was not included in employees' taxable compensation 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 expense reimbursements are not included in taxable employee compensation. The total of the LaCima expense in 2015 was \$3,192. Participants in the non qualified retirement restoration 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 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 considered necessary to fulfill the business purpose of the organization. As such, total expenses for spousal travel during 2015 was \$19,118 were not included in the employees' taxable 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 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 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 Schedule J, Part I, Line 1a - Employees who travel extensively are allowed to join the Airline Travel Clubs. Payment for airline travel clubs totaled \$3.562. Airline travel club fees were locations as the CFO and Supply Division leader.

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 \$ 265,000. C Wayne Brock \$169,754 restoration plan, \$128,973 plan plan; Tom Harrington \$134,746 restoration plan. Wayne Brock retired after 42 years of service in September 2015 - the change of control payment (unused vacation and severance) was 457(f); Michael Surbaugh \$29,314 restoration plan: Michael A Ashline \$12,590 restoration plan; Tom Fitzgibbon \$129,186 restoration plan; John Green \$22,163 restoration plan; Bradley 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 Farmer \$8,240 restoration plan; Don McChesney \$6,567 restoration plan; Gary Butler \$33,110 restoration plan and Al Lambert \$4,071 restoration plan; JD McCarthy \$801 restoration \$250,409 and his calculated restoration plan benefit were higher because of retirement. Tom Fitzgibbon retired after 37 years of service in - the change of control payment (unused vacation and severance) was \$326,352 and his calculated restoration plan benefits 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)

Department of the Treasury Internal Revenue Service

Name of the organization

**BOY SCOUTS OF AMERICA** 

Part

**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

Open to Public Inspection

Employer identification number

(i) Pooled financing Ŷ Yes No Yes No Yes 22-1576300 (g) Defeased behalf of issuer Deserva Construction and equipping of the Summit Bechtel Family National Scout Construction and equipping of the Summit Bechtel Family National Scout (f) Description of purpose 50,000,000 50,000,000 (e) Issue price (d) Date issued 11/05/2010 11/05/2010 (c) CUSIP# (p) Issuer EIN 55-6000314 55-6000314 The County Commission of Fayette County The County Commission of Fayette County (a) Issuer name Bond Issues

| , , , , , , , , , , , , , , , , , , ,  | •  | >       |   |          | <i>C</i> |
|--|--|---------|---|----------|----------|
| , mono in 1911 | 175,000,000 Construction and equipping of the Summit Bechtel Family National Scout |         |   |          | C        |
|  | ,000 Construction and Summit Bechtel F   | Docarva |   |          | 8        |
|  | 175,000  |         |   |          | 4        |
|  | 03/09/2012   |         |   |          |          |
|  |  |         |   |          |          |
|  | 55-6000314   |         |   |          |          |
| ,  | County Commission of Fayette County (WV)   |         |   | Proceeds |          |
| 2  | 3<br><b>v</b>  |         | ۵ | Part II  |          |

<u>§</u>

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| •          |  | A                                     |            | ш   | <b>B</b>   | •   | U           |     |                |
|------------|--|---------------------------------------|------------|-----|------------|-----|-------------|-----|----------------|
| - -        | Amount of bonds retired  |                                       | 50,000,000 |     | 4 555 545  |     | 10 055 420  |     |                |
| N          | Amount of bonds legally defeased   |                                       | 0          |     | 210001     |     | 10,930,420  |     |                |
| 3          | Total proceeds of issue  |                                       | Э          |     | 0          |     | 0           |     |                |
| ·   -      |  |                                       | 50,000,000 |     | 50,000,000 |     | 175,000,000 |     |                |
| r          | Gloss proceeds in reserve runds  |                                       | -          |     | •          |     |             |     |                |
| 2          | Capitalized interest from proceeds                                       |                                       | 0 0        |     |            |     | 0           |     |                |
| ဖ          | Proceeds in refunding escrows  |                                       | 0          |     | 0          |     | 0           |     |                |
| 7          | Issuance costs from proceeds   |                                       | <b>D</b>   |     | 0          |     | 0           |     |                |
| α          | Credit enhancement from proceeds   |                                       | 0          |     | 0          |     | 0           |     |                |
| •          | Crear eminancement from proceeds   |                                       | 0          |     | C          |     |             |     |                |
| <b>5</b> 0 | Working capital expenditures from proceeds                               |                                       | -          |     |            |     | > 6         |     |                |
| 9          | Capital expenditures from proceeds                                       |                                       | 000 000    |     | 0 000 01   |     | 0           |     |                |
| -          | Other spent proceeds   |                                       | 00,000,00  |     | 000,000,00 |     | 175,000,000 |     |                |
| 4.5        | Othor incords according  |                                       | 0          |     | 0          |     | 0           |     |                |
| 1          | Ornel dispell proceeds   |                                       | 0          |     | C          |     | c           |     |                |
| <u>က</u>   | Year of substantial completion   |                                       | 2013       |     | 2012       |     | 0 000       |     |                |
|            |  | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | 2          | ;   | 5107       |     | 2013        |     |                |
| 4          | Ware the honds issued as nort of a current refunding issued              | 252                                   | 0          | Yes | 2          | Yes | No          | Yes | N <sub>o</sub> |
| :          | W Source as part of a current returning Issue?                           |                                       | >          |     | `>         |     | `*          |     |                |
| 2          | 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?  |                                       |            | `   |            | •   |             | _   |                |

|   | Business Use |   |
|---|--------------|---|
|   | Private      | - |
| I | ≡            |   |
|   | Par          | 7 |

| •      |   |     |      |                 |             |     | ١,, |
|--------|---|-----|------|-----------------|-------------|-----|-----|
| _      | was the organization a partner in a partnership, or a member of an LLC,       | Yes | 2    | Yes             | 8           | Yes |     |
| 4      | which owned property illianced by tax-exempt bonds?                           |     | `    |                 | >           |     |     |
| N      | Z Are there any lease arrangements that may result in private business use of |     |      |                 |             |     |     |
|        | bond-financed property?   |     | ,    |                 |             |     |     |
|        |   |     | >    |                 | <b>&gt;</b> |     |     |
| ב<br>ב | ror raperwork Heduction Act Notice, see the Instructions for Form 990,        |     | Cat. | Cat. No. 50193E |             | -   |     |

Schedule K (Form 990) 2015

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Yes

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Schedule K (Form 990) 2015

Part III Private Business Use (Continued)

| <ul> <li>3a Are there any management or service contracts that may result in private business use of bond-financed property?</li> <li>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?</li> <li>c Are there any research agreements that may result in private business use of bond-financed property?</li> <li>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?</li> <li>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.</li> <li>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.</li> <li>c Total of lines 4 and 5.</li> <li>7 Does the bond issue meet the private security or payment test?</li> <li>c If "Yes" to line 8a, enter the percentage of bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?</li> <li>b Hs view been a sale or disposition of any of the bond-financed property to a disposed of</li> <li>c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?</li> <li>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?</li> <li>Part IV</li> </ul> | vate Yes  tside erty? se of  vather other rtry? tities  vas a as a tton,  vared?   | % % % % % % % % % % % % % % % % % % % | Yes      | % % % % % % % % % % % % % % % % % % % | , Yes | 2              | Yes | 2        |
|---|--|---------------------------------------|----------|---------------------------------------|-------|----------------|-----|----------|
| <ul> <li>business use of bond-financed property?</li> <li>b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outse counsel to review any management or service contracts relating to the financed property?</li> <li>c Are there any research agreements that may result in private business use bond-financed property?</li> <li>d If "Yes" to line 3c, does the organization routinely engage bond counsel or of outside counsel to review any research agreements relating to the financed propert outside counsel to review any research agreements relating to the financed propert outside counsel to review any research agreements relating to the financed propert outside counsel to review any research agreements relating to the financed propert other than a section 501(c)(3) organization or a state or local government.</li> <li>5 Enter the percentage of financed property used in a private business use 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.</li> <li>6 Total of lines 4 and 5</li> <li>7 Does the bond issue meet the private security or payment test?</li> <li>6 If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposer of ine 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?</li> <li>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?</li> <li>Part IV</li> <li>Arbitrade.</li> </ul>  | side e of e of trty?  Trty?  Trty?  Trty?  Trty?  Trty?  Trty?  Trtes  Trty?  Trty?  | %0 %0                                 |          | %0 %0 %                               |       |                | 2   |          |
| <ul> <li>b if "Yes" to line 3a, does the organization routinely engage bond counsel or other outs counsel to review any management or service contracts relating to the financed proper bond-financed property?</li> <li>d if "Yes" to line 3c, does the organization routinely engage bond counsel or of outside counsel to review any research agreements relating to the financed property?</li> <li>d if "Yes" to line 3c, does the organization routinely engage bond counsel or of outside counsel to review any research agreements relating to the financed property.</li> <li>d if "Yes" to line 3c, does the organization or a state or local government.</li> <li>5 Enter the percentage of financed property used in a private business use as result of unrelated trade or business activity carried on by your organization another section 501(c)(3) organization, or a state or local government.</li> <li>6 Total of lines 4 and 5</li></ul>   | e of e of trips a sa a sa a sa a sa a sa a sa a sa a   |                                       |          |                                       |       |                |     |          |
| <ul> <li>c Are there any research agreements that may result in private business use bond-financed property?</li> <li>d If "Yes" to line 3c, does the organization routinely engage bond counsel or of outside counsel to review any research agreements relating to the financed propert outside counsel to review any research agreements relating to the financed propert outside counsel to review any research agreements relating to the financed propert outside counsel or financed property used in a private business use as result of unrelated trade or business activity carried on by your organization another section 501(c)(3) organization, or a state or local government .</li> <li>6 Total of lines 4 and 5 .</li> <li>7 Does the bond issue meet the private security or payment test? .</li> <li>7 Does the bond issue meet the private security or payment test? .</li> <li>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 is sections 1.141-12 and 1.145-2?</li> <li>6 If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?</li> <li>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?</li> </ul>  | ther rtty? Ittes as a sion,  |                                       |          |                                       |       |                |     |          |
| <ul> <li>d If "Yes" to line 3c, does the organization routinely engage bond counsel or of outside counsel to review any research agreements relating to the financed propert outside counsel to review any research agreements relating to the financed property used in a private business use by entit other than a section 501(c)(3) organization or a state or local government.</li> <li>5 Enter the percentage of financed property used in a private business use as result of unrelated trade or business activity carried on by your organization another section 501(c)(3) organization, or a state or local government.</li> <li>6 Total of lines 4 and 5.</li> <li>7 Does the bond issue meet the private security or payment test?</li> <li>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 is presented of the secondarial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?</li> <li>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?</li> <li>Part IV Arbitrade</li> </ul>   | ther rtty?  rty?  ss a line, lities ion, line, l |                                       |          |                                       |       |                |     |          |
| <ul> <li>4 Enter the percentage of financed property used in a private business use by entit other than a section 501(c)(3) organization or a state or local government.</li> <li>5 Enter the percentage of financed property used in a private business use a result of unrelated trade or business activity carried on by your organization.</li> <li>6 Total of lines 4 and 5.</li> <li>7 Does the bond issue meet the private security or payment test?</li> <li>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 issu.</li> <li>b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of</li> <li>c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?</li> <li>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?</li> <li>Part IV Arbitrade</li> </ul>  | ities as a front ion, and ion, |                                       |          | 1 1 1 1 1 1 1                         |       |                |     |          |
| <ul> <li>5 Enter the percentage of financed property used in a private business use as result of unrelated trade or business activity carried on by your organization another section 501(c)(3) organization, or a state or local government.</li> <li>6 Total of lines 4 and 5.</li> <li>7 Does the bond issue meet the private security or payment test?</li> <li>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 is proposed of the issue and 1.145-2?</li> <li>c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?</li> <li>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?</li> <li>Part IV Arbitrade</li> </ul>   | ion, ion, ued?   | 1 1 1 1 1 1                           |          |                                       |       | 70 0           |     |          |
| <ul> <li>6 Total of lines 4 and 5.</li> <li>7 Does the bond issue meet the private security or payment test?</li> <li>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 is posed of the "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?</li> <li>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?</li> </ul>  |  |                                       |          | 1 1 1 . 1                             |       | 8              |     | 8 8      |
| Does the bond issue meet the private security or payment test?      Ba 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 issue is proposed of the sale and the percentage of bond-financed property sold or disposed of the sale and the percentage of bond-financed property sold or disposed of the sale and the sale action taken pursuant to Regulations sections 1.141-12 and 1.145-2?      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   | . pen  |                                       | <b>,</b> | 1 1 . 1 . 1                           |       | % 0            |     | 8 8      |
| <ul> <li>Ba 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 issu.</li> <li>b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of.</li> <li>c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?</li> <li>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?</li> </ul>  | sued?  |                                       |          | 1 .                                   | >     |                |     | <b>\</b> |
| <ul> <li>b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of .</li> <li>c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?</li> <li>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?</li> </ul>  |  | %                                     |          | %                                     |       | ,              |     |          |
| <ul> <li>c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?</li> <li>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?</li> </ul>   |  | 000                                   |          | 8                                     |       | i              |     |          |
| <ul> <li>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?</li> <li>Part IV Arbitrage</li> </ul>   |  |                                       |          |                                       |       | 8              |     | %        |
| Part IV Arbitrace   |  |                                       |          |                                       |       |                |     |          |
|   | >  |                                       | >        |                                       | >     |                |     |          |
|   |  | ٧                                     | ш        | В                                     | 0     |                | ٥   |          |
| 1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and   | and Yes  | No                                    | Yes      | S.                                    | Yes   | N <sub>O</sub> | Yes | S        |
| 2 If "No" to line 1, did the following apply?   |  | >                                     |          | >                                     |       | >              |     |          |
|   | >  |                                       | >        |                                       | ,     |                |     |          |
| b Exception to rebate?  | •  | >                                     |          | ,                                     |       | >              |     |          |
| 1   | · SEW  | >                                     |          | `                                     |       | `              |     |          |
|   |  |                                       |          |                                       |       | -              |     |          |
|   |  | >                                     |          | >                                     |       | >              |     |          |
| 4a Has the organization or the governmental issuer entered into a qualified<br>hedge with respect to the bond issue?  | lied .   | ,                                     |          | ,                                     |       |                |     |          |
| b Name of provider  |  |                                       |          | •                                     |       | <b>&gt;</b>    |     |          |
| c Term of hedge   |  |                                       |          |                                       |       |                |     |          |
| d Was the hedge superintegrated?  | -  |                                       |          |                                       |       |                |     |          |
| Was the hedge terminated?   |  |                                       |          |                                       |       |                |     |          |

Schedule K (Form 990) 2015

|                                     | Continued    |
|-------------------------------------|--------------|
| מייים מייים וייים וייים מייים בייים | Arhitrage (C |
| i conscion                          | Part IV      |

Page 3

|  | 4          |            | 1           | 80          | O           |    |                            | ٥            |
|--|------------|------------|-------------|-------------|-------------|----|----------------------------|--------------|
| 5.9 Ware areas absorbed in between the second and t | Yes        | No.        | Yes         | No          | Yes         | No | Yes                        | Š            |
| Weiggloss proceeds livested iii a guaranteed investment contract (GIC)?  |            | >          |             | >           |             | `  |                            |              |
|  |            |            |             |             |             |    |                            |              |
|  |            |            |             |             |             |    |                            |              |
| _  |            |            |             |             |             |    |                            |              |
|  |            | >          |             | ,           |             | ,  |                            |              |
| 7 Has the organization established written procedures to monitor the requirements of section 148?  | ,          |            |             | •           |             | •  |                            |              |
| Port V Dropodius To Hade table Assessed  | >          |            | <b>&gt;</b> |             | 1           |    |                            |              |
| Figure 10 Undertake Corrective Action  |            |            |             |             |             |    |                            |              |
|  | 4          |            | 8           | 8           | O           |    |                            | ٥            |
| Has the organization established written procedures to ensure that violations  | Yes        | No         | Yes         | ş           | Yes         | S  | Yes                        | S            |
| of federal tax requirements are timely identified and corrected through the  |            |            |             |             |             | 2  | 3                          | 2            |
| Voluntary closing agreement program it self-remediation is not available   |            | •          |             |             |             |    |                            |              |
| Part VI Cimplemental Information Deside additional   | >          |            | >           |             | ,           |    |                            |              |
| Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions)   | onses to c | nestions ( | on Schedu   | e K (see in | structions) |    | :                          |              |
|  |            |            |             |             |             |    |                            |              |
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|  |            |            |             |             |             | S  | Schedule K (Form 990) 2015 | rm 990) 2015 |

### SCHEDULE M (Form 990)

### **Noncash Contributions**

OMB No. 1545-0047

2015

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

► 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.

**BOY SCOUTS OF AMERICA** 

Employer identification number 22-1576300

| Pa                    | Types of Property   | (a)<br>Check if<br>applicable | (b)<br>Number of contributions or<br>items contributed   | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | Method of c      | determini |    |
|-----------------------|---|-------------------------------|--|---|------------------|-----------|----|
| 1<br>2<br>3<br>4<br>5 | Art—Works of art Art—Historical treasures Art—Fractional interests Books and publications Clothing and household  |                               |  | Tominoso, rant viii, line 1g  |                  |           |    |
| 6                     | goods   | <b>√</b>                      | 350  | 210,999   | Fair Market Val  | ue        |    |
| 7<br>8                | Boats and planes  |                               |  |   |                  |           |    |
| 9                     | Securities – Publicly traded  | 1                             | 39   | 1 419 869   | FMV on date of   | donatio   |    |
| 10<br>11              | Securities—Closely held stock Securities—Partnership, LLC, or trust interests                                     |                               |  | .,  | Time on date of  |           |    |
| 12<br>13              | Securities – Miscellaneous Qualified conservation contribution – Historic structures                              |                               |  |   |                  |           |    |
| 14                    | Qualified conservation contribution—Other   |                               |  |   |                  |           |    |
| 15<br>16<br>17        | Real estate — Residential   |                               |  |   |                  |           |    |
| 18<br>19<br>20        | Collectibles  |                               |  |   |                  |           |    |
| 21<br>22              | Taxidermy   |                               |  |   |                  |           |    |
| 23<br>24              | Scientific specimens  |                               |  |   |                  |           |    |
| 25                    | Other ► ( Program Equipment )   | 1                             | 4  | 17 010  | Fair Market Valu |           |    |
| 26                    | Other ► ()  |                               |  | 17,313  | rali warket valu | <u>e</u>  |    |
| 27<br>28              | Other ► ()  |                               |  |   |                  |           |    |
| 29                    | Other ► ( )  Number of Forms 8283 received I which the organization completed F                                   | by the orga<br>Form 8283,     | anization during the tax ye<br>Part IV, Donee Acknowledg | ear for contributions for gement  | 29               |           | 0  |
| 30a                   | During the year, did the organization 28, that it must hold for at least three to be used for exempt purposes for | ee years fro                  | om the date of the initial cor                           | ntribution, and which is no   | t required       | Yes       | No |
| ь<br>31               | If "Yes," describe the arrangement Does the organization have a g   | in Part II.<br>ift accepta    |  | the review of any non   |                  |           |    |
| 32a                   | Does the organization hire or use contributions?  | third partie                  | s or related organizations                               | to solicit, process, or sell  | noncash          |           |    |
| b<br>33               | If "Yes," describe in Part II.  If the organization did not report an a describe in Part II.                      |                               |  |   | March 1          |           |    |

| Schedule M, Part I, Lines 25-28 - Number of donations.   |
|--|
| 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.   |
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| Schedule M (Form 990) (2015)   |

### SCHEDULE O (Form 990 or 990-EZ)

### 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.

OMB No. 1545-0047

Inspection

2015 Open to Public

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.
► Information about Schedule 0 (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Employer identification number **BOY SCOUTS OF AMERICA** 22-1576300 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 violation is e-mailed to Internal Audit and National Legal Counsel for thorough research, review and resolution. The report, issue, and resolution are presented to the Audit Committee for review. Form 990, Part VI, Section B, Line 15 - Governing documents and conflict of interest policy are available upon request. Form 990, Part VI, Section C, Line 19 - Governing documents and conflict of interest policy are available upon request. Form 990, Part VII, Section A, Line 1a - Steven McGowan is an attorney that was employed by Steptoe & Johnson PLLC before being hired in 2015 as the National Legal Counsel. As an employee of Steptoe & Johnson PLLC, Steven worked on legal matters for the Boy Scouts of America.

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.

BOY SCOUTS OF AMERICA 22-1576300

Form: 990 Page: 2

Line Number: Part III Line 4d

### Other Program Services Accomplishments

| Activity<br>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.  | 14,076,572 | 11,220 | 400        |
|                  | Scouting Programs: Insurance Costs Born 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.  | 64,074,806 | 6,360  | 24,156,788 |
|                  | 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. | 1,466,083  | 0      | 0          |
| Total:           |   | 79,617,461 | 17,580 | 24,157,188 |

### Schedule O, Statement 3

Form: 990

Page: 6

Line Number: Part VI Section C Line 17

BOY SCOUTS OF AMERICA 22-1576300

| States    | States Where Copy Of Return Is Filed |
|-----------|--------------------------------------|
| AK        |                                      |
| AL        |                                      |
| AR        |                                      |
| AZ        |                                      |
| CA        |                                      |
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# SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

**BOY SCOUTS OF AMERICA** Name of the organization

PartI

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships

▶ Attach to Form 990.

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

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

Open to Public 2015

OMB No. 1545-0047

Employer identification number Inspection

22-1576300

| (a) Name, address, and EIN (if applicable) of disregarded entity                                      |  | (b)<br>Primary activity                             | (c)<br>Legal domicile (state<br>or foreign country) | (d)<br>Total income                              | (e)<br>End-of-year assets     | (f) Direct controlling entity                      |
|---|--|---|---|--|-------------------------------|--|
| (1) BSA Asset Management LLC (26-2473220)<br>1325 West Walnut Hill Lane, Irving, TX 75038-3008        | General P.   | General Partner/Investments D                       | DE  | 0  | 0 N/A                         | A)   |
| (2) Atikokan Youth Ventures Inc<br>PO Box 509, Ely, MN 55731  | High Adve<br>operation                               | enture Base   | Canada  | 0  | 0 N/A                         | A)   |
| (3) Atikaki Youth Ventures Inc<br>PO Box 509, Ely, MN 55731   | High Adve<br>operation                               | High Adventure Base Coperation                      | Canada  | 0  | 0 N/A                         | IA .   |
| (4) Associacion of Baptists for Scouting (74-6061216)<br>1325 West Walnut Hill Lane, Irving, TX 75038 | Scouting   | ΧT  | ×   | 0  | 0 N/A                         | A  |
| (5) New World 19 LLC (37-1793510)<br>1325 West Walnut Hill Lane, Irving, TX 75038                     | World Jamboree                                       | 1X TX   | ×   | 0  | 0 N/A                         | A  |
| (9)   |  |   |   |  |                               |  |
| Part II one or more related tax-exempt organizations during the tax year.                             | <b>izations</b> Complete if the during the tax year. | the organization ar                                 | swered "Yes" on                                     | Form 990, Part                                   | IV, line 34 becaus            | se it had  |
| (a)  Name, address, and EIN of related organization   | <b>(b)</b><br>Primary activity                       | (c)<br>Legal domicile (state<br>or foreign country) | (d)<br>Exempt Code section                          | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g)<br>Section 512(b)(13)<br>controlled<br>entity? |
| (4)   |  |   |   |  |                               | Yes No   |
| (1) Learning for Life (15-2396057) 1329 West Walnut Hill Lane, Irving, TX 75038                       | Youth development.                                   | DC _  | 501(c)(3)   |  | 9 N/A                         | >  |
|   |  |   |   |  |                               |  |

| (a) Name, address, and EIN of related organization                 | <b>(b)</b><br>Primary activity | (c)<br>Legal domicile (state<br>or foreign country) | (d)<br>Exempt Code section | (if section 501(c)(3)) | (f) Direct controlling entity | (g)<br>Section 512(b)(13)<br>controlled<br>entity? | 12(b)(13)<br>olled<br>ty? |
|--|--------------------------------|---|----------------------------|------------------------|-------------------------------|--|---------------------------|
|  |                                |   |                            |                        |                               | Yes  | ŝ                         |
| 1329 West Walnut Hill Lane, Irving, TX 75038                       | Youth development.             | DC  | 501(c)(3)                  | ິດ ົ                   | N/A                           |  | ,                         |
| (2) National Boy Scouts of America Foundation (75-2675978)         | Cumpert Coouting               | 2   |                            |                        |                               |  |                           |
|  | Scouling Scouling              | 3   | 501(C)(3)                  | 7                      | 7 N/A                         |  | >                         |
|  | Support Learning for           | TX.   | 501(0)(2)                  | 1                      |                               |  |                           |
| 1329 West Walnut Hill Lane, Irving, TX 75038                       | Life programs.                 | <b>.</b>  | (c)(a) 100                 | ,                      | / Learning for Life           |  | `                         |
|  | Support Scouts'                | TX  | 501(0)(0)                  |                        |                               |  |                           |
| PO Box 152079, Irving, TX 75015-2079                               | employees                      | •   | (6)(2)100                  |                        | N/A                           | >  |                           |
| (5) Boy Scouts of America Employee Welfare Benefits Plan (75-23478 | Welfare Benefits Plan          | ΤX  | 601(2)(0)                  |                        |                               |  |                           |
| P O Box 152079, Irving, TX 75015-2079                              |                                |   | (6)(2)100                  |                        | N/A                           | >  |                           |
|  | Develop program &              | W/V   | (0)(0)(0)                  | ŀ                      |                               |  |                           |
| 1325 West Walnut Hill Lane, Irving, TX 75038-3008                  | facility for Boy Scouts        |   | 301(5)(3)                  | ,                      | / Boy Scouts of<br>America    | >  |                           |
| (7) BSA Endowment Master Trust (27-6850785)                        | Support Scouting               | DF  | 501(0)(3)                  | ı                      | 500                           |  |                           |
|  |                                | <u>!</u>  | (6)(2)106                  | 7                      | 4/N /                         |  | >                         |
| For Paperwork Reduction Act Notice and the Instruction of the Con- |                                |   |                            |                        |                               |  |                           |

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

Cat. No. 50135Y

Schedule R (Form 990) 2015

Schedule R (Form 990) 2015

**(k)** Percentage 65.311% ownership 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. (i) General or managing partner? ŝ > Yes amount in box 20 of Schedule K-1 (Form 1065) -56,936 Code V-UBI (h)
7- Disproportionate allocations? ŝ Yes (g) Share of end-of-356,908,831 (f) Share of total income 22,539,209 (e)
Predominant
Income (related,
unrelated,
excluded from
tax under
sections 512-514) Excluded (d)
Direct controlling
entity ۲ (c) Legal domicile (state or foreign country) Ы (1) BSA Commingled Endowmen Endowment investment **(b)** Primary activity 1325 West Walnut Hill Lane, Irving (a) Name, address, and EIN of related organization Part III 9 2 ල ₹ © E

(0) Section 512(b)(13) controlled entity? ŝ **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. Yes (h) Percentage ownership (g) Share of end-of-year assets (f) Share of total income (C corp, S corp, or trust) (d)
| Direct controlling entity (c)
Legal domicile
(state or foreign country) Primary activity (a) Name, address, and EIN of related organization 2 Ξ ල ₹ Ð 9 S

Part IV

Schedule R (Form 990) 2015

Schedule R (Form 990) 2015

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| Not | Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.  |   |   |  |            | 200       | 4    |
|-----|--|---|---|--|------------|-----------|------|
| _   | 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?  | nore related organi   | zations listed in Par                   | S II–IV?                               |            | 3         |      |
| ב מ | Receipt of (I) interest, (II) annuities, (III) royalties, or (iv) rent from a controlled entity  |   | 300 30                                  | 8<br>8<br>8<br>8<br>8                  | <b>1</b>   | >         |      |
| 2 ( | Chit, grant, or capital contribution to related organization(s)  |   | * · · · · · · · · · · · · · · · · · · · | # # # # # # # # # # # # # # # # # # #  | 45         | >         |      |
| ٠ ر | Gilli, grain, or capital contribution from related organization(s)   |   |   |  | -          | ,         |      |
| 0   | Loans or loan guarantees to or for related organization(s)   |   |   |  | 2          | •\        |      |
| Φ   | Loans or loan guarantees by related organization(s)  |   | 聚                                       | 35<br>35<br>35<br>35<br>35<br>35<br>35 | <u> </u>   | >         | 1    |
|     |  |   | 65<br>土1<br>新<br>新<br>数<br>数            | * * * * * *                            | <u>0</u>   |           | >    |
| •   | Dividends from related organization(s)   |   |   |  |            |           |      |
| 0   | Sale of assets to related organization(s)  |   | 26<br>20<br>28<br>28                    | * * *                                  | <b>=</b>   |           | >    |
| ב מ | District and the control of gallication (s)  |   | * | *                                      | -          |           | >    |
| ⊏ . | Furchase or assets from related organization(s)  |   |   |  | Ç          |           |      |
| -   | Exchange of assets with related organization(s)  | 25 0<br>11 3<br>25<br>26  |   |  | ≣ ;        |           | >    |
| -   | Lease of facilities, equipment, or other assets to related organization(s)   |   |   | * * * * * *                            | =          |           | >    |
|     |  |   |   | * * * * * * *                          | =          | >         |      |
| ~   | Lease of facilities, equipment, or other assets from related organizations.  |   |   |  |            |           |      |
| _   | Performance of services or membership or fundasising colinitations for what a services or membership or fundasising colinitations for what a services or membership or fundasising colinitations for what a services or membership or fundasising collinitations for what a services or membership or fundasising collinitations for what a service of services or membership or fundasising collinitations for what a service of services or membership or fundasising collinitations for what a service of services or membership or fundasis for the services of services or membership or fundasis for the services of services or membership or fundasis for the services of services or membership or fundasis for the services of services or membership or fundasis for the services of services or membership or fundasis for the services of services or membership or fundasis for the services of services or membership or services of services or membership or services or membership or services of services of services or membership or services of services or services of services or services |   |   | * * * * *                              | 4          |           | >    |
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| C   | Sharing of baid employees with related examined lasts.   | 31  | 40<br>40<br>40<br>60<br>60<br>60<br>60  | *                                      | 1          | >         |      |
| •   | draming or para drippioyees with related of gallization(s)   | 34<br>34<br>34<br>34<br>34<br>34  |   | # # # # # # # # # # # # # # # # # # #  | 9          | >         |      |
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| 2 ( | Doimburgament and to related organization(s) for expenses  | 34 34 34 34 34 34 34 34 34 34 34 34 34 3  | 10<br>10<br>100<br>100<br>100<br>100    |  | 0          |           | >    |
| 5   | neillouisellielli paid by related organization(s) for expenses   |   |   |  | - 5        | >         |      |
|     |  |   |   |  |            |           | 3    |
| _   | Other transfer of cash or property to related organization(s)  | 114   | 74<br>74<br>78<br>78                    |  | ř          | ,         |      |
| 9   | Other transfer of cash or property from related organization(s)  | 1   |   | · 20                                   | : 4        | •         |      |
| 5   | If the answer to any of the above is "Yes," see the instructions for information on who must complete this first factoring the above is "Yes," see the instructions for information on who must complete this first factoring the above is "Yes," see the instructions for information on who must complete this factoring the above is "Yes," see the instructions for information on who must complete this factoring the above is "Yes," see the instructions for information on who must complete this factoring the above is "Yes," see the instructions for information on who must complete this factoring the above is "Yes," see the instructions for information on who must complete this factoring the above is "Yes," see the instructions for information on who must complete the above is "Yes," see the instruction of the above is "Yes," see the instruction of the above is "Yes," see the instruction of the above is "Yes," see the instruction of the above is "Yes," see the instruction of the above is "Yes," see the instruction of the above is "Yes," and "Yes," an | Ludai onil oidt oto   |   | (2)                                    | 2          | >         |      |
|     | adino anno manual di manua | ere uns ime, includ   | ing covered relation                    | ships and transac                      | tion thre  | plous     | S.   |
|     | (a) Name of related organization   | ( <u>a</u> )  | <b>(</b> 2)                             |  | Đ          |           |      |
|     |  | ransaction<br>type (a-s)  | Amount involved                         | Method of determining amount involved  | ing amount | t involve | Ð    |
| Se  | See Schedule R, Part VII, Statement 1  |   |   |  |            |           |      |
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|     |  |   |   | Schedule R (Form 990) 2015             | R (Form    | 990) 2    | 2015 |

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

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

| (a) (b) (certain investment partnerships. | garinzation. Oct | moducinons i               | egal ullig excitus                      |                         | n investment pa | rrnersnips.     |                         |                                |                            |                         |
|---|------------------|----------------------------|---|-------------------------|-----------------|-----------------|-------------------------|--------------------------------|----------------------------|-------------------------|
| Name, address, and EIN of entity          | Primary activity | (c)<br>Legal domicile      | (a)<br>Predominant                      | (e)<br>Are all partners | (f)<br>Share of | (g)<br>Share of | (h)<br>Disproportionato | (i)                            | 6                          | 3                       |
|   |                  | (state or foreign country) | income (related,<br>unrelated, excluded | section<br>501(c)(3)    | total income    | _               | allocations?            | amount in box 20               | managing                   | Percentage<br>ownership |
|   |                  |                            | from tax under                          | organizations?          |                 | A SOUTE S       |                         | of Schedule K-1<br>(Form 1065) | partner?                   |                         |
|   |                  |                            | sections 512-514)                       | Yes No                  |                 |                 | Yes                     |                                | Vec                        |                         |
| (1)                                       |                  |                            |   |                         |                 |                 |                         |                                | 2                          |                         |
| (2)                                       |                  |                            |   |                         |                 |                 |                         |                                |                            |                         |
|   |                  |                            |   | _                       |                 |                 |                         |                                |                            |                         |
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| (4)                                       |                  |                            |   |                         |                 |                 |                         |                                |                            |                         |
| (5)                                       |                  |                            |   |                         |                 |                 |                         |                                | _                          |                         |
| (9)                                       |                  |                            |   |                         |                 |                 |                         |                                | -                          |                         |
|   |                  |                            |   |                         |                 |                 |                         |                                |                            |                         |
| (2)                                       |                  |                            |   |                         |                 |                 |                         |                                | -                          |                         |
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| (6)                                       |                  |                            |   |                         |                 |                 |                         |                                |                            |                         |
| (6)                                       |                  |                            |   |                         |                 |                 |                         |                                |                            |                         |
| 877                                       |                  |                            |   |                         |                 |                 | _                       |                                | -                          |                         |
| (01)                                      | _                |                            |   |                         |                 |                 |                         |                                |                            |                         |
| (11)                                      |                  |                            |   |                         |                 |                 |                         |                                |                            |                         |
| (12)                                      |                  |                            |   |                         |                 |                 |                         |                                |                            |                         |
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| (13)                                      | _                |                            |   |                         |                 |                 |                         |                                |                            |                         |
| (14)                                      |                  |                            |   |                         |                 |                 | +                       |                                | +                          |                         |
| 150                                       |                  |                            |   |                         |                 |                 |                         | -                              |                            |                         |
| (61)                                      | _                |                            |   |                         |                 |                 |                         |                                |                            |                         |
| (16)                                      |                  |                            |   |                         |                 |                 |                         |                                |                            |                         |
|   |                  |                            |   |                         |                 |                 |                         |                                | _                          |                         |
|   |                  |                            |   |                         |                 |                 |                         | Schedi                         | Schedule R (Form 990) 2015 | 990) 2015               |

|          | Supplemental Information   | Page 5 |
|----------|--|--------|
| Part VII | Provide additional information for response to a set to a Colonial |        |
|          | Provide additional information for responses to questions on Schedule R (see instructions).  |        |
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BOY SCOUTS OF AMERICA 22-1576300

Form: Schedule R

Page: 3

Line Number: Part V Line 2

## Description of Covered Relationships and Transaction Thresholds

|                                     |   | Amt. involved |
|-------------------------------------|---|---------------|
| Name                                | Scout Executives Alliance   | 12,000        |
| Transaction type                    | m   | 12,000        |
| Method of determining amt. involved | Estimated fair market value.  |               |
| Name                                | Scout Executives Alliance   | 608,116       |
| Transaction type                    | ñ   | 000,110       |
| Method of determining amt. involved | Per tax return.   |               |
| Name                                | Boy Scouts of America Employee Welfare  | 57,021,343    |
|                                     | Benefits Plan   | 31,021,043    |
| Transaction type                    | ſ   |               |
| Method of determining amt. involved | Per tax return.   |               |
| Name                                | Arrow WV Inc  | 7,347,585     |
| Transaction type                    | a-i   | 7,047,000     |
| 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 also be exempt. |               |
| Name                                | BSA Commingled Endowment Fund LP  | 62,237,429    |
| Transaction type                    | \$  | 02,237,429    |
| Method of determining amt. involved | Per tax return.   |               |
| Name                                | BSA Commingled Endowment Fund LP  | 1,388,407     |
| Transaction type                    | b   | 1,300,407     |
| Method of determining amt. involved | Per tax return.   |               |