PUBLIC DISCLOSURE COPY

| 0 | 00 T | I | Exempt Organization Busin | ess | Income Tax | Retur | n I | OMB N | o. 1545-0687 |
|--------------|----------------------------|-------------|---|-------------------|--|---------------------------------------|-----------|-------------------------------|---|
| Form 3 | 90-T | | (and proxy tax under | | | | | @(| a.= |
| | | For cale | ndar year 2015 or other tax year beginning | - : | 2015, and ending | . 20 | | 20 | 915 |
| Department | t of the Treasury | | ormation about Form 990-T and its instructi | | | | 990t. | | |
| | enue Service | | not enter SSN numbers on this form as it may be | | | | | Open to Put 501(c)(3) Or | olic Inspection for ganizations Only |
| A Che | ck box if ress changed | | Name of organization (Check box if name ch | anged a | and see instructions.) | | | | ication number |
| B Exempt | under section | Print | Boy Scouts of America | | | | (Empli | oyees' trust, | see instructions.) |
| _ | c)(3) | or | Number, street, and room or suite no. If a P.O. box, | , see ins | structions. | | | 22-1576 | |
| 408(6 | | Туре | 1325 West Walnut Hill Lane | | | | | ated busine: natructions.) | ss activity codes |
| ∐ 408A | | | City or town, state or province, country, and ZIP or | foreign | postal code | | (000 !! | ! | 1 |
| 529(a | | | Irvîng, TX 75038-3008 | | | | 511 | 120 | 900004 |
| at end o | ue of all assets f year | | oup exemption number (See instructions. | | n [] 501/a)+ | nunt 🗆 | 401/=\ | 1761 | 7 Other trust |
| H Door | 1329793787 | | eck organization type √ 501(c) corp | | | | 401(a) | | Other trust |
| H Desc | a the tay year | mae the | n's primary unrelated business activity. De corporation a subsidiary in an affiliated group | Adv | ertising Revenue B | loys' Life an | d Scout | ing magaz | zines |
| | | | and identifying number of the parent corp | | | controned gi | roup?. | | tes A 140 |
| | | | Stephanie Phillips | Oralio | | one numbe | - 1 | 072 | |
| | | | e or Business Income | | (A) Income | | penses | 972-3 | 580-2000 (C) Net |
| | ross receipts | | | | | | | | |
| | ess returns and a | | | 1c | 288574 | | - 3 | 011 | |
| | | | chedule A, line 7) . Exhibit 5 | 2 | 76010 | 1 | | in louis | LITTLE INCH |
| | | | line 2 from line 1c | 3 | 212564 | | 1 | | 212564 |
| | | | ne (attach Schedule D) Exhibit .6. | 4a | 2401 | E | | | 2401 |
| b N | et gain (loss) (| Form 4 | 1797, Part II, line 17) (attach Form 4797) | 4b | | | RS S | | |
| c C | apital loss de | ductior | for trusts . Exhibit 6 | 4c | | | | | |
| 5 in | come (loss) fror | n partne | erships and S corporations (attach statement) | 5 | -40472 | | | M | -40472 |
| 6 R | ent income (S | chedu | le C) | 6 | | | | | |
| 7 U | nrelated debt | -financ | ed income (Schedule E) | 7 | | | | | |
| | | | and rents from controlled organizations (Schedule F) | 8 | | | | | |
| 9 in | vestment income | of a sec | tion 501(c)(7), (9), or (17) organization (Schedule G) | 9 | | " | | | |
| | | | vity income (Schedule I) | 10 | | | | | |
| | | | chedule J) | 11 | 1840660 | 320 | 5335 | | 1364675 |
| | | | ructions; attach schedule) , | 12 | | | | | |
| | otal. Combine | | | 13 | 2015153 | | 5335 | | 1190182 |
| Part II | | | Taken Elsewhere (See instructions for | | | ons.) (Exce | ept for c | ontributi | ons, |
| 14 C | | | be directly connected with the unrelate ers, directors, and trustees (Schedule K) | o bus | iness income.) | 197 (SZ (SZ + | - 14 | <u> </u> | |
| | alaries and wa | | Exhibi | t 5 | | # # # # # # # # # # # # # # # # # # # | 1 | | 142740 |
| | epairs and ma | | | | 3000000 | 3 5 5 5 | 10 | | 142749 |
| | ad debts . | all reolite | | | 3 2 2 2 3 2 | 8 8 8 8 | 1 | _ | |
| | terest (attach | sched | ule) | | 283333 | 8 8 8 8 | 18 | | |
| | | | m m m on i Exhib | it 5 | 2 2 5 5 5 5 | 5 5 5 5 | 19 | | 39562 |
| | | | ns (See instructions for limitation rules) . | . 2 | 55.50 | 5 5 5 | . 2 | | |
| 21 De | epreciation (a | ttach F | orm 4562) | . 72 | ≅ 21 | | 100 | | |
| 22 Le | ess depreciati | on clai | med on Schedule A and elsewhere on ret | urn . | 22a | | 22 | b | |
| 23 De | epletion | | | 10 | 6 M 5 5 5 M 5 | 27 10 10 2 | 2 | 3 | |
| 24 Co | ontributions to | defer | red compensation plans | it 5 | | 27 10 10 10 | 2 | 4 | |
| | | | grams Exhib | 15 5 | 0 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | 2 2 2 3 | 2 | 5 | 15388 |
| | | | ses (Schedule I) | - 70 | | 0.000 | 20 | | |
| | | | sts (Schedule J) | 4 F | | T T T | 2 | | |
| | | • | ich schedule) | | **** | * * * * * | 20 | | 104086 |
| | | | d lines 14 through 28 | | | | 29 | | 301785 |
| 30 Ur | related busin | ess tax | table income before net operating loss dec | auction Ex | n. Subtract line 29 chibit 4 | | | | 491967 |
| 31 No | ex operating lo | oss dec | duction (limited to the amount on line 30) | مسر د العالمات | | | | | |
| | | | kable income before specific deduction. | | | | | _ | 491967 |
| | | | enerally \$1,000, but see line 33 instruction axable income. Subtract line 33 from lin- | | | | | - | |
| | | | ro or line 32 | | | | 32, | | 401067 |

| | 30-T (2015 | | | | | | | | | | Page |
|------------|----------------|--|-------------------------|---|-------------------------|---|---|---------------------------|------------------|-----------------------------|--|
| Part | | ax Computation | | | | | | | | | |
| 35 | Organ membe | izations Taxable as Corp ers (sections 1561 and 156 | orations. 3) check h | See instructio nere ▶ 🔲 Se | ons for e instr | tax computations and: | tion. Controlle | d group | | | |
| а | Enter y | our share of the \$50,000, \$ | 1 | nd \$9,925,000 | í a | | ckets (in that o | rder): | | | |
| b | | organization's share of: (1) | | 5% tax (not m | | | S | ŀ | | | |
| | | litional 3% tax (not more th | | | | | \$ | | 7.7 | | |
| C | Income | a tax on the amount on line | 34 | | | | | . > | 35c | | 1 |
| 36 | Trusts | Taxable at Trust Ra | tes. See | instructions | for ta | x computati | ion. Income | tax on | 14 | - | |
| | | ount on line 34 from: 🔲 Ta | | | | | | | 36 | | |
| 37 | Proxy | tax. See instructions | | | | | | . ▶ | 37 | | <u> </u> |
| 38 | Alterna | tive minimum tax | 8500 | * * * * * * * | | . , | | | 38 | | |
| 39 Part | TOTAL. | Add lines 37 and 38 to line ax and Payments | 35c or 36 | , wnichever ap | plies . | | | | 39 | . 0 | |
| 40a | | tax credit (corporations atta | ch Form 11 | 19: trueto ottos | h Form | 1112 | 400 | | 1.5 | H | |
| ь | | redits (see instructions) . | | | | | 40a 40b | - | | | |
| c | Genera | Il business credit. Attach Fo | orm 3800. | (see instruction | ne) s | 1 10 10 | 40c | - | -4 | | |
| d | Credit | for prior year minimum tax | (attach Fo | rm 8801 or 88 | 27) | 10 01 0 | 40d | | - \ | | |
| е | Total o | redits. Add lines 40a throu | igh 40d | | | | | 92 97 | 40e | | |
| 41 | Subtra | ct line 40e from line 39 . | | | | | | | 41 | | |
| 42 | Other ta | xes. Check if from: 🔲 Form 4 | 255 🗌 Fon | m 8611 🔲 Form | 8697 🔲 | Form 8866 🔲 | Other (attach sche | dule). | 42 | | |
| 43 | | ax. Add lines 41 and 42 . | | | | | , | | 43 | | |
| 44a | | nts: A 2014 overpayment c | | | | | 44a | | | | |
| Ь | 2015 e | stimated tax payments . | | 40.63 | 4 4 4 | | 44b | | 3.7 | | |
| C | lax de | posited with Form 8868 . | | | | W | 44c | | | | } |
| d | Foreign | organizations: Tax paid or | r withheld | at source (see | instruc | tions) 🛒 | 44d | | | | |
| e f | Crodit | withholding (see instruction | ons) . | | | 00.143 | 44e | | | | 1 |
| g | | for small employer health in credits and payments: | isurance p | oremiums (Atta | ich For | n 8941) 👸 | 44f | | 4. 1 | | |
| 9 | Form | | ☐ Othe | 2439 | | Total ▶ | 449 | | 4 | | 1 |
| 45 | | eyments. Add lines 44a th | | | | | | | 45 | | Ì |
| 46 | Estimat | ted tax penalty (see instruc | tions). Ch | eck if Form 22 | 20 is at | ached | | | 46 | | |
| 47 | Tax du | e. If line 45 is less than the | total of lir | nes 43 and 46. | enter a | mount owed | | . • | 47 | | |
| 48 | Overpa | yment. If line 45 is larger t | han the to | tal of lines 43 | and 46, | enter amoun | t overpaid . | | 48 | | |
| 49 | Enter the | amount of line 48 you want; | Credited to | 2016 estimated | tax 🕨 | | Refu | nded > | 49 | 0 | |
| Part | V S | tatements Regarding C | ertain A | ctivities and | Other | Informatio | n (see instruct | ions) | | | |
| 1 | At any | time during the 2015 calen | dar year, d | did the organiz | ation h | ave an interes | st in or a signa | ture or o | ther author | ity Yes | No |
| | over a | financial account (bank, se | curities, c | or other) in a fo | oreign c | ountry? If YE | S, the organiz | ation ma | y have to t | file | |
| | here | Form 114, Report of Fore | eign Bank | and Financial | Accour | its. If YES, er | nter the name | of the fo | reign coun | try 🚛 | . i. |
| 2 | During | Bahamas, Canada | | | | | | | ******* | | |
| ~ | If VES | he tax year, did the organizati see instructions for other fo | on receive : | a distribution iro | om, or w | as it the granto | r of, or transferd | r to, a for | elgn trust? | · | Sant Chairs |
| 3 | Enter th | ne amount of tax-exempt in | uterest rec | organization mi piyed or accru | ay nave | to ille. | · · · | | | 2.4 | 7 |
| | lule A- | -Cost of Goods Sold. | nter met | hod of inven | tory va | lustion > to | al p | | | | 100 |
| 1 | Invento | ry at beginning of year | 1 | 132198 | 6 | Inventory at | end of year . | COSE OF I | 6 | 149967 | _ |
| 2 | Purcha | | 2 | 93779 | 7 | | oods sold. S | | A . A | 145501 | |
| 3 | Cost of | | 3 | | 7 | line 6 from i | ine 5. Enter h | ere and | | - | ĺ |
| | | nal section 263A costs | | | 1 | in Part I, line | 2 Exhibit | . 5 | 7 | 76010 | |
| | | schedule) | 4a | | _ 8 | Do the rules | s of section 2 | 63A (wit | h respect | to Yes | No |
| | | osts (attach schedule) | 4b | | ╛ | | duced or acqu | uired for | resale) app | oly 🗼 | 24.4 |
| 5 | lotal. A | Add lines 1 through 4b | 5 | 225977 | | to the organi | zation? | | | | 1 |
| Sign | true, co | penalties of perjupy, I declare that I | regarer (other | i inis return, includii than taxpayer) is ba | ng accom Ised on all | paritying schedules information of which | and statements, ar ch preparer has anv | id to the be knowledge | st of my knowl | adge and bel | ief, it l |
| Here | | Inda I Ishin | | in land | 11. | CFO | | | May the IRS | discuss this parer shown | return |
| 010 | | ure of officer | | Date | <u>'U</u> | Title | | | (see Instruction | ons)? [/Yes [| |
| Paid | | Print/Type preparer's name | | Preparer's signa | iture | 7 | Date | | | PTIN | |
| Prepa | arer | Trevis I. Petton | | 1/ | 7 | | | 2016 Ch | teck If | P00369 | 623 |
| - Lohe | | ······································ | | - | | | | 1 22 | 1 / | | J-14 |

Firm's name PricewaterhouseCoopers, LLP; 600 13th Street NW, Suite 1000

Firm's address ➤ Washington, DC 20005-3005

Use Only

Form **8868**

(Rev. January 2014)

Department of the Treasury Internal Revenue Service

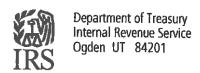
Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

► Information about Form 8868 and its instructions is at www.irs.gov/form8868.

OMB No. 1545-1709

| - 14 - | | file of a second | | TIGHT GOLDON'S IS ALL WITH | r.irs.guv/turrriocos. | | | |
|--------------------------|-----------|--|-------------------|----------------------------|---|---------|----------------------|------------------------------------|
| - IT 9 | you are | filing for an Automatic 3-Month Extension | on, complete | only Part I and che | ck this box | | | ▶ |
| ") | , ou urc | mind for an warmangi (Not Antomatic) 3 | -Month Exte | ension, complete on | ly Part II (on page 2 | of th | in dament | |
| Et . | | nplete Part II unless you have already be | en granted ar | n automatic 3-month | extension on a prev | iously | filed Fo | rm 8868. |
| 8868 Retu | to rec | filing (e-file). You can electronically file Fon required to file Form 990-T), or an addiquest an extension of time to file any of the Transfers Associated With Certain Personant Properties on the electronic filing of the control o | he forms liste | ed in Part I or Part II | tension of time. You with the exception | of Fo | electroni orm 887 | ically file Form 0, Information |
| Pai | rt I | Automatic 3-Month Extension of Ti | me Only si | thmit original (no o | opios poeded) | | | |
| 7 00 | ır puralı | on required to file form 990-1 and rec | uestino an : | automatic 6-month | autoppion shoot t | hia k | | |
| Part | l only | Theretians final utilized 1400 O. Ward | | datornatio o-month | extension—check (| nis p | ox and | complete |
| 707 01 | 1101 001 | porations unicluding 1120-0 tilers), partne | rships. RFMI | Cs and truete must | 100 Form 7004 to m | | | 🚩 🗸 |
| to file | incom | ne tax returns. | | 00, 4110 114313 111431 | use ronni 7004 to re | ques | t an exte | ansion of time |
| | | | | | Enter filer's identifyi | ina a. | | |
| Type | or | Name of exempt organization or other filer, se | e instructions. | | Employer identification | ng nu | imper, se | e instructions |
| print | | Boy Scouts of America | | | | | | , Or |
| File by | the | Number, street, and room or suite no. If a P.C | , box, see instr | ructions. | Social security number | -1576 | 300 | |
| due da | te for | 1325 West Walnut Hill Lane | | | Occide Security Humbs | zi (33. | 14) | |
| filing ye return, | | City, town or post office, state, and ZIP code. | For a foreign a | address, see instruction | 9 | | | |
| instruc | | Irving, Texas 75038-3008 | 3 | | . | | | |
| Enton | the De | | | | | | | |
| Enter | tne He | turn code for the return that this application | n is for (file a | separate application | for each return) . | | | . 07 |
| App | lication | | Return | Application | | | | |
| is Fo |)r | | Code | is For | | | | Return Code |
| Form | 990 o | r Form 990-EZ | 01 | Form 990-T (corpo | ration) | | | |
| Form | 1 990-B | L | 02 | Form 1041-A | ration | | | 07 |
| Form | 4720 | (individual) | 03 | | non in all states at | | | 08 |
| | 1 990-P | | 04 | Form 4720 (other to | nan individual) | | | 09 |
| Form | 990-T | (sec. 401(a) or 408(a) trust) | 05 | | | | | 10 |
| | | (trust other than above) | 06 | Form 6069 Form 8870 | | | | 11 |
| - | | (1.0000) | 1 00 | Form 6670 | | | | 12 |
| • The | books | are in the care of Stephanie Phillips, Co | ntroller | | | | | |
| | | | ard Olici | , | | | | |
| Tele | phone | No. ► 972-580-2300 | E | ax No. ▶ | 070 500 0400 | | | |
| If the | e Organ | ization does not have an office as also as | : L | | | | | _ |
| • If this | s is for | a Group Return, enter the organization's f | ousiness in i | ine United States, ch | eck this box | | | ,, ,,,, ▶□ |
| for the | whole | group, check this box | If it is for part | of the group, sheet | # (GEN) | | If ti | his is |
| a list w | vith the | names and EINs of all members the exter | n it is for part | or the group, check | this dox , | | and a | ttach |
| 1 | I requ | est an automatic 3-month (6 months for a | COrporation r | oquired to file Ferry | 200 T) | | _ | |
| | until | November 15 , 20 16 , to file the ex | empt organiz | equired to life Form : | 990-1) extension of t | me | _ | _ |
| | for the | organization's return for: | empt organiz | ation return for the o | rganization named a | bove | . The ext | tension is |
| | | alendar year 20 15 or | | | | | | |
| | _ | , sai 20 <u>10</u> 01 | | | | | | |
| | ▶ 🗆 ta | ax year beginning | 20 | | | | | |
| 2 | If the t | ax year beginning ax year entered in line 1 is for less than 12 | , 2U | , and ending | | | , 20 | |
| _ | Cha | inge in accounting period | monus, cne | eck reason: LInitial | return Final retur | 'n | | |
| 3a | If this | application is for Forms 990-BL, 990-PF, 9 | 200 T 4700 | | | | | |
| | nonref | undable credits. See instructions. | 190-1, 4720, (| or buby, enter the ter | ntative tax, less any | | | |
| b | | | 4700 01 | 000 | | 3a | \$ | 0 |
| _ | estima | application is for Forms 990-PF, 990-T ted tax payments made. Include any prior | , 4/2U, OF 6 | voe, enter any refui | ndable credits and | | l | |
| C | Baland | ce due Subtract line 3h from line 3h trans | year overpay | ment allowed as a c | realt. | 3b | \$ | 0 |
| _ | EFTPS | ce due. Subtract line 3b from line 3a. Inclu (Electronic Federal Tax Payment System) | ue your payr | nent with this form, it | required, by using | | l | |
| | | | | | | 3с | \$ | 0 |
| instructi | ions. | are going to make an electronic funds withdray | val (direct debit | t) with this Form 8868, | see Form 8453-EO and | Form | 8879-EC |) for payment |



% STEPHANIE PHILLIPS 1325 W WALNUT HILL LN IRVING TX 75038-3008

| Notice | CP211A |
|--------------------|----------------------|
| Tax period | December 31, 2015 |
| Notice date | April 18, 2016 |
| Employer ID number | 22-1576300 |
| To contact us | Phone 1-877-829-5500 |
| | FAX 801-620-5555 |

Page 1 of 1



101176

Important information about your December 31, 2015 Form 990T

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 990T.
Your new due date is November 15, 2016.

What you need to do

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

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.

| Schedule C—Rent Incom (see instructions) | e (From Real | Pro | perty an | d Persor | nal Property | Lε | eased With Real Pro | perty) |
|---|---|-------------------|--------------|-------------------------------|---|-----|--|---|
| 1. Description of property | | | | | | | | |
| (4) | | | | | | | | |
| (1) | | ··· - | | | | | | |
| (2) | | | · | | | | | |
| (3) | | | | | | | | |
| (4) | 2. Rent received | Or acc | ort led | | | | | |
| | | | | | | | Of-A Daylandana dinasha | |
| (a) From personal property (if the per for personal property is more than more than 50%) | | perce | ntage of ren | t for personal | property (if the property exceeds profit or income) | | | connected with the income 2(b) (attach schedule) |
| (1) | | | | | 2 | 85 | | |
| (2) | | | | | | | | |
| (3) | | | | | | | | |
| (4) | | | | | | | | |
| Total | Т | otal | | | 21 | 85 | (b) Total deductions. | |
| (c) Total income. Add totals of cohere and on page 1, Part I, line 6, | column (A) | | | | | 85 | Enter here and on page 1 Part I, line 6, column (B) | |
| Schedule E-Unrelated D | ebt-Financed | Inc | ome (see | e instructio | ons) | | | |
| 1. Description of de | bt-financed proper | ty | | allocable | income from or to debt-financed | L | Deductions directly conductions debt-finance Straight line depreciation | |
| | | | | ' | property | Ι` | (attach schedule) | (attach schedule) |
| (1) | | | | | | Г | | |
| (2) | | | | | | Г | | |
| (3) | | | | | · · · · · · · · · · · · · · · · · · · | | | |
| (4) | | | | | | | | |
| Arnount of average acquisition debt on or allocable to debt-financed property (attach schedule) | 5. Average a of or all debt-finand (attach | ocable ced pro | to operty | 4 | Column divided column 5 | | 7. Gross income reportable (column 2 x column 6) | 8. Allocable deductions (column 6 × total of columns 3(a) and 3(b)) |
| (1) | | • | | | % | Γ | | |
| (2) | | | | | % | Т | | |
| (3) | | | | | % | Τ | | |
| (4) | | | - | | % | Г | | |
| Totals | | | | | | | inter here and on page 1, Part I, Ilne 7, column (A). | Enter here and on page 1, Part I, line 7, column (B). |
| Total dividends-received deduct | | | | | | | <i></i> ▶ | |
| Schedule F-Interest, Ann | uities, Royalt | ies, a | and Ren | ts From (| Controlled O | rg | anizations (see instruc | ctions) |
| | | | Exempt | Controlled | l Organizations | 3 | | |
| Name of controlled organization | 2. Employer identification nun | nber | | lated income instructions) | 4. Total of speci payments mad | | Part of column 4 that is included in the controlling organization's gross income | 6. Deductions directly connected with income In column 5 |
| (1) | | | | | | | | |
| (2) | | | | | i | | | |
| (3) | | | | | | | | |
| (4) | | | | | | | | |
| Nonexempt Controlled Organia | zations | | | | | | | |
| 7. Taxable Income | 8. Net unrela (loss) (see In | | | | tal of specified ments made | | 10. Part of column 9 that is included in the controlling organization's gross income | connected with income in |
| (1) | | | | | | | | |
| (2) | | | | | | | | |
| (3) | | | | | | | | |
| (4) | | | | | | | | |
| | | | | - | | | Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A). | Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B). |
| Totals | | | | | | , 1 | 1 | |

| Schedule G-Investment Incor | ne of a Section | 1 501(c) | (7), (9), | or (17) Organi | zation (see inst | ruction | s) | |
|---|---|----------------------------------|---|---|--|----------|-------------------------------|---|
| 1. Description of income | 2. Amount of inc | | 3 dire | Deductions ectly connected tach schedule) | 4. Set-aside (attach schedu | S | 5, 1 | Total deductions set-asides (col. 3 plus col. 4) |
| (1) | | | | | | | | |
| (2) | | | | | | | | |
| (3) | | | | | | | | |
| (4) | | | | | | | | |
| | Enter here and on Part I, line 9, colu | | | | | | | ere and on page 1, line 9, column (B). |
| Totals | | - 1 | 200 | | | 1_1_ | | |
| Schedule I-Exploited Exempt | Activity Incom | e, Othe | r Than | Advertising In | come (see insti | ructions | 3) | |
| 1. Description of exploited activity | 2. Gross unrelated business income from trade or business | dire connec produc unre | enses octly ted with ction of lated s income | 4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7. | 5. Gross income from activity that is not unrelated business income | attribu | penses Itable to Jimn 5 | 7. Excess exempt expenses (column 6 minus column 5, but not more than column 4). |
| (1) | | | | | | | | |
| (2) | | | | | | | | |
| (3) | | | | | | | | |
| (4) | | | | | | | | 1 |
| Table | Enter here and on page 1, Part I, line 10, col. (A). | Enter her page 1 line 10, | Part I, | | | | | Enter here and on page 1, Part II, line 26. |
| Schedule J—Advertising Incom | 10 (see instruction | nel | | <u> </u> | | | | |
| Part I Income From Period | | | oncoli | dated Basis | | | | |
| Tarti Moonie Hom Period | leas neported | lollac | 0113011 | | | | | 7 5 |
| 1. Name of periodical | 2. Gross advertising income | 3, Di advertisi | | 4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7. | 5. Circulation Income | | dership ests | 7. Excess readership costs (column 6 minus column 5, but not more than column 4). |
| (1) Consolidated Periodicals - Ex 1 | 1840660 | | 3205335 | Programme and | | | | |
| (2) | | | | | | | | |
| (3) | | | | | | | | |
| (4) | | | | | | | | |
| <u> </u> | | | | | | | | |
| Totals (carry to Part II, line (5)) Part II Income From Period 2 through 7 on a line-line | icals Reported | | 320533 <u>5</u> eparat | | ch periodical li | sted in | Part II | , fill in columns |
| 1. Name of periodical | 2. Gross advertising Income | 3. Di advertisir | - | 4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7. | 5. Circulation income | | dership sts | 7. Excess readership costs (column 6 minus column 5, but not more than column 4). |
| (1) | | | | | | | | |
| (2) | | | | | | | | |
| (3) | | | | | | | | |
| (4) | | | | | | | | |
| Totals from Part I | | | 1 | | | | | |
| | Enter here and on page 1, Part I, line 11, col. (A). | Enter here page 1, | Part I, | | | | | Enter here and on page 1, Part II, line 27. |
| Totals, Part II (lines 1-5) | | | | | | | | i |
| Schedule K—Compensation of | Officers, Direc | tors, ar | nd Trus | stees (see instru | | | - | |
| 1. Name | | | 2 | . Title | 3. Percent of time devoted to business | 4. C | | lon attributable to d business |
| (1) | | | | | % | | | |
| (2) | | | | | % | | | |
| (3) | | | | | % | | | |
| 4) | | | | | % | | | |
| Total. Enter here and on page 1, Part II, lis | ne 14 | | | | , , , , , > | | | |

SCHEDULE D (Form 1120)

Capital Gains and Losses

► Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-RIC, 1120-RIC, 1120-SF, or certain Forms 990-T.

OMB No. 1545-0123

Department of the Treasury Internal Revenue Service

▶ Information about Schedule D (Form 1120) and its separate instructions is at www.irs.gov/form1120.

| Nam | е | <u> </u> | | | Employ | er ide | entification number |
|-----|--|----------------------------------|---------------------------------|---|------------------------|--------|--|
| | Scouts of America | | | | | | 22-1576300 |
| Pa | Short-Term Capital Gains and Losses- | -Assets Held C | ne Year or Les | -T | | | -, |
| | See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to | (d) Proceeds (sales price) | (e) Cost (or other basis) | (g) Adjust or loss fro 8949, Par | om Form | n(s) | (h) Gain or (loss) Subtract column (e) from column (d) and combine |
| | whole dollars. | (sales price) | (Or Other pasis) | column (g | | | the result with column (g) |
| 1: | a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b | | | | | | |
| 11 | Totals for all transactions reported on Form(s) 8949 | | | | | | |
| | with Box A checked | | | | | | |
| 2 | Totals for all transactions reported on Form(s) 8949 with Box B checked | | | | | | |
| 3 | Totals for all transactions reported on Form(s) 8949 with Box C checked | | | | | | |
| | Chart tarms assisted acts from the tall and a few from | 6050 !! 00 | 0.7 | | | | |
| 4 | Short-term capital gain from installment sales from For | m 6252, line 26 or i | 37 | - 25 | 3. 35 | 4 | |
| 5 | Short-term capital gain or (loss) from like-kind exchang | es from Form 8824 | | | | 5_ | |
| 6 | Unused capital loss carryover (attach computation) | | | s as 10 : | | 6 | () |
| 7 | Net short-term capital gain or (loss). Combine lines 1a | through 6 in colum | n h | | | 7 | |
| | t II Long-Term Capital Gains and Losses— | | | | · · · · · | - | <u></u> |
| | See Instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars. | (d) Proceeds (sales price) | (e) Cost (or other basis) | (g) Adjust or loss fro 8949, Par column (g | m Form t II, line 2 | (s) | (h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g) |
| 88 | Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b | | | | | | |
| 8b | Totals for all transactions reported on Form(s) 8949 | | | | | | |
| | with Box D checked | | | | | | |
| 9 | Totals for all transactions reported on Form(s) 8949 with Box E checked | | | | | | |
| 10 | Totals for all transactions reported on Form(s) 8949 with Box F checked | | | | | | 11 |
| 44 | Fatan ania firma France 4707 than 7 and | | | | | 4.4 | |
| 11 | Enter gain from Form 4797, line 7 or 9 | | | 1 1 1 | 21 (2) | 11 | 6071 |
| 12 | Long-term capital gain from installment sales from Form | n 6252, line 26 or 3 | 7 2 2 2 2 2 2 | r) (2) (2) (| 2 2 | 12 | |
| 13 | Long-term capital gain or (loss) from like-kind exchange | es from Form 8824 | | n w w | 2 2 | 13 | |
| 14 | Capital gain distributions (see instructions) | | | | 0, 0, | 14 | |
| 15 | Net long-term capital gain or (loss). Combine lines 8a th | rough 14 in colum | nh | | | 15 | 6082 |
| Par | | | | | | | |
| 16 | Enter excess of net short-term capital gain (line 7) over | net long-term capil | tal loss (line 15) | | | 16 | -3681 |
| 17 | Net capital gain. Enter excess of net long-term capital g | gain (line 15) over n | et short-term capit | al loss (lin | ne 7) | 17 | 6082 |
| 18 | Add lines 16 and 17. Enter here and on Form 1120, pag Note: If losses exceed gains, see Capital losses in t | • | roper line on other | returns . | | 18 | 2401 |

Sales and Other Dispositions of Capital Assets

Information about Form 8949 and its separate instructions is at www.irs.gov/form8949. File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D. Attachment Sequence No. 12A

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

Social security number or taxpayer identification number

22-1576300

Boy Scouts of America

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Short-Term. Transactions involving capital assets you held 1 year or less are short term. For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was

| reported to the IRS Schedule D, line 1a | | | | | | | |
|---|-------------------|--------------------------------|-------------------------------------|---|-------------------------------------|--|--|
| fou must check Box A, B, or C complete a separate Form 8949, or one or more of the boxes, con | below. Chec | k only one l | oox. If more than | one box applie | s for your s | short-term transa | ctions, |
| (A) Short-term transactions (B) Short-term transactions (C) Short-term transactions | reported on | Form(s) 109 | 9-B showing bas | | | | e) |
| 1 (a) Description of property | (b) Date acquired | (c) Date sold or | (d) Proceeds | (e) Cost or other basis, See the Note below | If you enter ar enter a c | If any, to gain or loss. amount in column (g), code in column (f). parate instructions. | (h) Gain or (loss). Subtract column (e) |
| (Example: 100 sh. XYZ Co.) | (Mo., day, yr.) | disposed of (Mo., day, yr.) | (sales price) (see instructions) | and see Column (e) In the separate instructions | (f) Code(s) from instructions | (g) Amount of adjustment | from column (d) and combine the result with column (g) |
| | | | | | | | |
| | | | | | | | |
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| | | | | | | | |
| | | | | | | | |
| 2 Totals. Add the amounts in columns negative amounts). Enter each total Schedule D, line 1b (if Box A above | here and inclu | de on your | | Administration of the second second | | | |

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

above is checked), or line 3 (if Box C above is checked) ▶

Form 8949 (2015) Attachment Sequence No. 12A Name(s) shown on return. Name and SSN or taxpayer identification no, not required if shown on other side Social security number or taxpayer identification number **Boy Scouts of America** 22-1576300 Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check. Part II Long-Term. Transactions involving capital assets you held more than 1 year are long term. For short-term transactions, see page 1. Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions). You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need. (D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above) [(E) Long-term transactions reported on Form(s) 1099-B showing basis was not reported to the IRS (F) Long-term transactions not reported to you on Form 1099-B Adjustment, if any, to gain or loss. 1 If you enter an amount in column (g), (e) (h) enter a code in column (f). Gain or (loss). (c) (d) Cost or other basis (b) See the separate instructions Date sold or Proceeds See the Note below Subtract column (e) Description of property Date acquired disposed of (sales price) and see Column (e) from column (d) and (Mo., day, yr.) (Example: 100 sh. XYZ Co.) (Mo., day, yr.) in the separate (g) combine the result (see instructions) Code(s) from instructions with column (a) Amount of instructions adjustment Flow through from partnership K-1 11

above is checked), or line 10 (if Box F above is checked) ▶ 11 Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E

Sales of Business Property
(Also Involuntary Conversions and Recapture Amounts
Under Sections 179 and 280F(b)(2))

OMB No. 1545-0184

Department of the Treasury Internal Revenue Service

► Attach to your tax return.

Information about Form 4797 and its separate instructions is at www.irs.gov/form4797.

Attachment Sequence No. 27

| 146411 | o(o) shown on retain | | | | | I dentilying | IUITIIDE | şı |
|--------|---|--|---|--|---|--|----------|---|
| Boy | Scouts of America | | | | | | 22-15 | 76300 |
| 1 | Enter the gross proceeds | from sales or exc | hanges reported | to you for 2015 o | on Form(s) 1099-B o | r 1099-S (or | | |
| | substitute statement) that | | | | | | 1 | |
| Pa | Inti Sales or Exchan | | | | | | sions | From Other |
| | Than Casualty of | | | | | | 0.0 | 3710111 0 11101 |
| 2 | (a) Description of property | (b) Date acquired (mo., day, yr.) | (c) Date sold (mo., day, yr.) | (d) Gross sales price | (e) Depreciation allowed or allowable since | (f) Cost or o basis, plu improvement | s and | (g) Gain or (loss) Subtract (f) from the sum of (d) and (e) |
| | | | | | acquisition | expense of | sale | |
| Flor | w through from partnership | | | | | | | 6071 |
| | <u> </u> | | | | | | | |
| | <u> </u> | | | | | | | |
| | | | | | | | | |
| 3 | Gain, if any, from Form 468- | 4, line 39 | | | 0.00.00.00 | | 3 | |
| 4 | Section 1231 gain from insta | allment sales from | Form 6252, line 26 | 3 or 37 | | | 4 | |
| 5 | Section 1231 gain or (loss) f | rom like-kind exch | anges from Form | 8824 | | | 5 | |
| 6 | Gain, if any, from line 32, fro | m other than casu | alty or theft | | | | 6 | |
| 7 | Combine lines 2 through 6. | Enter the gain or (lo | oss) here and on th | ne appropriate line | as follows: . | | 7_ | 6071 |
| | Partnerships (except electinstructions for Form 1065, | ting large partner | ships) and S co | rporations. Repo | rt the gain or (loss) : | ollowing the | | |
| | Individuals, partners, S co line 7 on line 11 below and losses, or they were recap Schedule D filed with your re | rporation shareho skip lines 8 and 9 tured in an earlier | Iders, and all oth I. If line 7 is a gain year, enter the g | ers. If line 7 is zero n and you did not pain from line 7 as | o or a loss, enter the have any prior year | amount from section 1231 | | |
| 8 | Nonrecaptured net section : | 1231 losses from p | rior years (see inst | ructions) | | | 8 | |
| 9 | Subtract line 8 from line 7, I | f zero or less, enter | -0 If line 9 is zer | ro, enter the gain fr | rom line 7 on line 12 t | selow. If line | | |
| | 9 is more than zero, enter | | | | | | | |
| | capital gain on the Schedule | D filed with your r | eturn (see instruct | ions) | | | 9 | |
| Par | it II Ordinary Gains a | and Losses (se | e instructions |) | | | | |
| 10 | Ordinary gains and losses ne | ot included on lines | 11 through 16 (in | clude property held | d 1 year or less): | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| 11 | Loss, if any, from line 7 | | | | 224422 | 2222 | 11 | (|
| 12 | Gain, if any, from line 7 or ar | | | | 3 3 3 3 3 3 3 | 3 2 3 3 1 | 12 | |
| 13 | | | | | 888888 | | 13 | |
| 14 | Net gain or (loss) from Form | | | | | 3 8 8 8 | 14 | |
| 15 | Ordinary gain from installme | | | | | | 15 | |
| 16 | Ordinary gain or (loss) from I | | | | | | 16 | |
| 17 | Combine lines 10 through 16 | _ | | | 0 5 5 6 0 5 | | 17 | |
| | | | | | | | 11 | |
| 18 | For all except individual retu and b below. For individual r | | | | ne ot your return and | skip lines a | | |
| a | If the loss on line 11 includes | a loss from Form 4 | 684, line 35, colum | n (b)(ii), enter that p | art of the loss here. E | nter the part | | |
| | of the loss from income-prod | lucing property on a | Schedule A (Form | 1040), line 28, and | the part of the loss fi | om property | | |
| | used as an employee on Sche | · · | • | • | | | 18a | |
| b | Redetermine the gain or (los | s) on line 17 exclud | ling the loss, if any | , on line 18a. Ente | r here and on Form 1- | 040, line 14 | 18b | |

| | Gain From Disposition of Property Une (see instructions) | uei | | 200, 1202, | 1204 | , and 1200 | | |
|----------|---|-----------|----------------------|---------------|--------|----------------------------|-------------------|-------------------------------|
| 19 | (a) Description of section 1245, 1250, 1252, 1254, or 125 | 55 prope | erty: | | | (b) Date ac- (mo., day, | | (c) Date sold (mo., day, yr.) |
| | | | | <u> </u> | | | | |
| | | | | | | | | |
| | | | | | | | | |
| <u> </u> | , | | | 1 | | | | |
| | These columns relate to the properties on lines 19A through 19B | | Property A | Propert | у В | Propert | y C | Property D |
| 20 | Gross sales price (Note: See line 1 before completing.) | 20 | | | | | | |
| 21 | Cost or other basis plus expense of sale | 21 | | ļ | | | | |
| 22 | Depreciation (or depletion) allowed or allowable. | 22 | | | | | | <u> </u> |
| 23 | Adjusted basis. Subtract line 22 from line 21. , | 23 | | | | | | |
| 24 | Total gain. Subtract line 23 from line 20 | 24 | | | | | | |
| 25 | If section 1245 property: | - | | | | | | |
| | Depreciation allowed or allowable from line 22 | 25a | | | | } | | |
| | Enter the smaller of line 24 or 25a | 25b | | | | | | |
| 26 | If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291. | | | | | | | |
| а | Additional depreciation after 1975 (see instructions) | 26a | | | | | | |
| b | Applicable percentage multiplied by the smaller of line 24 or line 26a (see instructions) | 26b | | | | | | |
| C | Subtract line 26a from line 24. If residential rental property or line 24 is not more than line 26a, skip lines 26d and 26e | 26c | | | | | | |
| d | Additional depreciation after 1969 and before 1976. | 26d | | | | | | |
| 0 | Enter the smaller of line 26c or 26d | 26e | | | | | | <u> </u> |
| f | | 26f | | | | | | |
| g | Add lines 26b, 26e, and 26f | 26g | | | | | | |
| 27 | If section 1252 property: Skip this section if you did not dispose of farmland or if this form is being completed for a | | | | | | | |
| 1142 | partnership (other than an electing large partnership). | | | : | | | ĺ | |
| | Soil, water, and land clearing expenses | 27a | | | | | \longrightarrow | |
| | Enter the smaller of line 24 or 27b | 27b | <u></u> | | | | | • |
| 28 | If section 1254 property: | 270 | | | | | | |
| а | Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion (see instructions) | 28a | | | | | | |
| b | Enter the smaller of line 24 or 28a | 28b | | | | | | |
| 29 | If section 1255 property: | | | | | | \neg | |
| а | Applicable percentage of payments excluded from | | | | | | | |
| | income under section 126 (see instructions) | 29a | | | | | | |
| | Enter the smaller of line 24 or 29a (see instructions) . | 29b | | | | | | |
| Sun | mary of Part III Gains. Complete property colun | nns A t | nrough D throug | jh line 29b i | petore | going to lir | 1e 30. | |
| 30 | Total gains for all properties. Add property columns A thro | | | | | | 30 | |
| 31 | Add property columns A through D, lines 25b, 26g, 27c, 26 | | | | | | 31 | |
| 32 | Subtract line 31 from line 30. Enter the portion from casu other than casualty or theft on Form 4797, line 6 | | | | | | 32 | |
| Par | Recapture Amounts Under Sections 17 (see instructions) | '9 and | 280F(b)(2) Wh | en Busines | ss Us | | | or Less |
| | | | | | | (a) Section 179 | n | (b) Section 280F(b)(2) |
| 33 | Section 179 expense deduction or depreciation allowable | in prior | years. | 222 | 33 | | | <u> </u> |
| 34 | Recomputed depreciation (see instructions) | | | 2222 | 34 | | | |
| 35 | Recapture amount, Subtract line 34 from line 33. See the i | netructic | one for where to rer | oort | 35 | | Г | |

BOY SCOUTS OF AMERICA 22-1576300 2015 FORM 990-T, SCHEDULE J, PART I Consolidated Periodicals 12/31/15

| | Boys' Life | Scouting | Total |
|--|-----------------------|----------------------|-----------------------|
| Advertising Sales (See Exhibits 2 and 3) Less: Intracompany Advertising Sales | 1,204,474 | 1,014,690 | 2,219,164 |
| -Tobacco Prevention Program -Licensing | (40,788) (233,868) | (34,213) (69,635) | (75,001) (303,503) |
| Net Advertising Sales | 929,819 | 910,842 | 1,840,660 |
| Advertising Expenses | 2,158,797 | 1,425,042 | 3,583,839 |
| Less: Cost on Intracompany Sales | (274,656) | (103,848) | (378,504) |
| Net Advertising Expenses | 1,884,141 | 1,321,194 | 3,205,335 |
| NET GAIN (LOSS) | (954,322). | (410,352) | (1,364,675) |

EXHIBIT 2

BOY SCOUTS OF AMERICA Boys' Life Magazine 22-1576300 IRS FORM 990-T 12/31/15

| | | ADVERTISING | READERSHIP | TOTAL | LESS 50% | GROSS | |
|------|----------------------------------|--------------|---------------|---------------|---------------|---------------|-----------|
| CTR | | REVENUE/ | REVENUE! | REVENUE/ | MEALS & | REVENUES/ | ADVERT |
| # | DESCRIPTION | EXPENSE | EXPENSE | EXPENSE | ENTERTAINMENT | EXPENSES | ALLOC |
| | | Column F=D*A | Column E≃ D-F | Column D= B-C | Column C | Column B | Column A |
| | REVENUES: | | | | | | |
| 1570 | Reprint Feature Sales | | 0.00 | 0.00 | | 0.00 | |
| 1570 | Program Planning Package | | 33,877.28 | 33,877.28 | | 33,877.28 | |
| 1570 | Boy's Life Video | | 7,418.19 | 7,418.19 | | 7,418.19 | |
| | | | 40.040.00 | 40.040.00 | | 40.040.08 | |
| 1570 | Other Revenues | | 42,643.85 | 42,643.86 | | 42,643.85 | |
| 1621 | Subscriptions | | 9,486,518.53 | 9,486,518.53 | | 9,486,618.53 | |
| 1621 | Single Copy Sales | 4 004 454 00 | 23,906.88 | 23,906.88 | | 23,906.88 | |
| 1621 | Advertising Sales | 1,204,474.23 | 044.00 | 1,204,474.23 | | 1,204,474.23 | |
| 1510 | Other Revenue | | 244.88 | 244.88 | | 244.88 | |
| | TOTAL REVENUES | 1,204,474.23 | 9,594,609.61 | 10,799,083.84 | 0.00 | 10,799,083.84 | |
| | | | | | | | |
| | ALLOCATED EXPENSES: | | | | | | |
| 1510 | Boy's Life Editorial | 94,116.00 | 1,053,858.43 | 1,147,974.43 | (494.09) | 1,148,468.51 | 8.19844% |
| 1531 | Design/Photo | 36,650.00 | 261,814.85 | 298,464.85 | (41.25) | 298,506.09 | 12.27915% |
| 1551 | Circularization/ Distribution | 390,689.00 | 2,791,043.22 | 3,181,732.22 | 0.00 | 3,181,732.22 | 12.27915% |
| 1601 | Magazine Production | 427,880.00 | 3,056,723.68 | 3,484,603.68 | 00.0 | 3,484,603.68 | 12.27915% |
| 1611 | Magazine Div Publisher | 36,453.00 | 260,429.07 | 296,882.07 | (892.72) | 297,774.79 | 12.27915% |
| 1621 | Administrative Accounts | 25,486.00 | 177,063.14 | 202,548.14 | 0.00 | 202,548.14 | 12.58219% |
| | | 1,011,273.00 | 7,600,932.38 | 8,612,205.38 | (1,428.05) | 8,613,633.43 | |
| | DIRECT EXPENSES: | i | | | | | |
| 1521 | Editorial | | 0.00 | 0.00 | | 0.00 | |
| 1540 | Circulation Service Dir | | 505,775.90 | 505,775.90 | 0.00 | 505,775.90 | |
| 1561 | Customer Service | 0.00 | 177,220.64 | 177,220.64 | 0.00 | 177,220.64 | |
| 1570 | Program Planning | | 33,879.94 | 33,879.94 | | 33,879.94 | |
| 1581 | Advertising Sales Administration | 950,873.59 | | 950,873.59 | (8,066.18) | 958,928.76 | |
| 1591 | Advertising Sales Promo/Research | 196,649.98 | | 196,849.98 | 0.00 | 196,649.98 | |
| | TOTAL DIRECT EXPENSES | 1,147,523.57 | 716,876.48 | 1,864,400.04 | (8,055.18) | 1,872,455.22 | |
| | TOTAL EXPENSES | | 9 247 900 00 | 10,476,605.42 | | | |
| | · | 2,158,796.57 | 8,317,808.86 | | (9,483.23) | 10,486,088.65 | |
| | NET GAIN (LOSS) | (954,322.34) | 1,276,800.76 | 322,478.42 | 9,483.23 | 312,995.19 | |

Allocation percentages are based on various factors of time and materials used in advertising revenue production.

BOY SCOUTS OF AMERICA Scouting Magazine 22-1576300 IRS FORM 990-T 12/31/2015

EXHIBIT 3

| COST CTR# | | ADVERTISING REVENUE/ EXPENSE Column F=D*A | READERSHIP REVENUE/ EXPENSE Column E= D-F | ALLOCABLE INCOME TOTAL REVENUE/EXPENSE Column D= B-C | LESS 50% OF MEALS & ENTERTAINMENT Column C | GROSS REVENUES/ EXPENSES Column B | ADVERTISING ALLOCATION Column A |
|--------------------------------------|--|--|--|---|---|---|---|
| 1622 1622 1622 1622 1622 | REVENUES: Earned Subscriptions Advertising Sales Single Copy Sales Insert Income Production Fees | 1,014,689.55 | 1,767,737.33 0.00 0.00 0.00 | 1,767,737.33 1,014,689.55 0.00 0.00 | | 1,767,737.33 1,014,689.55 0.00 0.00 | |
| | TOTAL SALES | 1,014,689.55 | 1,767,737.33 | 2,782,426.88 | 0.00 | 2,782,426.88 | |
| 1532 1552 1602 1612 1622 | ALLOCATED EXPENSES: Magazine Design/Photo Distribution / Circulation Experimagazine Production Publishing Administration Scouting Administration | 459,215.00 35,069.00 39,289.00 | 108,755.90 798,088.80 822,431.75 62,802.94 70,365.95 | 169,482.90 1,243,710.80 1,281,646.76 97,871.94 109,654.95 | (17.68) 0.00 0.00 (297.58) 0.00 | 169,500.57 1,243,710.80 1,281,646.75 98,169.51 109,654.96 | 35.830% 35.830% 35.830% 35.830% 35.830% |
| | | 1,039,922.00 | 1,862,445.33 | 2,902,367.33 | (315.25) | 2,902,682.58 | |
| 1522 1562 1582 1592 | DIRECT EXPENSES: Scouting Magazine Editor Customer Service Advertising Sales Admin Advertising Sales Promo/Resi | 0.00 303,746.86 81,372.68 | 95,377.68 66,657.05 | 95,377.68 66,657.05 303,746.86 81,372.68 | (212.19) 0.00 (2,685.06) (83.25) | 95,589.86 86,657.05 306,431.92 81,456.93 | |
| | | 385,119.54 | 162,034.73 | 547,154.27 | (2,980.50) | 550,134.76 | |
| | TOTAL EXPENSES | 1,425,041.54 | 2,024,480.06 | 3,449,521.60 | (3,295.75) | 3,452,817.34 | |
| | NET GAIN (LOSS) | (410,351.99) | (256,742.73) | (667,094.72) | 3,295.75 | (670,390.46) | |

Allocation percentages are based on various factors of time and materials used in advertising revenue production.

Boy Scouts of America 22-1576300 Net Operating Loss Deduction Amount Available for Future Years 2015 Form 990-T, Page 1, Line 31

| | | 1 | | | - |
|--------|-------------|---------|----------------|--------------|--------------|
| | | Year | Capital | 30% | 50% |
| | | 1 | _ | | |
| | | Loss | Loss | Contribution | |
| Year | Loss | Expires | Carryforward | Carryforward | Carryforward |
| | | | | | |
| 1998 | , , , , , , | 2018 | | | |
| 1999 | 1,355,534 | 2019 | | | |
| 2000 | 762,190 | 2020 | | | |
| 2001 | 1,162,417 | 2021 | | | |
| 2002 | 1,659,844 | 2022 | | | |
| 2003 | 1,595,685 | 2023 | | | |
| 2004 | 2,109,869 | 2024 | | | |
| 2005 | 1,510,529 | 2025 | | | |
| 2006 | 1,694,011 | 2026 | | | |
| 2007 | 2,961,950 | 2027 | | | |
| 2008 | 2,527,010 | 2028 | | | |
| 2009 | 2,416,214 | 2029 | | | |
| 2010 | 1,653,152 | 2030 | | | |
| 2011 | 2,677,541 | 2031 | | | |
| 2012 | 3,125,794 | 2032 | | | |
| 2013 | 3,167,483 | 2033 | | | |
| 2014 | 1,772,279 | 2034 | 3,681 | 187 | 3,450 |
| 2015 | 1,491,967 | 2035 | (3,681) | | 998 |
| | | | \-,- , | | 1 |
| | | | | | |
| TOTALS | 35,261,473 | | 0 | 187 | 4,448 |

BOY SCOUTS OF AMERICA 22-1576300

FORM 990-T, PAGE 1, PART I PHILMONT SCOUT RANCH ACTIVITIES STATEMENT OF INCOME AND EXPENSE 12/31/2015

| | Cattle Operations | Jewelry Sales | Total |
|----------------------------|----------------------|------------------|------------|
| GROSS SALES | 171,581 | 116,993 | 288,574 |
| COST OF GOODS SOLD | 12,593 | 63,417 | 76,010 |
| GROSS PROFIT | 158,988 | 53,576 | 212,564 |
| DIRECT OPERATING EXPENSES: | | | |
| SALARIES AND WAGES | 105,677 | 37,072 | 142,749 |
| EMPLOYEE BENEFITS | 15,388 | | 15,388 |
| PAYROLL TAXES | 8,084 | 2,836 | 10,920 |
| SUPPLIES | 7,084 | 2,126 | 9,210 |
| FEED | 18,687 | | 18,687 |
| MISCELLANEOUS | 1,692 | | 1,692 |
| TRAVEL | 1,020 | | 1,020 |
| DUES AND SUBSCRIPTIONS | 500 | | 500 |
| MANAGEMENT SERVICES | 61,536 | | 61,536 |
| MAINTENANCE AND REPAIRS | 801 | | 801 |
| INSURANCE | 10,640 | | 10,640 |
| TAXES | 28,642 | | 28,642 |
| TOTAL | 259,751 | 42,034 | 301,785 |
| NET INCOME (LOSS) | (\$100,763) | \$11,542 | (\$89,221) |

BOY SCOUTS OF AMERICA 22-1576300 2015 FORM 990-T, PART I, Line 5 Income (loss) from partnerships

| Name | income (expense) | | |
|--|-------------------|-----------------------------------|--|
| | Form 990-T Line 5 | Form 990-T Line 4a and Schedule D | |
| Karpreilly Capital Partners LP | 158,359 | 0 | |
| BSA Commingled Endowment Fund LP | (57,825) | 1,089 | |
| Great Hill Equity Partners IV | (722) | 0 | |
| Thoma Bravo Fund IX AIV LP | 3,456 | 0 | |
| GTCR Fund X/B LP | (82,536) | 5,937 | |
| Thoma Bravo Fund X, LP | 3,872 | 0 | |
| Karpreilly Capital Partners II | (30,658) | 0 | |
| GTCR Fund XI/B LP | (32,513) | (944) | |
| Compass Diversified Holdings | 1,240 | 0 | |
| HPS LLC | 225 | 0 | |
| Adreessen Horowitz Fund III (AIV), LP | (3,370) | 0 | |
| Waterland Private Equity Fund V C.V. | 0 | 0 | |
| Training Training Training Training Training | • | • | |

Totals (40,472) 6,082