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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
BOY SCOUTS OF AMERICA 560 MIDDLE TENNESSEE

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
3414 HILLSBORO ROAD

City or town, state or country, and ZIP + 4
NASHVILLE, TN 37215

D Employer identification number
62-0477729

E Telephone number
(615) 383-9724

G Gross receipts $ 9,745,784

F Name and address of principal officer
HUGH TRAVIS
3414 HILLSBORO ROAD
NASHVILLE,TN 37215

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶ 1761

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW MTCBSA ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ | **L** Year of formation 1920 | **M** State of legal domicile TN

Part I Summary

1 Briefly describe the organization's mission or most significant activities
THE BOY SCOUTS OF AMERICA WAS FOUNDED IN 1920 AND EXISTS TODAY TO SERVE OTHERS BY HELPING INSTILL VALUES IN YOUNG PEOPLE AND PREPARE THEM TO MAKE ETHICAL CHOICES DURING THEIR LIFETIME AND ACHIEVE THEIR FULL POTENTIAL

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

Activities & Governance	**3** Number of voting members of the governing body (Part VI, line 1a)	**3**	241
	4 Number of independent voting members of the governing body (Part VI, line 1b)	**4**	240
	5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)	**5**	261
	6 Total number of volunteers (estimate if necessary)	**6**	9,356
	7a Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
	b Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
Revenue	**8** Contributions and grants (Part VIII, line 1h)	4,203,772	3,730,814
	9 Program service revenue (Part VIII, line 2g)	2,259,961	1,935,844
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	570,812	735,871
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	575,582	539,966
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	7,610,127	6,942,495
Expenses	**13** Grants and similar amounts paid (Part IX, column (A), lines 1–3)	156,830	172,628
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	3,391,220	3,471,856
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 905,202		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	3,001,007	2,690,547
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	6,549,057	6,335,031
	19 Revenue less expenses Subtract line 18 from line 12	1,061,070	607,464

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	**20** Total assets (Part X, line 16)	28,937,001	28,908,234
	21 Total liabilities (Part X, line 26)	727,409	644,326
	22 Net assets or fund balances Subtract line 21 from line 20	28,209,592	28,263,908

Part II Signature Block

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

Sign Here

****** | 2012-07-09
Signature of officer | Date

HUGH TRAVIS CORPORATE SECRETARY
Type or print name and title

Paid Preparer's Use Only

Preparer's signature: JILL HUDSON | Date | Check if self-employed ☐ | Preparer's taxpayer identification number (see instructions) P00061190

Firm's name (or yours if self-employed), address, and ZIP + 4: LATTIMORE BLACK MORGAN & CAIN PC, PO BOX 1869, BRENTWOOD, TN 370241869 | EIN ▶ 62-1199757 | Phone no ▶ (615) 377-4600

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III . . . . . ☑

1 Briefly describe the organization's mission

THE MIDDLE TENNESSEE COUNCIL BOY SCOUTS OF AMERICA WAS FOUNDED IN 1920 AND EXISTS TODAY TO SERVE OTHERS BY HELPING TO INSTILL VALUES IN YOUNG PEOPLE AND PREPARE THEM TO MAKE ETHICAL CHOICES DURING THEIR LIFETIME AND ACHIEVE THEIR FULL POTENTIAL COMMUNITY-BASED ORGANIZATIONS RECEIVE NATIONAL CHARTERS TO USE THE SCOUTING PROGRAM AS PART OF THEIR OWN YOUTH WORK IN THE MIDDLE TENNESSEE COUNCIL THESE 1,149 UNITS IN OUR COUNCIL HAVE GOALS COMPATIBLE WITH THOSE OF THE BSA AND INCLUDE RELIGIOUS, EDUCATIONAL, CIVIC, FRATERNAL, BUSINESS AND LABOR GROUPS, GOVERNMENTS, CORPORATIONS, PROFESSIONAL ASSOCIATIONS AND CITIZENS' GROUPS

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 $ 5,075,192 including grants of $ 172,628) (Revenue $ 2,711,134)

OUR YOUTH PARTICIPATE IN EXCITING INDOOR/OUTDOOR ACTIVITIES FOR BOYS (AGES 6-14) AND FOR YOUNG MEN AND WOMEN (AGES 14-20) THEY ARE UNDER THE GUIDANCE OF TRAINED ADULT VOLUNTEERS, WHO HELP THEM DEVELOP THE LIFE SKILLS THEY NEED TO BECOME FUTURE LEADERS AND ACTIVE CITIZENS IN THEIR COMMUNITIES THESE SKILLS INCLUDE INTERDEPENDANCE, ETHICAL DECISION MAKING, CONFLICT RESOLUTION, SELF-ESTEEM, LITERACY SKILLS, VALUES SYSTEM, PERSONAL GROWTH, LEADERSHIP DEVELOPMENT, SEXUAL RESPONSIBILITY, POSITIVE PEER RELATIONSHIPS, SERVICE TO OTHERS, MENTORING SKILLS, DRUG AWARENESS EDUCATION, TEAMWORK, FITNESS, POSITIVE TEEN-ADULT RELATIONSHIPS, SCHOOL-TO-WORK SKILLS, EMERGENCY PREPAREDNESS, CHARACTER EDUCATION, AND MANY MORE IN 2011, THE MIDDLE TENNESSEE COUNCIL CAMPED OVER 3,922 YOUTH AT BOXWELL RESERVATION SCOUT CAMP AND HAD OVER 4,908 FLOAT DAYS AT GRIMES CANOE BASE THROUGHOUT OUR PROGRAMS COMMUNITY SERVICE IS AN IMPORTANT STEP IN 2011, OVER 145,989 COMMUNITY SERVICE HOURS BY TIGER CUBS, CUB SCOUTS, BOY SCOUTS, VENTURES AND LEARNING FOR LIFE PARTICIPANTS WERE TRACKED OUR COUNCIL PROVIDES SERVICE TO 37 COUNTIES AND FORT CAMPBELL AND HUNDREDS OF COMMUNITIES IN THE STATE OF TENNESSEE SCOUTING NATIONWIDE TOTALS ARE CLOSE TO FIVE MILLION MEMBERS, WITH OVER ONE MILLION ADULT VOLUNTEERS SCOUTING IS NATIONAL AND INTERNATIONAL CURRENTLY WE HAVE OVER 27,000 YOUTH MEMBERS AND 9,356 ADULT VOLUNTEER LEADERS IN OUR COUNCIL ANY YOUTH OR LEADER IS ELIGIBLE TO JOIN THE SCOUTING PROGRAM IF THEY ARE WILLING TO SUBSCRIBE TO THE BSA'S DECLARATION OF RELIGIOUS PRINCIPLE, THE POLICIES AND BYLAWS OF THE BOY SCOUTS OF AMERICA, AND THE AGE GRADE JOINING REQUIREMENTS OUR COUNCIL IS AN IRS SECTION 501(C)(3) NON-PROFIT ORGANIZATION FUNDED BY MANY DIFFERENT SOURCES THESE SOURCES PROVIDE NEEDED INCOME TO SUPPORT THE SCOUTING PROGRAM IN THE 37 COUNTIES OF MIDDLE TENNESSEE OUR COLLEGE-EDUCATED AND TRAINED PROFESSIONAL STAFF MANAGES OVER 9,356 VOLUNTEERS ANNUALLY TO PROVIDE LEADERSHIP DEVELOPMENT, OPERATION OF COUNCIL FACILITIES AND NEEDED SPECIALIZED PROGRAMS AT A COST OF $209 PER YOUTH WE RECEIVE INCOME FROM TEN AREAS ANNUAL FRIENDS OF SCOUTING CAMPAIGN, PROJECT SALES, SPECIAL EVENTS, SALES OF SUPPLIES, CORPORATIONS AND FOUNDATIONS, PRODUCT SALES, ACTIVITIES, OUTDOOR EDUCATIONAL ENVIRONMENTAL FACILITIES, UNITED WAY, AND INVESTMENTS COUNCIL EXPENSES FROM OUR ANNUAL BUDGET CAN BE BROKEN DOWN AS FOLLOWS PROGRAM HOURS/UNIT SERVICE 72%, MANAGEMENT AND GENERAL HOURS 6%, FUNDRAISING HOURS 22% THESE PERCENTAGES ARE BASED UPON TIME STUDIES CONDUCTED ON OUR STAFF AN AUDIT IS HELD EACH YEAR AS REQUIRED AND IS REVIEWED AND APPROVED BY OUR COUNCIL VOLUNTEER EXECUTIVE BOARD AS PART OF OUR POLICY OF SOLID FISCAL MANAGEMENT PRACTICES AN ANNUAL COUNCIL CHARTER REVIEW IS ALSO HELD EVERY THREE YEARS WITH VOLUNTEERS THAT REVIEW LEADERSHIP, FINANCE, GROWTH, STEWARDSHIP, MARKETING, ADMINISTRATION AND PROGRAM THROUGH A DOCUMENT OF 84 QUESTIONS

4b (Code) (Expenses $ including grants of $) (Revenue $)

4c (Code) (Expenses $ including grants of $) (Revenue $)

4d Other program services (Describe in Schedule O)
(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses** ▶ $ 5,075,192

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, 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		No
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	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
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	Yes	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*	11c		No
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		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X.*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a	Yes	
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, XII, and XIII is optional*	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Part I*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Part II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Part III and IV*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	Yes	
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		No
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**		No
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**	Yes	
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? *If "Yes," complete Schedule L, Part IV*	**28c**	Yes	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**		No
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	**35a**		No
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**		No
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V . . . . . .

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	**1a**	10		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b**	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			**1c** Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	**2a**	261		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			**2b** Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			**3a**	No
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*			**3b**	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account or securities account)?			**4a**	No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .			**5a**	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			**5b**	No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			**5c**	
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?			**6a** Yes	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			**6b** Yes	
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			**7a** Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			**7b** Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			**7c**	No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			**7e**	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .			**7f**	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			**7g**	No
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			**7h**	No
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			**8**	
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?			**9a**	
b	Did the organization make a distribution to a donor, donor advisor, or related person?			**9b**	
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			**12a**	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state			**13a**	
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the aggregate amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?			**14a**	No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			**14b**	

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

Check if Schedule O contains a response to any question in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	241		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	240		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .		3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .		5		No
6	Did the organization have members or stockholders?		6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		8a	Yes	
b	Each committee with authority to act on behalf of the governing body?		8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		No

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	Yes	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Yes	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
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	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶ TN

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (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

19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

NHU NGUYEN
3414 HILLSBORO ROAD
NASHVILLE,TN 37215
(615) 383-9724

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

Check if Schedule O contains a response to any question in this Part VII . . . . . .☐

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees 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, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b **Sub-Total** . . . . . ▶										
c **Total from continuation sheets to Part VII, Section A** . . . . ▶										
d **Total (add lines 1b and 1c)** . . . . . ▶								752,385	0	113,326

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 1

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**4**	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 0

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	181,142				
	b	Membership dues					
	c	Fundraising events	132,985				
	d	Related organizations					
	e	Government grants (contributions)					
	f	All other contributions, gifts, grants, and similar amounts not included above	3,416,687				
	g	Noncash contributions included in lines 1a-1f $ 268,241					
	h	**Total.** Add lines 1a-1f		3,730,814			
Program Service Revenue			Business Code				
	2a	CAMPING FEES	713990	1,054,962	1,054,962		
	b	POPCORN SALES	713990	530,900	530,900		
	c	ACTIVITY FEES	713990	291,871	291,871		
	d	TRADING POST SALES	713990	58,111	58,111		
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f		1,935,844			
	3	Investment income (including dividends, interest and other similar amounts)		458,437			458,437
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
			(i) Real	(ii) Personal			
	6a	Gross rents					
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)					
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory	2,169,692				
	b	Less cost or other basis and sales expenses	1,892,258				
	c	Gain or (loss)	277,434				
	d	Net gain or (loss)		277,434	277,434		
Other Revenue	8a	Gross income from fundraising events (not including $ 132,985 of contributions reported on line 1c) See Part IV, line 18	a 103,911				
	b	Less direct expenses	b 61,801				
	c	Net income or (loss) from fundraising events		42,110			42,110
	9a	Gross income from gaming activities See Part IV, line 19	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from gaming activities					
	10a	Gross sales of inventory, less returns and allowances	a 1,300,739				
	b	Less cost of goods sold	b 849,230				
	c	Net income or (loss) from sales of inventory		451,509	451,509		
		Miscellaneous Revenue	Business Code				
	11a	REFUND - ACCIDENT INSU	713990	23,099	23,099		
	b	MISCELLANEOUS INCOME	713990	12,689	12,689		
	c	REFUND - LIABILITY PRE	713990	10,559	10,559		
	d	All other revenue					
	e	**Total.** Add lines 11a–11d		46,347			
	12	**Total revenue.** See Instructions		6,942,495	2,711,134	0	500,547

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) but are not required to complete columns (B), (C), and (D)

Check if Schedule O contains a response to any question in this Part IX . . . . . ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21				
2	Grants and other assistance to individuals in the United States See Part IV, line 22	172,628	172,628		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	367,428	264,548	22,046	80,834
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	2,371,005	1,707,124	142,260	521,621
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	131,250	108,423	5,096	17,731
9	Other employee benefits	402,376	332,394	15,624	54,358
10	Payroll taxes	199,797	165,563	7,643	26,591
11	Fees for services (non-employees)				
a	Management				
b	Legal	6,529		6,529	
c	Accounting	38,375	13,294	22,253	2,828
d	Lobbying				
e	Professional fundraising *See Part IV, line 17* . .				
f	Investment management fees	79,825		79,825	
g	Other	27,460	25,076	-2,951	5,335
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties . .				
16	Occupancy	422,621	389,739	7,341	25,541
17	Travel	263,560	217,778	10,221	35,561
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	36,738	29,261	1,669	5,808
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	412,436	323,762	19,797	68,877
23	Insurance	127,861	111,216	3,716	12,929
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	SUPPLIES	840,803	825,207	3,482	12,114
b	EQUIPMENT RENTAL	108,136	92,013	3,600	12,523
c	NATIONAL DUES	68,930	68,930	0	0
d	RECOGNITION AWARDS	56,392	48,146	1,841	6,405
e					
f	All other expenses	200,881	180,090	4,645	16,146
25	**Total functional expenses.** Add lines 1 through 24f	6,335,031	5,075,192	354,637	905,202
26	**Joint costs.** Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		1,442,763	1	728,765
	2	Savings and temporary cash investments		1,157,471	2	832,846
	3	Pledges and grants receivable, net		716,660	3	741,028
	4	Accounts receivable, net		11,157	4	62,616
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net		2,101	7	2,101
	8	Inventories for sale or use		404,800	8	367,920
	9	Prepaid expenses and deferred charges		77,587	9	95,208
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 19,845,313			
	b	Less accumulated depreciation	10b 6,362,235	12,321,000	10c	13,483,078
	11	Investments—publicly traded securities		7,132,865	11	6,908,302
	12	Investments—other securities See Part IV, line 11		5,670,597	12	5,686,370
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11			15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		28,937,001	16	28,908,234
Liabilities	17	Accounts payable and accrued expenses		257,561	17	190,549
	18	Grants payable			18	
	19	Deferred revenue		29,088	19	63,894
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		440,760	25	389,883
	26	**Total liabilities.** Add lines 17 through 25		727,409	26	644,326
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		13,930,480	27	14,776,937
	28	Temporarily restricted net assets		3,360,849	28	2,506,244
	29	Permanently restricted net assets		10,918,263	29	10,980,727
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		28,209,592	33	28,263,908
	34	Total liabilities and net assets/fund balances		28,937,001	34	28,908,234

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI . . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12) . . .	1	6,942,495
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,335,031
3	Revenue less expenses Subtract line 2 from line 1	3	607,464
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	28,209,592
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-553,148
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	28,263,908

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII . . . . . ☑

			Yes	No
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? . .	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 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	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separated basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits . .	3b		

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
BOY SCOUTS OF AMERICA 560 MIDDLE TENNESSEE

Employer identification number
62-0477729

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

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

1 ☐ A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

_____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☑ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization? **11g(i)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support?
Total									

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	9,670,556	3,897,524	3,776,358	3,987,367	3,730,814	25,062,619
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	9,670,556	3,897,524	3,776,358	3,987,367	3,730,814	25,062,619
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public Support.** Subtract line 5 from line 4						25,062,619

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	9,670,556	3,897,524	3,776,358	3,987,367	3,730,814	25,062,619
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	616,075	263,809	343,818	380,188	458,437	2,062,327
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 **Total support** (Add lines 7 through 10)						27,124,946

12 Gross receipts from related activities, etc (See instructions)	12	15,558,561

13 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))	14	92 400 %
15 Public Support Percentage for 2010 Schedule A, Part II, line 14	15	92 690 %

16a **33 1/3% support test—2011.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☑

b **33 1/3% support test—2010.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2011.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2010.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

18 **Private Foundation** If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ▶☐

Part III **Support Schedule for Organizations Described in IRC 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public Support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support** (Add lines 9, 10c, 11 and 12)						

14 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2011** (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from **2010** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2011.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support tests—2010.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

20 **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions ▶☐

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
BOY SCOUTS OF AMERICA 560 MIDDLE TENNESSEE

Employer identification number
62-0477729

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit ☐ Yes ☐ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a–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 Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, 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) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

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

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

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

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance	10,913,987	10,302,723	8,574,856	11,775,150	
b Contributions	231,403	15,685	346,910	69,727	
c Investment earnings or losses	-520,487	595,579	1,380,957	-3,270,021	
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	10,624,903	10,913,987	10,302,723	8,574,856	

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶ 0 %
- b Permanent endowment ▶ 94 180 %
- c Term endowment ▶ 5 820 %

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

		Yes	No
(i) unrelated organizations	3a(i)		No
(ii) related organizations	3a(ii)		No
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		5,403,981		5,403,981
b Buildings		12,011,863	4,426,218	7,585,645
c Leasehold improvements				
d Equipment		1,499,709	1,202,036	297,673
e Other		929,760	733,981	195,779
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				13,483,078

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests	5,145,457	F
(3) Other (A) KEMPKAU TRUST (ONE-THIRD INTEREST)-REAL ESTATE	336,570	F
(B) PINNACLE NATIONAL BANK-LONG TERM CD	204,343	F
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶	5,686,370	

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
ACTIVITY & REGISTRATION FEES	186,655
FUNDS HELD FOR OTHERS	203,228
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	389,883

2. Fin 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC740)

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	6,942,495
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	6,335,031
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	607,464
4	Net unrealized gains (losses) on investments	4	-553,148
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	-553,148
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	54,316

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	6,269,440
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	-553,148		
b	Donated services and use of facilities	2b	38,400		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	-514,748
3	Subtract line **2e** from line **1**			3	6,784,188
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b	158,307		
c	Add lines **4a** and **4b**			4c	158,307
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	6,942,495

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	6,215,124
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a	38,400		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	38,400
3	Subtract line **2e** from line **1**			3	6,176,724
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b	158,307		
c	Add lines **4a** and **4b**			4c	158,307
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	6,335,031

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	THE ENDOWMENT FUNDS ARE TO BE USED FOR SCHOLARSHIP PROGRAMS, PROPERTY MAINTENANCE, AND ANY OTHER ACTIVITIES OF THE COUNCIL
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	THE COUNCIL IS A NOT-FOR-PROFIT ORGANIZATION THAT IS EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND COMPARABLE STATE LAW AS A CHARITABLE ORGANIZATION WHEREBY ONLY UNRELATED BUSINESS INCOME, AS DEFINED BY SECTION 509(A)(1) OF THE CODE IS SUBJECT TO FEDERAL INCOME TAX THE COUNCIL CURRENTLY HAS NO UNRELATED BUSINESS INCOME ACCORDINGLY, NO PROVISION FOR INCOME TAXES HAS BEEN RECORDED A TAX POSITION IS RECOGNIZED AS A BENEFIT ONLY IF IT IS MORE LIKELY THAN NOT THAT THE TAX POSITION WOULD BE SUSTAINED IN A TAX EXAMINATION, WITH A TAX EXAMINATION BEING PRESUMED TO OCCUR THE AMOUNT RECOGNIZED IS THE LARGEST AMOUNT OF TAX BENEFIT THAT IS GREATER THAN 50% LIKELY OF BEING REALIZED ON EXAMINATION FOR TAX POSITIONS NOT MEETING THE MORE LIKELY THAN NOT TEST, NO TAX BENEFIT IS RECORDED THE COUNCIL HAD NO MATERIAL UNCERTAIN TAX POSITIONS THAT QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS AS OF DECEMBER 31, 2011 IT IS THE COUNCIL POLICY TO RECOGNIZE INTEREST AND/OR PENALTIES RELATED TO INCOME TAX MATTERS IN INCOME TAX EXPENSE AS OF DECEMBER 31, 2011, THE COUNCIL HAS ACCRUED NO INTEREST AND NO PENALTIES RELATED TO UNCERTAIN TAX POSITIONS IT IS THE COUNCIL POLICY TO RECOGNIZE INTEREST AND/OR PENALTIES RELATED TO INCOME TAX MATTERS IN INCOME TAX EXPENSE THE COUNCIL FILES U S FEDERAL INCOME TAX RETURNS THE COUNCIL IS CURRENTLY OPEN TO AUDIT UNDER THE STATUE OF LIMITATIONS FOR THE YEARS ENDED AFTER DECEMBER 31, 2008
		PART XII AND XIII - THESE AMOUNTS WERE NETTED AGAINST INCOME IN THE AUDITED FINANCIAL STATEMENTS

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
BOY SCOUTS OF AMERICA 560 MIDDLE TENNESSEE

Employer identification number
62-0477729

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

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

- **a** ☐ Mail solicitations
- **b** ☐ Internet and e-mail solicitations
- **c** ☐ Phone solicitations
- **d** ☐ In-person solicitations
- **e** ☐ Solicitation of non-government grants
- **f** ☐ Solicitation of government grants
- **g** ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ **Yes** ☐ **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization Form 990-EZ filers are not required to complete this table

(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
Total . . . . . ▶						

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

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than $5,000.

Revenue / Direct Expenses		(a) Event #1 EXTRAVAGANZA AUCTION (event type)	(b) Event #2 FALL GOLF TOURNAMENT (event type)	(c) Other Events 2 (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	81,797	72,745	82,354	236,896
	2 Less Charitable contributions	4,204	60,015	68,766	132,985
	3 Gross income (line 1 minus line 2)	77,593	12,730	13,588	103,911
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	18,458	16,706	26,637	61,801
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(61,801)
	11 Net income summary Combine lines 3 and 10 in column (d) ▶				42,110

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

Revenue / Direct Expenses		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				( )
	8 Net gaming income summary Combine lines 1 and 7 in column (d) ▶				

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

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

b If "No," Explain _____

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

b If "Yes," Explain _____

11 Does the organization operate gaming activities with nonmembers? . . . . . ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . . ☐ Yes ☐ No

13 Indicate the percentage of gaming activity operated in

a	The organization's facility	**13a**	
b	An outside facility	**13b**	

14 Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ ----------

Address ▶ ----------

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . . ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____

c If "Yes," enter name and address

Name ▶ ----------

Address ▶ ----------

16 Gaming manager information

Name ▶ ----------

Gaming manager compensation ▶ $ ----------

Description of services provided ▶ ----------

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . . ☐ Yes ☐ No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
BOY SCOUTS OF AMERICA 560 MIDDLE TENNESSEE

Employer identification number
62-0477729

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance

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 . . . ▶

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1) REGISTRATION WITH NATIONAL BOY SCOUTS OF AMERICA ORGANIZATION	2683		40,246	ACTUAL COST	REGISTRATIONN FEES
(2) PROGRAM SUPPLIES	229		4,592	ACTUAL COST	SUPPLIES
(3) CAMPERSHIPS	828		49,310	ACTUAL COST	CAMP SCHOLARSHIPS
(4) COLLEGE SCHOLARSHIPS PAID DIRECTLY TO SCHOOLS	46	78,480		ACTUAL COST	TUITION PAID DIRECTLY TO COLLEGES

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 ALL GRANTS TO INDIVIDUALS ARE IN THE FORM OF SPECIFIC ASSISTANCE FOR CAMP OR PROGRAM MATERIALS OF THE BOY SCOUTS AND ARE NOT IN THE FORM OF CASH ANY COLLEGE SCHOLARSHIPS AWARDED ARE PAID DIRECTLY TO THE INSTITUTION AND NOT TO THE INDIVIDUAL

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
BOY SCOUTS OF AMERICA 560 MIDDLE TENNESSEE

Employer identification number
62-0477729

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply ☑ Compensation committee ☑ Written employment contract ☐ Independent compensation consultant ☐ Compensation survey or study ☐ Form 990 of other organizations ☑ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) HUGH M TRAVIS	(i)	326,959	0	0	16,538	3,158	346,655	0
	(ii)	0	0	0	0	0	0	0
(2) RONNIE TURPIN	(i)	92,655	0	24,856	6,239	29,077	152,827	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Identifier	Return Reference	Explanation

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ. ▶See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
BOY SCOUTS OF AMERICA 560 MIDDLE TENNESSEE

Employer identification number
62-0477729

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

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

1 (a) Name of disqualified person	(b) Description of transaction	(c) Corrected? Yes	(c) Corrected? No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ $

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

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization? To	(b) From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	(e) No	(f) Approved by board or committee? Yes	(f) No	(g) Written agreement? Yes	(g) No
Total . . . . . ▶ $										

Part III Grants or Assistance Benefitting Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

Part IV **Business Transactions Involving Interested Persons.**

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
See Additional Data Table					

Part V **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier	Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 62-0477729
Name: BOY SCOUTS OF AMERICA 560 MIDDLE TENNESSEE

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(a) Name of interested person	**(b)** Relationship between interested person and the organization	**(c)** Amount of transaction $	**(d)** Description of transaction	**(e)** Sharing of organization's revenues?	
				Yes	**No**
ROY D ALEXANDER	BOARD MEMBER	3,200	AUTO SERVICES		No
JOHN BOUCHARD III	BOARD MEMBER	22,361	PLUMBING SERVICES		No
JOYCE I COOK	BOARD MEMBER	32,670	MERCHANT PROCESSING FEES		No
DAN HOGAN	BOARD MEMBER	0	BANKING SERVICES		No
JEFF LIPSCOMB	BOARD MEMBER	33,119	MARKETING SERVICES		No
ROBERT A MCCABE JR	BOARD MEMBER	0	BANKING SERVICES		No
ROBERT MCNEILLY	BOARD MEMBER	0	BANKING SERVICES		No
DAVID MCQUIDDY	BOARD MEMBER	11,386	PRINTING SERVICES		No
STEVE MORRIS	BOARD MEMBER	4,274	SHIPPING SERVICES		No
GREG MORTON	BOARD MEMBER	13,372	TELEPHONE SERVICES		No
JIM SCHMITZ	BOARD MEMBER	0	BANKING SERVICES		No

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

▸Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30.
▸ Attach to Form 990.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
BOY SCOUTS OF AMERICA 560 MIDDLE TENNESSEE

Employer identification number
62-0477729

Part I Types of Property

		(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining contribution amounts
1	Art—Works of art				
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded	X	12	258,601	FAIR MARKET VALUE
10	Securities—Closely held stock				
11	Securities—Partnership, LLC, or trust interests				
12	Securities—Miscellaneous				
13	Qualified conservation contribution—Historic structures				
14	Qualified conservation contribution—Other				
15	Real estate—Residential				
16	Real estate—Commercial				
17	Real estate—Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▸ (FOOD & SUPPLIES FOR CAMP)	X	8	9,640	FAIR MARKET VALUE
26	Other ▸ ( )				
27	Other ▸ ( )				
28	Other ▸ ( )				

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

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

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
BOY SCOUTS OF AMERICA 560 MIDDLE TENNESSEE

Employer identification number
62-0477729

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 2	THERE ARE SOME FATHERS AND SONS THAT SERVE ON THE BOARD TOGETHER
	FORM 990, PART VI, SECTION B, LINE 11	A COPY OF THE 990 IS PROVIDED TO THE BOARD FINANCE SUBCOMMITTEE FOR APPROVAL PRIOR TO FILING BUT IS NOT PROVIDED TO THE FULL BOARD
	FORM 990, PART VI, SECTION B, LINE 12C	THERE IS AN ANNUAL REVIEW WITH THE BOARD
	FORM 990, PART VI, SECTION B, LINE 15	ALL EMPLOYEE COMPENSATION REQUIRES BOARD APPROVAL
	FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST FINANCIALS ARE ALSO AVAILABLE ON GUIDESTAR AND D&B
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -553,148
		THE ORGANIZATION CONTINUES TO HAVE AN AUDIT COMMITTEE WHO ASSUMES RESPONSIBILITY OF SELECTING AN INDEPENDENT ACCOUNTANT TO AUDIT ITS FINANCIAL STATEMENTS THIS PROCESS HAS NOT CHANGED FROM PRIOR YEARS

Additional Data

Software ID:
Software Version:
EIN: 62-0477729
Name: BOY SCOUTS OF AMERICA 560 MIDDLE TENNESSEE

Form 990, Special Condition Description:

Special Condition Description

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ROY D ALEXANDER COUNCIL BOXWELL CHAIR	1 00	X						0	0	0
DEVAN D ARD JR ASSISTANT COUNCIL TREASURE	1 00	X		X				0	0	0
J B BAKER COUNCIL ADVANCEMENT CHAIR	1 00	X						0	0	0
ROBERT BELL COUNCIL LATIMER PROGRAM CH	1 00	X						0	0	0
LATTIE N BROWN COUNCIL ACTIVITIES CHAIR	1 00	X						0	0	0
ANDREW W BYRD COUNCIL PRESIDENT-ELECT	1 00	X		X				0	0	0
JOHN BRIGHT CAGE COUNCIL RELIGIOUS RELATION	1 00	X						0	0	0
RAY CAPP COUNCIL VP DISTRICT OPERAT	1 00	X		X				0	0	0
PENNY CARROLL AREA III VICE PRESIDENT	1 00	X		X				0	0	0
J B COX COUNCIL SILVER BEAVER CHAI	1 00	X						0	0	0
DAVID DAVIDSON COUNCIL VP CAMPING	1 00	X		X				0	0	0
WILLIAM R DEBERRY COUNCIL VP FINANCE	1 00	X		X				0	0	0
MARK EMKES COUNCIL PRESIDENT	1 00	X		X				0	0	0
JIM FELCH COUNCIL HEALTH & SAFETY CH	1 00	X						0	0	0
JOHN FINCH AREA PRESIDENT	1 00	X		X				0	0	0
ROBERT FLACK COUNCIL CUB SCOUT CHAIR	1 00	X						0	0	0
SAM O FRANKLIN III COUNCIL TRUSTEE	1 00	X						0	0	0
HOWARD GENTRY NATIONAL COUNCIL REP	1 00	X						0	0	0
BOB GESSLER ASSISTANT COUNCIL TREASURE	1 00	X		X				0	0	0
MARK GILL COUNCIL BOY SCOUT CHAIR	1 00	X						0	0	0
TIM GREENHOUSE COUNCIL STRATEGIC PLAN REV	1 00	X						0	0	0
LUKE GREGORY COUNCIL HIGH ADVENTURE CHA	1 00	X						0	0	0
JOHN HARNEY COUNCIL VP PROPERTIES	1 00	X		X				0	0	0
ROBB HARVEY COUNCIL YOUTH PROTECTION C	1 00	X						0	0	0
AUBREY B HARWELL JR COUNCIL TRUSTEE	1 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
WAYMON L HICKMAN COUNCIL TRUSTEES CHAIRMAN	1 00	X		X				0	0	0
DAN HOGAN COUNCIL VP ADMINISTRATION	1 00	X		X				0	0	0
ORRIN INGRAM COUNCIL CHAIRMAN OF BOARD	1 00	X		X				0	0	0
JOHN W LEA COUNCIL COMMISSIONER	1 00	X						0	0	0
MACK LINEBAUGH COUNCIL TRUSTEE	1 00	X						0	0	0
JEFF LIPSCOMB COUNCIL LATIMER MARKETING	1 00	X						0	0	0
KELLEY MAIER COUNCIL VP MARKETING	1 00	X		X				0	0	0
HILL MCALISTER COUNCIL COMPENSATION CHAIR	1 00	X						0	0	0
ROBERT A MCCABE JR COUNCIL TRUSTEE	1 00	X						0	0	0
ROBERT E MCNEILLY III COUNCIL TREASURER	1 00	X		X				0	0	0
DAVID MCQUIDDY COUNCIL 100TH ANNIVERSARY	1 00	X						0	0	0
CLAYTON MCWHORTER COUNCIL TRUSTEE	1 00	X						0	0	0
DON MILLER COUNCIL TRAINING CHAIRMAN	1 00	X						0	0	0
STEVE MORRIS COUNCIL VP MEMBERSHIP	1 00	X		X				0	0	0
WALTER OVERTON COUNCIL POPCORN CHAIR	1 00	X						0	0	0
LUKE OWNBY VENTURING PRESIDENT	1 00	X		X				0	0	0
PHIL PACSI COUNCIL VP MARKETING	1 00	X		X				0	0	0
JOHN PEARCE COUNCIL AUDIT CHAIR	1 00	X						0	0	0
TIM PETTUS AREA II VICE PRESIDENT	1 00	X		X				0	0	0
JOHN H ROE JR COUNCIL ENDOWMENT CHAIR	1 00	X		X				0	0	0
IAN ROMAINE OA LODGE ADVISER	1 00	X						0	0	0
JIM SCHMITZ COUNCIL MEMBERSHIP AUDIT C	1 00	X						0	0	0
JAMES E JIMMIE STEVENS JR COUNCIL TRUSTEE	1 00	X						0	0	0
JACK STRINGHAM COUNCIL LEGAL CHAIR	1 00	X						0	0	0
CHARLES SUEING COUNCIL VP SCOUTREACH	1 00	X		X				0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
HUGH C TANNER COUNCIL VENTURING CHAIR	1 00	X						0	0	0
JAMES R TUERFF COUNCIL INSURANCE CHAIR	1 00	X						0	0	0
JACK B TURNER COUNCIL TRUSTEE	1 00	X						0	0	0
TONY TURNER COUNCIL PARISH CHAIR	1 00	X						0	0	0
SCOTT TURNER AREA I VICE PRESIDENT	1 00	X		X				0	0	0
TIM ACREE COUNCIL TRUSTEE	1 00	X						0	0	0
K S BUD ADAMS JR COUNCIL TRUSTEE	1 00	X						0	0	0
TOM ADKINSON COUNCIL TRUSTEE	1 00	X						0	0	0
MICHAEL BARON COUNCIL TRUSTEE	1 00	X						0	0	0
LEE BEAMAN COUNCIL TRUSTEE	1 00	X						0	0	0
CRAIG BECKER COUNCIL TRUSTEE	1 00	X						0	0	0
JEFF BECKMAN COUNCIL TRUSTEE	1 00	X						0	0	0
SAM BELK COUNCIL TRUSTEE	1 00	X						0	0	0
PAUL BELL COUNCIL TRUSTEE	1 00	X						0	0	0
GEORGE W BISHOP III COUNCIL TRUSTEE	1 00	X						0	0	0
STEVE BLACKMON COUNCIL TRUSTEE	1 00	X						0	0	0
MITCHEL BONE COUNCIL TRUSTEE	1 00	X						0	0	0
W P BONE III COUNCIL TRUSTEE	1 00	X						0	0	0
DREW BORDAS COUNCIL TRUSTEE	1 00	X						0	0	0
JOHN BOUCHARD III COUNCIL TRUSTEE	1 00	X						0	0	0
WILLIAM BRADDY III COUNCIL TRUSTEE	1 00	X						0	0	0
CLAY BRIGHT COUNCIL TRUSTEE	1 00	X						0	0	0
TED BROWN COUNCIL TRUSTEE	1 00	X						0	0	0
ROSS BROWNER COUNCIL TRUSTEE	1 00	X						0	0	0
STUART BRUNSON COUNCIL TRUSTEE	1 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
CHARLES J BRYAN COUNCIL TRUSTEE	1 00	X						0	0	0
SUMMER BRYAN COUNCIL TRUSTEE	1 00	X						0	0	0
JOHN S BRYANT COUNCIL TRUSTEE	1 00	X						0	0	0
ELLEN BRYSON COUNCIL TRUSTEE	1 00	X						0	0	0
CRAIG BURFORD COUNCIL TRUSTEE	1 00	X						0	0	0
JIM BURTON COUNCIL TRUSTEE	1 00	X						0	0	0
BRAD BUSH COUNCIL TRUSTEE	1 00	X						0	0	0
BRIAN CALLAHAN COUNCIL TRUSTEE	1 00	X						0	0	0
JIM CARDEN COUNCIL TRUSTEE	1 00	X						0	0	0
BOB CARPENTER COUNCIL TRUSTEE	1 00	X						0	0	0
GREG CASHION COUNCIL TRUSTEE	1 00	X						0	0	0
HARVEY CHURCH COUNCIL TRUSTEE	1 00	X						0	0	0
DAN COOK COUNCIL TRUSTEE	1 00	X						0	0	0
STEVE COOK COUNCIL TRUSTEE	1 00	X						0	0	0
JIM COOPER COUNCIL TRUSTEE	1 00	X						0	0	0
ROBERT E CORLEW III COUNCIL TRUSTEE	1 00	X						0	0	0
BETH COURTNEY COUNCIL TRUSTEE	1 00	X						0	0	0
JUSTIN D CROSSLIN COUNCIL TRUSTEE	1 00	X						0	0	0
HAROLD CRYE COUNCIL TRUSTEE	1 00	X						0	0	0
JOHN DANIELEY COUNCIL TRUSTEE	1 00	X						0	0	0
DAVID B DEATHRIDGE JR COUNCIL TRUSTEE	1 00	X						0	0	0
WILLIAM PETE DELAY COUNCIL TRUSTEE	1 00	X						0	0	0
RICHARD E DIX COUNCIL TRUSTEE	1 00	X						0	0	0
STEVE DIX COUNCIL TRUSTEE	1 00	X						0	0	0
TOM DUBOIS COUNCIL TRUSTEE	1 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JAY HOLLOMON COUNCIL TRUSTEE	1 00	X						0	0	0
JEFF HOLMES COUNCIL TRUSTEE	1 00	X						0	0	0
BOB HORRAR COUNCIL TRUSTEE	1 00	X						0	0	0
JIM HORRAR COUNCIL TRUSTEE	1 00	X						0	0	0
STEVE HORRELL COUNCIL TRUSTEE	1 00	X						0	0	0
STEVE HOUGH COUNCIL TRUSTEE	1 00	X						0	0	0
JOHN HOWARD COUNCIL TRUSTEE	1 00	X						0	0	0
KEEL HUNT COUNCIL TRUSTEE	1 00	X						0	0	0
MIKE INGRAM COUNCIL TRUSTEE	1 00	X						0	0	0
SARAH INGRAM COUNCIL TRUSTEE	1 00	X						0	0	0
HARRY R JACOBSON COUNCIL TRUSTEE	1 00	X						0	0	0
JOHN JEWELL III COUNCIL TRUSTEE	1 00	X						0	0	0
STEPHEN JOHNS COUNCIL TRUSTEE	1 00	X						0	0	0
DAVID JOHNSON COUNCIL TRUSTEE	1 00	X						0	0	0
JULIUS JOHNSON COUNCIL TRUSTEE	1 00	X						0	0	0
HUNTER JONES COUNCIL TRUSTEE	1 00	X						0	0	0
KELVIN JONES COUNCIL TRUSTEE	1 00	X						0	0	0
A J KAZIMI COUNCIL TRUSTEE	1 00	X						0	0	0
WILLIAM A TINKER KELLY COUNCIL TRUSTEE	1 00	X						0	0	0
TERESA KINGERY COUNCIL TRUSTEE	1 00	X						0	0	0
TAB KIRKLAND COUNCIL TRUSTEE	1 00	X						0	0	0
HOWARD KIRKSEY III COUNCIL TRUSTEE	1 00	X						0	0	0
ED LANCASTER COUNCIL TRUSTEE	1 00	X						0	0	0
JIMMY LANGSDON COUNCIL TRUSTEE	1 00	X						0	0	0
CHUCK LASSING COUNCIL TRUSTEE	1 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DAN LAWSON COUNCIL TRUSTEE	1 00	X						0	0	0
JIM LEHMAN COUNCIL TRUSTEE	1 00	X						0	0	0
JOE L LESTER COUNCIL TRUSTEE	1 00	X						0	0	0
DAVID W LEVY COUNCIL TRUSTEE	1 00	X						0	0	0
CAROL LONG COUNCIL TRUSTEE	1 00	X						0	0	0
HANEY A LONG JR COUNCIL TRUSTEE	1 00	X						0	0	0
HAROLD LOVE COUNCIL TRUSTEE	1 00	X						0	0	0
RANDY LOWRY COUNCIL TRUSTEE	1 00	X						0	0	0
JAMES MANN COUNCIL TRUSTEE	1 00	X						0	0	0
ROBERT D MASSEY COUNCIL TRUSTEE	1 00	X						0	0	0
WALKER MATHEWS COUNCIL TRUSTEE	1 00	X						0	0	0
SHERRY MCGUGIN COUNCIL TRUSTEE	1 00	X						0	0	0
JIM MCKINNEY COUNCIL TRUSTEE	1 00	X						0	0	0
ALBERT MENEFEE III COUNCIL TRUSTEE	1 00	X						0	0	0
DENNIS MILLER COUNCIL TRUSTEE	1 00	X						0	0	0
EDDIE MILLER COUNCIL TRUSTEE	1 00	X						0	0	0
ALAN MORRISON COUNCIL TRUSTEE	1 00	X						0	0	0
GREGG MORTON COUNCIL TRUSTEE	1 00	X						0	0	0
REGGIE MUDD COUNCIL TRUSTEE	1 00	X						0	0	0
JEFF NOBLIN COUNCIL TRUSTEE	1 00	X						0	0	0
RICHARD OLSZEWSKI COUNCIL TRUSTEE	1 00	X						0	0	0
MIKE O'MALLEY COUNCIL TRUSTEE	1 00	X						0	0	0
ROBERT OTWELL COUNCIL TRUSTEE	1 00	X						0	0	0
TRACY PACK COUNCIL TRUSTEE	1 00	X						0	0	0
MELISSA PARIS COUNCIL TRUSTEE	1 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
WILLIAM WENZLER COUNCIL TRUSTEE	1 00	X						0	0	0
JAMES G WHITE II COUNCIL TRUSTEE	1 00	X						0	0	0
ROBIN WILHITE COUNCIL TRUSTEE	1 00	X						0	0	0
FREDDIE WILKERSON COUNCIL TRUSTEE	1 00	X						0	0	0
LARRY WILLIAMS COUNCIL TRUSTEE	1 00	X						0	0	0
ELEANOR WILLIS COUNCIL TRUSTEE	1 00	X						0	0	0
PETE WILLISTON COUNCIL TRUSTEE	1 00	X						0	0	0
WARD WILSON COUNCIL TRUSTEE	1 00	X						0	0	0
CHARLES WOMACK COUNCIL TRUSTEE	1 00	X						0	0	0
JACK L WOOD COUNCIL TRUSTEE	1 00	X						0	0	0
WALT WOOD COUNCIL TRUSTEE	1 00	X						0	0	0
CAROLYN YATES COUNCIL TRUSTEE	1 00	X						0	0	0
ROBERT YEAGER COUNCIL TRUSTEE	1 00	X						0	0	0
RAY YOUNG JR COUNCIL TRUSTEE	1 00	X						0	0	0
GEORGE L YOWELL COUNCIL TRUSTEE	1 00	X						0	0	0
HUGH M TRAVIS CORPORATE SECRETARY	40 00			X				326,959	0	20,773
CARL EDWARD ADKINS JR DIRECTOR OF SUPPORT SERVIC	40 00					X		102,806	0	9,193
DAVID M WILLIAMS EMPLOYEE	40 00					X		102,433	0	18,038
DON MCKINNEY EMPLOYEE	40 00					X		102,676	0	30,006
RONNIE TURPIN EMPLOYEE	40 00					X		117,511	0	35,316

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JIM DYER COUNCIL TRUSTEE	1 00	X						0	0	0
JOHN EAKIN COUNCIL TRUSTEE	1 00	X						0	0	0
MIKE EASLEY COUNCIL TRUSTEE	1 00	X						0	0	0
HARVILL EATON COUNCIL TRUSTEE	1 00	X						0	0	0
J D ELLIOTT COUNCIL TRUSTEE	1 00	X						0	0	0
PETE EZELL COUNCIL TRUSTEE	1 00	X						0	0	0
JOHN FERGUSON COUNCIL TRUSTEE	1 00	X						0	0	0
JOHN FRAME COUNCIL TRUSTEE	1 00	X						0	0	0
JOHN C FRIST COUNCIL TRUSTEE	1 00	X						0	0	0
GIL FUQUA JR COUNCIL TRUSTEE	1 00	X						0	0	0
GARY GARFIELD COUNCIL TRUSTEE	1 00	X						0	0	0
MICHAEL W GARFIELD COUNCIL TRUSTEE	1 00	X						0	0	0
JOHN GARLAND COUNCIL TRUSTEE	1 00	X						0	0	0
DAVID GARRETT COUNCIL TRUSTEE	1 00	X						0	0	0
EDDIE GEORGE COUNCIL TRUSTEE	1 00	X						0	0	0
TONY GIARRATANA COUNCIL TRUSTEE	1 00	X						0	0	0
MIKE GREENE COUNCIL TRUSTEE	1 00	X						0	0	0
NATE GREENE COUNCIL TRUSTEE	1 00	X						0	0	0
ROBERT GUISINGER COUNCIL TRUSTEE	1 00	X						0	0	0
JOHN HARDING COUNCIL TRUSTEE	1 00	X						0	0	0
KEN HARMS COUNCIL TRUSTEE	1 00	X						0	0	0
AUBREY B TREY HARWELL III COUNCIL TRUSTEE	1 00	X						0	0	0
HARRIS HASTON COUNCIL TRUSTEE	1 00	X						0	0	0
TERRY MAX HASTON COUNCIL TRUSTEE	1 00	X						0	0	0
DAMON T HININGER COUNCIL TRUSTEE	1 00	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JOE PEARSON COUNCIL TRUSTEE	1 00	X						0	0	0
JOHN C PEARSON COUNCIL TRUSTEE	1 00	X						0	0	0
M LEE PETERSEIM COUNCIL TRUSTEE	1 00	X						0	0	0
CLAY PETREY COUNCIL TRUSTEE	1 00	X						0	0	0
JOHN PETTY COUNCIL TRUSTEE	1 00	X						0	0	0
PHIL PFEFFER COUNCIL TRUSTEE	1 00	X						0	0	0
PAUL PLANT COUNCIL TRUSTEE	1 00	X						0	0	0
GREG POPE COUNCIL TRUSTEE	1 00	X						0	0	0
CARY W PULLIAM COUNCIL TRUSTEE	1 00	X						0	0	0
GUS PURYEAR COUNCIL TRUSTEE	1 00	X						0	0	0
AJITA RAJENDRA COUNCIL TRUSTEE	1 00	X						0	0	0
BUFORD REED COUNCIL TRUSTEE	1 00	X						0	0	0
JESSE REGISTER COUNCIL TRUSTEE	1 00	X						0	0	0
CHRIS REMKE COUNCIL TRUSTEE	1 00	X						0	0	0
NELSON REMUS COUNCIL TRUSTEE	1 00	X						0	0	0
DEMARCO REYNOLDS COUNCIL TRUSTEE	1 00	X						0	0	0
TATE RICH COUNCIL TRUSTEE	1 00	X						0	0	0
WAYNE RILEY COUNCIL TRUSTEE	1 00	X						0	0	0
MIKE ROBBINS COUNCIL TRUSTEE	1 00	X						0	0	0
TIM ROBERSON COUNCIL TRUSTEE	1 00	X						0	0	0
WILLIAM V ROLFE COUNCIL TRUSTEE	1 00	X						0	0	0
JOE RUSSELL COUNCIL TRUSTEE	1 00	X						0	0	0
CRAIG SALAZAR COUNCIL TRUSTEE	1 00	X						0	0	0
GARY D SASSER COUNCIL TRUSTEE	1 00	X						0	0	0
JIM SCHMIDT COUNCIL TRUSTEE	1 00	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
LEE SCOTT COUNCIL TRUSTEE	1 00	X						0	0	0
FLOYD SHECHTER COUNCIL TRUSTEE	1 00	X						0	0	0
BRUCE SHERMAN COUNCIL TRUSTEE	1 00	X						0	0	0
JERRY SMITH COUNCIL TRUSTEE	1 00	X						0	0	0
MONTEE SNEED COUNCIL TRUSTEE	1 00	X						0	0	0
CHRIS SNODDY COUNCIL TRUSTEE	1 00	X						0	0	0
BUZZ SPIVEY COUNCIL TRUSTEE	1 00	X						0	0	0
JAMES JIMMY W SPRADLEY JR COUNCIL TRUSTEE	1 00	X						0	0	0
GEORGE STADLER COUNCIL TRUSTEE	1 00	X						0	0	0
LELAN STATOM COUNCIL TRUSTEE	1 00	X						0	0	0
JOE N STEAKLEY COUNCIL TRUSTEE	1 00	X						0	0	0
MARK STEWART COUNCIL TRUSTEE	1 00	X						0	0	0
BOBBY F SULLIVAN COUNCIL TRUSTEE	1 00	X						0	0	0
HOOVER SUTHERLAND COUNCIL TRUSTEE	1 00	X						0	0	0
DIOGO TAVARES COUNCIL TRUSTEE	1 00	X						0	0	0
BARBI TAYLOR COUNCIL TRUSTEE	1 00	X						0	0	0
OVERTON THOMPSON COUNCIL TRUSTEE	1 00	X						0	0	0
TONY THOMPSON COUNCIL TRUSTEE	1 00	X						0	0	0
K GREGORY TUCKER COUNCIL TRUSTEE	1 00	X						0	0	0
LESTER TURNER JR COUNCIL TRUSTEE	1 00	X						0	0	0
DAVID VAUGHN COUNCIL TRUSTEE	1 00	X						0	0	0
LARRY VICKERS COUNCIL TRUSTEE	1 00	X						0	0	0
CORY WALKER COUNCIL TRUSTEE	1 00	X						0	0	0
KEN WEAVER COUNCIL TRUSTEE	1 00	X						0	0	0
PETE WEIEN COUNCIL TRUSTEE	1 00	X						0	0	0