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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 private foundations)

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

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

OMB No 1545-0047

2014

Open to Public Inspection

A For the 2014 calendar year, or tax year beginning 01-01-2014 , and ending 12-31-2014

B Check if applicable ☐ Address change ☐ Name change ☐ Initial return ☐ Final return/terminated ☐ Amended return ☐ Application pending	C Name of organization BOY SCOUTS OF AMERICA 560 MIDDLE TENNESSEE		D Employer identification number 62-0477729
	Doing business as		
	Number and street (or P O box if mail is not delivered to street address)	Room/suite	E Telephone number (615) 383-9724
	3414 HILLSBORO ROAD		
	City or town, state or province, country, and ZIP or foreign postal code NASHVILLE, TN 37215		G Gross receipts \$ 8,238,055
F Name and address of principal officer LARRY BROWN 3414 HILLSBORO ROAD NASHVILLE, TN 37215			
I Tax-exempt status ☒ 501(c)(3) ☐ 501(c) () ◀(insert no) ☐ 4947(a)(1) or ☐ 527		H(a) Is this a group return for subordinates? ☐ Yes ☒ No	
J Website: ▶ WWW.MTCBSA.ORG		H(b) Are all subordinates included? ☐ Yes ☐ No If "No," attach a list (see instructions)	
		H(c) Group exemption number ▶	
K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶			L Year of formation 1920
			M State of legal domicile TN

Part I	Summary																																										
Activities & Governance	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																																										
Revenue	<table><tr><td>3 Number of voting members of the governing body (Part VI, line 1a)</td><td>3</td><td>198</td></tr><tr><td>4 Number of independent voting members of the governing body (Part VI, line 1b)</td><td>4</td><td>197</td></tr><tr><td>5 Total number of individuals employed in calendar year 2014 (Part V, line 2a)</td><td>5</td><td>273</td></tr><tr><td>6 Total number of volunteers (estimate if necessary)</td><td>6</td><td>6,900</td></tr><tr><td>7a Total unrelated business revenue from Part VIII, column (C), line 12</td><td>7a</td><td>0</td></tr><tr><td>b Net unrelated business taxable income from Form 990-T, line 34</td><td>7b</td><td>0</td></tr></table>	3 Number of voting members of the governing body (Part VI, line 1a)	3	198	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	197	5 Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	273	6 Total number of volunteers (estimate if necessary)	6	6,900	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																								
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Part II Signature Block

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

Sign Here	***** Signature of officer	2015-08-11 Date			
	LARRY BROWN CORPORATE SECRETARY Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name JILL HUDSON	Preparer's signature JILL HUDSON	Date 2015-08-10	Check ☐ if self-employed	PTIN P00061190
	Firm's name ▶ LBMC PC			Firm's EIN ▶ 62-1199757	
	Firm's address ▶ PO BOX 1869 BRENTWOOD, TN 370241869			Phone no (615) 377-4600	

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

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

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.

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

4a	(Code	) (Expenses \$	5,225,018	including grants of \$	170,147) (Revenue \$	2,866,431)
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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 INTERDEPENDENCE, ETHICAL DECISIONS 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 2014, THE MIDDLE TENNESSEE COUNCIL CAMPED OVER 3829 YOUTH AT BOXWELL RESERVATION SCOUT CAMP AND HAD OVER 3687 FLOAT DAYS AT GRIMES CANOE BASE AND OVER 2802 YOUTH AND ADULTS PARTICIPATING IN HIGH ADVENTURE ACTIVITIES TO LATIMER RESERVATION. THROUGHOUT OUR PROGRAMS COMMUNITY SERVICE IS AN IMPORTANT STEP. IN 2014, OVER 100,000 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 19,703 YOUTH MEMBERS AND 6,900 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 6,900 VOLUNTEERS ANNUALLY TO PROVIDE LEADERSHIP DEVELOPMENT, OPERATION OF COUNCIL FACILITIES AND NEEDED SPECIALIZED PROGRAMS ESTIMATED AT A COST OF \$229 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	5,225,018
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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)? <i>If "Yes," complete Schedule A</i> 	Yes	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? 	Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		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? <i>If "Yes," complete Schedule C, Part II</i>		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? <i>If "Yes," complete Schedule C, Part III</i>		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? <i>If "Yes," complete Schedule D, Part I</i> 		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? <i>If "Yes," complete Schedule D, Part II</i> 		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> 		No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> 		No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> 	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, line 10? <i>If "Yes," complete Schedule D, Part VI</i> 	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? <i>If "Yes," complete Schedule D, Part VII</i> 	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? <i>If "Yes," complete Schedule D, Part VIII</i> 		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? <i>If "Yes," complete Schedule D, Part IX</i> 		No
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> 	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)? <i>If "Yes," complete Schedule D, Part X</i> 	Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> 	Yes	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> 		No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		No
14a Did the organization maintain an office, employees, or agents outside of the United States?		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? <i>If "Yes," complete Schedule F, Parts I and IV</i>		No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		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? <i>If "Yes," complete Schedule G, Part I</i> (see instructions) 		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? <i>If "Yes," complete Schedule G, Part II</i> 	Yes	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> 		No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	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), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	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? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	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? <i>If "Yes," complete Schedule L, Part IV</i>	28a	Yes	
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	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 direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	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? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	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.		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		No
3b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		No
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	Yes	
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	Yes	
7	Organizations that may receive deductible contributions under section 170(c).		
7a	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?	Yes	
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	Yes	
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
7d	If "Yes," indicate the number of Forms 8282 filed during the year.		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		No
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		No
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9a	Did the sponsoring organization make any taxable distributions under section 4966?		
9b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
10a	Initiation fees and capital contributions included on Part VIII, line 12.		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter		
11a	Gross income from members or shareholders.		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
13b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.		
13c	Enter the amount of reserves on hand.		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		No
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

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 or note to any line in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	198	
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent	197	
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 this 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 ☐ Other (explain in Schedule O)	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year	
20	State the name, address, and telephone number of the person who possesses the organization's books and records	NHU NGUYEN

3414 HILLSBORO PIKE
NASHVILLE, TN 37215 (615) 463-6313

Part VII

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

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

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

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

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

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

Part VII

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

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

1b	Sub-Total	▶			
c	Total from continuation sheets to Part VII, Section A	▶			
d	Total (add lines 1b and 1c)	▶	536,927	0	47,584

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▶3

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3 Yes	
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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>	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

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

			(A)	(B)	(C)	(D)
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a160,115			
	b	Membership dues	1b			
	c	Fundraising events	1c130,880			
	d	Related organizations	1d			
	e	Government grants (contributions)	1e			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f2,813,707			
	g	Noncash contributions included in lines 1a-1f \$	133,489			
	h	Total. Add lines 1a-1f	3,104,702			
Program Service Revenue	Business Code					
	2a	CAMPING FEES	7139901,452,531	1,452,531		
	b	POPCORN SALES	713990593,064	593,064		
	c	ACTIVITY FEES	713990291,004	291,004		
	d	TRADING POST SALES	71399059,692	59,692		
	e					
	f	All other program service revenue				
	g	Total. Add lines 2a-2f	2,396,291			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)	449,715			449,715
	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	989,246			
	b	Less cost or other basis and sales expenses	789,319			
	c	Gain or (loss)	199,927			
	d	Net gain or (loss)	199,927			199,927
	8a	Gross income from fundraising events (not including \$130,880 of contributions reported on line 1c) See Part IV, line 18	a97,216			
	b	Less direct expenses	b53,726			
	c	Net income or (loss) from fundraising events	43,490			43,490
	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	a1,167,046			
	b	Less cost of goods sold	b730,745			
	c	Net income or (loss) from sales of inventory	436,301	436,301		
	Miscellaneous Revenue		Business Code			
	11a	REFUND - ACCIDENT INSURANCE	71399019,136	19,136		
	b	REFUND - LIABILITY PREMIUM	7139909,270	9,270		
	c	MISCELLANEOUS INCOME	7139905,433	5,433		
	d	All other revenue				
	e	Total. Add lines 11a-11d	33,839			
	12	Total revenue. See Instructions	6,664,265	2,866,431	0	693,132

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A)

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21				
2	Grants and other assistance to domestic individuals See Part IV, line 22	170,147	170,147		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	337,573	243,053	20,254	74,266
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	2,158,834	1,554,361	129,530	474,943
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	104,467	86,179	4,083	14,205
9	Other employee benefits	438,271	361,546	17,129	59,596
10	Payroll taxes	196,186	162,800	7,454	25,932
11	Fees for services (non-employees)				
a	Management				
b	Legal				
c	Accounting	37,200	4,100	32,228	872
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees	92,879		92,879	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	22,953	2,529	19,886	538
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	608,330	576,580	7,088	24,662
17	Travel	232,263	194,711	8,384	29,168
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	35,798	28,636	1,599	5,563
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	474,743	372,673	22,788	79,282
23	Insurance	151,633	133,309	4,091	14,233
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a	SUPPLIES	954,538	950,970	797	2,771
b	EQUIPMENT RENTAL	100,256	88,878	2,540	8,838
c	NATIONAL DUES	70,786	70,786		
d	TELEPHONE	66,268	57,179	2,029	7,060
e	All other expenses	185,165	166,581	4,150	14,434
25	Total functional expenses. Add lines 1 through 24e	6,438,290	5,225,018	376,909	836,363
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ☐ if following SOP 98-2 (ASC 958-720)				

Part X

Balance Sheet

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

				(A)		(B)
				Beginning of year		End of year
Assets	1	Cash—non-interest-bearing		1,035,074	1	551,320
	2	Savings and temporary cash investments		107,184	2	178,080
	3	Pledges and grants receivable, net		794,669	3	677,983
	4	Accounts receivable, net		211	4	27,405
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		361,945	8	287,929
	9	Prepaid expenses and deferred charges		191,443	9	244,528
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a23,507,141			
	b	Less accumulated depreciation	10b7,829,579	15,418,881	10c	15,677,562
	11	Investments—publicly traded securities		6,166,155	11	4,842,477
	12	Investments—other securities See Part IV, line 11		8,934,487	12	11,326,044
	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)		33,010,049	16	33,813,328
Liabilities	17	Accounts payable and accrued expenses		305,130	17	398,993
	18	Grants payable			18	
	19	Deferred revenue		36,309	19	51,251
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	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		338,880	25	373,717
	26	Total liabilities. Add lines 17 through 25		680,319	26	823,961
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ☒ and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		18,943,163	27	20,139,033
	28	Temporarily restricted net assets		1,751,820	28	1,155,041
	29	Permanently restricted net assets		11,634,747	29	11,695,293
	Organizations that do not follow SFAS 117 (ASC 958), 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		32,329,730	33	32,989,367
	34	Total liabilities and net assets/fund balances		33,010,049	34	33,813,328

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	6,664,265
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,438,290
3	Revenue less expenses Subtract line 2 from line 1	3	225,975
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	32,329,730
5	Net unrealized gains (losses) on investments	5	433,662
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	32,989,367

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line 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? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2a	No
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2b	Yes
2c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes
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
3b	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	

Additional Data

Software ID:

Software Version:

EIN: 62-0477729

Name: BOY SCOUTS OF AMERICA 560 MIDDLE TENNESSEE

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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) GAIL PLUCKER COUNCIL COMMISSIONER	1 00	X		X				0	0	0
(1) TOM ADKINSON COUNCIL TRUSTEE	1 00	X						0	0	0
(2) ROY D ALEXANDER COUNCIL TRUSTEE	1 00	X						0	0	0
(3) DEVAN D ARD JR COUNCIL TRUSTEE	1 00	X						0	0	0
(4) J B BAKER PRESIDENT ELECT	1 00	X		X				0	0	0
(5) TOM BAKER COUNCIL TRUSTEE	1 00	X						0	0	0
(6) MICHAEL BARON COUNCIL TRUSTEE	1 00	X						0	0	0
(7) LEE BEAMAN PRESIDENT	1 00	X		X				0	0	0
(8) CRAIG BECKER COUNCIL TRUSTEE	1 00	X						0	0	0
(9) JEFF BECKMAN COUNCIL TRUSTEE	1 00	X						0	0	0
(10) YANCEY BELCHER COUNCIL TRUSTEE	1 00	X						0	0	0
(11) SAM BELK TREASURER	1 00	X		X				0	0	0
(12) STEVE BLACKMON COUNCIL TRUSTEE	1 00	X						0	0	0
(13) MITCHEL BONE COUNCIL TRUSTEE	1 00	X						0	0	0
(14) W P BONE III COUNCIL TRUSTEE	1 00	X						0	0	0
(15) JOHN BOUCHARD III COUNCIL TRUSTEE	1 00	X						0	0	0
(16) WILLIAM BRADDY III COUNCIL TRUSTEE	1 00	X						0	0	0
(17) CLAY BRIGHT COUNCIL TRUSTEE	1 00	X						0	0	0
(18) LATTIE N BROWN COUNCIL TRUSTEE	1 00	X						0	0	0
(19) TED BROWN COUNCIL TRUSTEE	1 00	X						0	0	0
(20) ROSS BROWNER COUNCIL TRUSTEE	1 00	X						0	0	0
(21) STUART BRUNSON COUNCIL TRUSTEE	1 00	X						0	0	0
(22) CHARLES J BRYAN COUNCIL TRUSTEE	1 00	X						0	0	0
(23) SUMMER BRYAN COUNCIL TRUSTEE	1 00	X						0	0	0
(24) JOHN S BRYANT 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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(26) TOD BURNHAM COUNCIL TRUSTEE	1 00	X						0	0	0
(1) JIM BURTON COUNCIL TRUSTEE	1 00	X						0	0	0
(2) BRAD BUSH COUNCIL TRUSTEE	1 00	X						0	0	0
(3) ANDREW W BYRD COUNCIL TRUSTEE	1 00	X						0	0	0
(4) JOHN BRIGHT CAGE COUNCIL TRUSTEE	1 00	X						0	0	0
(5) BRIAN CALLAHAN COUNCIL TRUSTEE	1 00	X						0	0	0
(6) RAY CAPP COUNCIL TRUSTEE	1 00	X						0	0	0
(7) JIM CARDEN COUNCIL TRUSTEE	1 00	X						0	0	0
(8) BOB CARPENTER COUNCIL TRUSTEE	1 00	X						0	0	0
(9) GREG CASHION COUNCIL TRUSTEE	1 00	X						0	0	0
(10) HARVEY CHURCH COUNCIL TRUSTEE	1 00	X						0	0	0
(11) DON COCHRAN COUNCIL TRUSTEE	1 00	X						0	0	0
(12) DAN COOK COUNCIL TRUSTEE	1 00	X						0	0	0
(13) STEVE COOK COUNCIL TRUSTEE	1 00	X						0	0	0
(14) JIM COOPER COUNCIL TRUSTEE	1 00	X						0	0	0
(15) ROBERT E CORLEW III COUNCIL TRUSTEE	1 00	X						0	0	0
(16) J B COX COUNCIL TRUSTEE	1 00	X						0	0	0
(17) WAVERLY CRENSHAW COUNCIL TRUSTEE	1 00	X						0	0	0
(18) JUSTIN D CROSSLIN COUNCIL TRUSTEE	1 00	X						0	0	0
(19) JOHN DANIELEY COUNCIL TRUSTEE	1 00	X						0	0	0
(20) DAVID DAVIDSON COUNCIL TRUSTEE	1 00	X						0	0	0
(21) WILLIAM R DEBERRY COUNCIL TRUSTEE	1 00	X						0	0	0
(22) WILLIAM PETE DELAY COUNCIL TRUSTEE	1 00	X						0	0	0
(23) DAN DELLINGER COUNCIL TRUSTEE	1 00	X						0	0	0
(24) STEVE DIX 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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(51) TOM DUBOIS COUNCIL TRUSTEE	1 00	X						0	0	0
(1) NICOLE DUNIGAN COUNCIL TRUSTEE	1 00	X						0	0	0
(2) JIM DYER COUNCIL TRUSTEE	1 00	X						0	0	0
(3) JOHN EAKIN COUNCIL TRUSTEE	1 00	X						0	0	0
(4) HARVILL EATON COUNCIL TRUSTEE	1 00	X						0	0	0
(5) J D ELLIOTT COUNCIL TRUSTEE	1 00	X						0	0	0
(6) MARK EMKES COUNCIL TRUSTEE	1 00	X						0	0	0
(7) PETE EZELL COUNCIL TRUSTEE	1 00	X						0	0	0
(8) JIM FELCH COUNCIL TRUSTEE	1 00	X						0	0	0
(9) JOHN FERGUSON COUNCIL TRUSTEE	1 00	X						0	0	0
(10) JOHN FINCH COUNCIL TRUSTEE	1 00	X						0	0	0
(11) ROBERT FLACK COUNCIL TRUSTEE	1 00	X						0	0	0
(12) JOHN FRAME COUNCIL TRUSTEE	1 00	X						0	0	0
(13) SAM O FRANKLIN III COUNCIL TRUSTEE	1 00	X						0	0	0
(14) JOHN C FRIST COUNCIL TRUSTEE	1 00	X						0	0	0
(15) GIL FUQUA JR COUNCIL TRUSTEE	1 00	X						0	0	0
(16) JOHN GARLAND COUNCIL TRUSTEE	1 00	X						0	0	0
(17) DAVID GARRETT COUNCIL TRUSTEE	1 00	X						0	0	0
(18) HOWARD GENTRY COUNCIL TRUSTEE	1 00	X						0	0	0
(19) BOB GESSLER COUNCIL TRUSTEE	1 00	X						0	0	0
(20) TONY GIARRATANA COUNCIL TRUSTEE	1 00	X						0	0	0
(21) L A GREEN COUNCIL TRUSTEE	1 00	X						0	0	0
(22) MIKE GREENE COUNCIL TRUSTEE	1 00	X						0	0	0
(23) LUKE GREGORY COUNCIL TRUSTEE	1 00	X						0	0	0
(24) ROBERT GUISINGER 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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(76) BILL HAGERTY COUNCIL TRUSTEE	1 00	X						0	0	0
(1) CARL HALEY COUNCIL TRUSTEE	1 00	X						0	0	0
(2) PHILIP HARDIN COUNCIL TRUSTEE	1 00	X						0	0	0
(3) JOHN HARDING COUNCIL TRUSTEE	1 00	X						0	0	0
(4) KEN HARMS COUNCIL TRUSTEE	1 00	X						0	0	0
(5) JOHN HARNEY COUNCIL TRUSTEE	1 00	X						0	0	0
(6) HOWARD HARRIS COUNCIL TRUSTEE	1 00	X						0	0	0
(7) ROBB HARVEY COUNCIL TRUSTEE	1 00	X						0	0	0
(8) AUBREY B HARWELL JR COUNCIL TRUSTEE	1 00	X						0	0	0
(9) AUBREY B TREY HARWELL III COUNCIL TRUSTEE	1 00	X						0	0	0
(10) HARRIS HASTON COUNCIL TRUSTEE	1 00	X						0	0	0
(11) TERRY MAX HASTON COUNCIL TRUSTEE	1 00	X						0	0	0
(12) WAYMON L HICKMAN TRUSTEE/CHAIRMAN	1 00	X		X				0	0	0
(13) DAMON T HININGER COUNCIL TRUSTEE	1 00	X						0	0	0
(14) DAN HOGAN COUNCIL TRUSTEE	1 00	X						0	0	0
(15) JAY HOLLOMON COUNCIL TRUSTEE	1 00	X						0	0	0
(16) BOB HERRAR COUNCIL TRUSTEE	1 00	X						0	0	0
(17) JIM HERRAR COUNCIL TRUSTEE	1 00	X						0	0	0
(18) STEVE HORRELL COUNCIL TRUSTEE	1 00	X						0	0	0
(19) STEVE HOUGH COUNCIL TRUSTEE	1 00	X						0	0	0
(20) JOHN HOWARD COUNCIL TRUSTEE	1 00	X						0	0	0
(21) KEEL HUNT COUNCIL TRUSTEE	1 00	X						0	0	0
(22) MIKE INGRAM COUNCIL TRUSTEE	1 00	X						0	0	0
(23) ORRIN INGRAM COUNCIL TRUSTEE	1 00	X						0	0	0
(24) HARRY R JACOBSON 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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(101) JOHN JEWELL III COUNCIL TRUSTEE	1 00	X						0	0	0
(1) DAVID JOHNSON COUNCIL TRUSTEE	1 00	X						0	0	0
(2) JULIUS JOHNSON COUNCIL TRUSTEE	1 00	X						0	0	0
(3) A J KAZIMI COUNCIL TRUSTEE	1 00	X						0	0	0
(4) TERESA KINGERY COUNCIL TRUSTEE	1 00	X						0	0	0
(5) TAB KIRKLAND COUNCIL TRUSTEE	1 00	X						0	0	0
(6) PAUL KLEINE-KRACHT COUNCIL TRUSTEE	1 00	X						0	0	0
(7) ED LANCASTER COUNCIL TRUSTEE	1 00	X						0	0	0
(8) JOHN LANGSDON COUNCIL TRUSTEE	1 00	X						0	0	0
(9) JOHN W LEA COUNCIL TRUSTEE	1 00	X						0	0	0
(10) JIM LEHMAN COUNCIL TRUSTEE	1 00	X						0	0	0
(11) JOE L LESTER COUNCIL TRUSTEE	1 00	X						0	0	0
(12) DAVID W LEVY COUNCIL TRUSTEE	1 00	X						0	0	0
(13) MACK LINEBAUGH COUNCIL TRUSTEE	1 00	X						0	0	0
(14) JEFF LIPSCOMB COUNCIL TRUSTEE	1 00	X						0	0	0
(15) RANDY LOWRY COUNCIL TRUSTEE	1 00	X						0	0	0
(16) RON LUSTIG COUNCIL TRUSTEE	1 00	X						0	0	0
(17) ROBERT D MASSEY COUNCIL TRUSTEE	1 00	X						0	0	0
(18) WALKER MATHEWS COUNCIL TRUSTEE	1 00	X						0	0	0
(19) HILL MCALISTER COUNCIL TRUSTEE	1 00	X						0	0	0
(20) ROBERT A MCCABE JR COUNCIL TRUSTEE	1 00	X						0	0	0
(21) SHERRY MCGUGIN COUNCIL TRUSTEE	1 00	X						0	0	0
(22) JIM MCKINNEY COUNCIL TRUSTEE	1 00	X						0	0	0
(23) ROBERT E MCNEILLY III COUNCIL TRUSTEE	1 00	X						0	0	0
(24) DAVID MCQUIDDY 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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(126) CLAYTON MCWHORTER COUNCIL TRUSTEE	1 00	X						0	0	0
(1) ALBERT MENELEE III COUNCIL TRUSTEE	1 00	X						0	0	0
(2) DON MILLER COUNCIL TRUSTEE	1 00	X						0	0	0
(3) STEVE MORRIS COUNCIL TRUSTEE	1 00	X						0	0	0
(4) REGGIE MUDD COUNCIL TRUSTEE	1 00	X						0	0	0
(5) KEITH NAPIER COUNCIL TRUSTEE	1 00	X						0	0	0
(6) RICHARD OLSZEWSKI COUNCIL TRUSTEE	1 00	X						0	0	0
(7) MIKE O'MALLEY COUNCIL TRUSTEE	1 00	X						0	0	0
(8) PHIL PACSI COUNCIL TRUSTEE	1 00	X						0	0	0
(9) JOHN PEARCE ASSISTANT TREASURER	1 00	X		X				0	0	0
(10) JOE PEARSON COUNCIL TRUSTEE	1 00	X						0	0	0
(11) M LEE PETERSEIM COUNCIL TRUSTEE	1 00	X						0	0	0
(12) CLAY PETREY COUNCIL TRUSTEE	1 00	X						0	0	0
(13) TIM PETTUS COUNCIL TRUSTEE	1 00	X						0	0	0
(14) PHIL PFEFFER COUNCIL TRUSTEE	1 00	X						0	0	0
(15) HART PHINNEY COUNCIL TRUSTEE	1 00	X						0	0	0
(16) GREG POPE COUNCIL TRUSTEE	1 00	X						0	0	0
(17) CARY W PULLIAM COUNCIL TRUSTEE	1 00	X						0	0	0
(18) GUS PURYEAR COUNCIL TRUSTEE	1 00	X						0	0	0
(19) AJITA RAJENDRA COUNCIL TRUSTEE	1 00	X						0	0	0
(20) BUFORD REED COUNCIL TRUSTEE	1 00	X						0	0	0
(21) JESSE REGISTER COUNCIL TRUSTEE	1 00	X						0	0	0
(22) CHRIS REMKE COUNCIL TRUSTEE	1 00	X						0	0	0
(23) NELSON REMUS COUNCIL TRUSTEE	1 00	X						0	0	0
(24) TIM ROBERSON 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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(151) JOHN H ROE JR COUNCIL TRUSTEE	1 00	X						0	0	0
(1) IAN ROMAINE COUNCIL TRUSTEE	1 00	X						0	0	0
(2) JOE RUSSELL CHAIRMAN OF THE BOARD	1 00	X		X				0	0	0
(3) MARK RUSSELL COUNCIL TRUSTEE	1 00	X						0	0	0
(4) CRAIG SALAZAR COUNCIL TRUSTEE	1 00	X						0	0	0
(5) STEVE SANDERS COUNCIL TRUSTEE	1 00	X						0	0	0
(6) GARY D SASSER COUNCIL TRUSTEE	1 00	X						0	0	0
(7) JIM SCHMITZ COUNCIL TRUSTEE	1 00	X						0	0	0
(8) LEE SCOTT COUNCIL TRUSTEE	1 00	X						0	0	0
(9) FLOYD SHECHTER COUNCIL TRUSTEE	1 00	X						0	0	0
(10) JERRY SMITH COUNCIL TRUSTEE	1 00	X						0	0	0
(11) MONTEE SNEED COUNCIL TRUSTEE	1 00	X						0	0	0
(12) CHRIS SNODDY COUNCIL TRUSTEE	1 00	X						0	0	0
(13) BUZZ SPIVEY COUNCIL TRUSTEE	1 00	X						0	0	0
(14) JAMES JIMMY W SPRADLEY JR COUNCIL TRUSTEE	1 00	X						0	0	0
(15) GEORGE STADLER COUNCIL TRUSTEE	1 00	X						0	0	0
(16) LELAN STATOM COUNCIL TRUSTEE	1 00	X						0	0	0
(17) JOE N STEAKLEY COUNCIL TRUSTEE	1 00	X						0	0	0
(18) MARK STEWART COUNCIL TRUSTEE	1 00	X						0	0	0
(19) JACK STRINGHAM COUNCIL TRUSTEE	1 00	X						0	0	0
(20) CHARLES SUEING COUNCIL TRUSTEE	1 00	X						0	0	0
(21) HOOVER SUTHERLAND COUNCIL TRUSTEE	1 00	X						0	0	0
(22) OVERTON THOMPSON COUNCIL TRUSTEE	1 00	X						0	0	0
(23) TONY THOMPSON COUNCIL TRUSTEE	1 00	X						0	0	0
(24) JACK B TURNER 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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(176) TONY TURNER COUNCIL TRUSTEE	1 00	X						0	0	0
(1) LESTER TURNER JR COUNCIL TRUSTEE	1 00	X						0	0	0
(2) LARRY VICKERS COUNCIL TRUSTEE	1 00	X						0	0	0
(3) KEN WEAVER COUNCIL TRUSTEE	1 00	X						0	0	0
(4) PETE WEIEN COUNCIL TRUSTEE	1 00	X						0	0	0
(5) JAMES G WHITE II COUNCIL TRUSTEE	1 00	X						0	0	0
(6) LARRY WILLIAMS COUNCIL TRUSTEE	1 00	X						0	0	0
(7) PETE WILLISTON COUNCIL TRUSTEE	1 00	X						0	0	0
(8) WARD WILSON VICE PRESIDENT DISTRICT OP	1 00	X		X				0	0	0
(9) CHARLES WOMACK COUNCIL TRUSTEE	1 00	X						0	0	0
(10) WALT WOOD COUNCIL TRUSTEE	1 00	X						0	0	0
(11) CAROLYN YATES ASSISTANT TREASURER	1 00	X		X				0	0	0
(12) GEORGE L YOWELL COUNCIL TRUSTEE	1 00	X						0	0	0
(13) JOHNNY STITES COUNCIL TRUSTEE	1 00	X						0	0	0
(14) TED LAROCHE COUNCIL TRUSTEE	1 00	X						0	0	0
(15) BLAIR WILSON COUNCIL TRUSTEE	1 00	X						0	0	0
(16) PATRICIA PURDY COUNCIL TRUSTEE	1 00	X						0	0	0
(17) KAREN SPIVEY COUNCIL TRUSTEE	1 00	X						0	0	0
(18) ED ARNING COUNCIL TRUSTEE	1 00	X						0	0	0
(19) TIM HALE COUNCIL TRUSTEE	1 00	X						0	0	0
(20) BILL JONES COUNCIL TRUSTEE	1 00	X						0	0	0
(21) DON EMERY COUNCIL TRUSTEE	1 00	X						0	0	0
(22) TIM ACREE COUNCIL TRUSTEE	1 00	X						0	0	0
(23) R J DANNER COUNCIL TRUSTEE	1 00	X						0	0	0
(24) KOLIN B HOLLADAY 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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(201) JAMES JIM LARSON COUNCIL TRUSTEE	1 00	X						0	0	0
(1) JOHN MURFEE COUNCIL TRUSTEE	1 00	X						0	0	0
(2) JOHN L PARISH COUNCIL TRUSTEE	1 00	X						0	0	0
(3) RON SHAFER COUNCIL TRUSTEE	1 00	X						0	0	0
(4) HUGH TANNER COUNCIL TRUSTEE	1 00	X						0	0	0
(5) SARAH TAYLOR COUNCIL TRUSTEE	1 00	X						0	0	0
(6) ANDREW WHITAKER COUNCIL TRUSTEE	1 00	X						0	0	0
(7) CARL EDWARD ADKINS JR DIRECTOR OF SUPPORT SERVIC	40 00					X		119,513	0	19,482
(8) RONNIE D TURPIN HIGH ADVENTURE DIRECTOR	40 00					X		106,879	0	17,498
(9) HUGH TRAVIS FORMER CORPORATE SECRETARY	40 00						X	310,535	0	10,604

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2014

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization BOY SCOUTS OF AMERICA 560 MIDDLE TENNESSEE	Employer identification number 62-0477729
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Part I

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

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

- 1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☒

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 10

☐

An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 11

☐

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

☐

Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
- b

☐

Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
- c

☐

Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
- d

☐

Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
- e

☐

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
- f

Enter the number of supported organizations _____
- g

Provide the following information about the supported organization(s)

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

Part II

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

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	3,987,367	3,730,814	3,694,754	3,777,365	3,104,702	18,295,002
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	3,987,367	3,730,814	3,694,754	3,777,365	3,104,702	18,295,002
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)						543,637
6 Public support. Subtract line 5 from line 4						17,751,365

Section B. Total Support							
Calendar year (or fiscal year beginning in) ▶		(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4	3,987,367	3,730,814	3,694,754	3,777,365	3,104,702	18,295,002
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	380,188	458,437	462,603	435,802	449,715	2,186,745
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)				38,229	33,839	72,068
11	Total support Add lines 7 through 10						20,553,815
12	Gross receipts from related activities, etc (see instructions)					12	17,895,946
13	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage			
14	Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	14	86 370 %
15	Public support percentage for 2013 Schedule A, Part II, line 14	15	86 140 %
16a	33 1/3% support test—2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 		
b	33 1/3% support test—2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 		
17a	10%-facts-and-circumstances test—2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization 		
b	10%-facts-and-circumstances test—2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization 		
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 IIISupport Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage		
15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2013 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2014. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
b 33 1/3% support tests—2013. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
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 Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a	
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b	
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a	
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b	
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a	
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	
c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6	
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7	
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).	8	
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a	
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b	
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c	
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a	
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).	10b	
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	
b A family member of a person described in (a) above?	11b	
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	

Part IV

Supporting Organizations (continued)

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI) _____		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2014			
a From 2009.			
b From 2010.			
c From 2011.			
d From 2012.			
e From 2013.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2015. Add lines 3j and 4c			
8 Breakdown of line 7			
a From 2010.			
b From 2011.			
c From 2012.			
d From 2013.			
e From 2014.			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference

Explanation

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
BOY SCOUTS OF AMERICA 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 value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ 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 education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

2

Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► _____

4

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

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ 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 section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9

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

Part III

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

1a

If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included in Form 990, Part VIII, line 1

► \$ _____

(ii) Assets included in Form 990, Part X

► \$ _____

2

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a

Revenue included in Form 990, Part VIII, line 1

► \$ _____

b

Assets included in Form 990, Part X

► \$ _____

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

Cat No 52283D

Schedule D (Form 990) 2014

Part III

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

- 3

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

a

☐ Public exhibition

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 XIII
- 5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

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

- 1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No
- b

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

	Amount
1c	
1d	
1e	
1f	
- 2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ Yes

☐ No
- b

If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

☐

Part V

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

	(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	13,191,042	11,364,609	10,624,903	10,913,987	10,302,723
b Contributions	404,209	141,744	22,162	231,403	15,685
c Net investment earnings, gains, and losses	488,768	2,181,321	1,232,939	-41,122	595,579
d Grants or scholarships					
e Other expenditures for facilities and programs	118,435	441,376	464,154	429,304	
f Administrative expenses	60,266	55,256	51,241	50,061	
g End of year balance	13,905,318	13,191,042	11,364,609	10,624,903	10,913,987

- 2

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

a

Board designated or quasi-endowment

10 200 %

b

Permanent endowment

84 110 %

c

Temporarily restricted endowment

5 690 %

The percentages in lines 2a, 2b, and 2c should equal 100%

3a

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

(i) unrelated organizations

3a(i)

☐ Yes

☐ No

(ii) related organizations

3a(ii)

☐ Yes

☐ No

b

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

3b

☐ Yes

☐ No
- 4

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

Part VI

Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		5,602,486		5,602,486
b Buildings		14,948,592	5,563,094	9,385,498
c Leasehold improvements				
d Equipment		1,636,928	1,472,288	164,640
e Other		1,319,135	794,197	524,938
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				15,677,562

Part XI

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

1	Total revenue, gains, and other support per audited financial statements	1	6,971,128
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	433,662
b	Donated services and use of facilities	2b	41,330
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	474,992
3	Subtract line 2e from line 1	3	6,496,136
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 XIII)	4b	168,129
c	Add lines 4a and 4b	4c	168,129
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	6,664,265

Part XII

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

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

1	Total expenses and losses per audited financial statements	1	6,311,491
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	41,330
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	41,330
3	Subtract line 2e from line 1	3	6,270,161
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 XIII)	4b	168,129
c	Add lines 4a and 4b	4c	168,129
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	6,438,290

Part XIII

Supplemental Information

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

Return Reference	Explanation
PART V, LINE 4	THE ENDOWMENT FUNDS ARE TO BE USED FOR SCHOLARSHIP PROGRAMS, PROPERTY MAINTENANCE, AND ANY OTHER ACTIVITIES OF THE COUNCIL
PART X, LINE 2	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, 2014. IT IS THE COUNCIL'S POLICY TO RECOGNIZE INTEREST AND/OR PENALTIES RELATED TO INCOME TAX MATTERS IN INCOME TAX EXPENSE. AS OF DECEMBER 31, 2014, THE COUNCIL HAS ACCRUED NO INTEREST AND NO PENALTIES RELATED TO UNCERTAIN TAX POSITIONS. IT IS THE COUNCIL'S 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 STATUTE OF LIMITATIONS FOR THE YEARS ENDED AFTER DECEMBER 31, 2011.
PART XI, LINE 4B - OTHER ADJUSTMENTS	RECLASSIFY INVESTMENT EXPENSES NETTED AGAINST INVESTMENT INCOME 92,879 RECLASSIFY COLLEGE SCHOLARSHIPS PAID THAT WERE NETTED AGAINST INCOME 75,250
PART XII, LINE 4B - OTHER ADJUSTMENTS	RECLASSIFY INVESTMENT EXPENSES NETTED AGAINST INVESTMENT INCOME 92,879 RECLASSIFY COLLEGE SCHOLARSHIPS PAID THAT WERE NETTED AGAINST INCOME 75,250
PART XII AND XIII	THESE AMOUNTS WERE NETTED AGAINST INCOME IN THE AUDITED FINANCIAL STATEMENTS

[illegible]

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

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

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
BOY SCOUTS OF AMERICA 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. Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a☐ Mail solicitations

e☐ Solicitation of non-government grants

b☐ Internet and email solicitations

f☐ Solicitation of government grants

c☐ Phone solicitations

g☐ Special fundraising events

d☐ In-person solicitations
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No
- b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total ▶						

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events		
		EXTRAVAGANZA AUCTION	FALL GOLF TOURNAMENT	3	(add col (a) through col (c))		
		(event type)	(event type)	(total number)			
Revenue	1	Gross receipts	75,490	61,906	90,700	228,096	
	2	Less Contributions . .	32,125	52,880	45,875	130,880	
	3	Gross income (line 1 minus line 2)	43,365	9,026	44,825	97,216	
Direct Expenses	4	Cash prizes					
	5	Noncash prizes . .					
	6	Rent/facility costs . .					
	7	Food and beverages .					
	8	Entertainment					
	9	Other direct expenses .	12,275	19,603	21,848	53,726	
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶					(53,726)
	11	Net income summary Subtract line 10 from line 3, column (d) ▶					43,490

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		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
	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 Subtract line 7 from line 1, column (d) ▶				

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

a Is the organization licensed to conduct gaming activities in each of these states?

☐ Yes ☐ No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

☐ Yes ☐ No

b If "Yes," explain _____

11

Does the organization conduct gaming activities with nonmembers?

☐ Yes ☐ No

12

Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

☐ Yes ☐ No

13

Indicate the percentage of gaming activities conducted in

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

14

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

Name

Address

15a

Does the organization have a contract with a third party from whom the organization receives gaming revenue?

☐ Yes ☐ No

b

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

\$ and the \$

c

If "Yes," enter name and address of the third party

Name

Address

16

Gaming manager information

Name

Gaming manager compensation

Description of services provided

☐ Director/officer

☐ Employee

☐ Independent contractor

17

Mandatory distributions

a

Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

☐ Yes ☐ No

b

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

\$

Part IV

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

Return Reference	Explanation
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Schedule G (Form 990 or 990-EZ) 2014

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
BOY SCOUTS OF AMERICA 560 MIDDLE TENNESSEE

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.

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

OMB No 1545-0047

2014

Open to Public
Inspection

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

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

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

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) REGISTRATION WITH NATIONAL BOY SCOUTS OF AMERICA ORGANIZATION	3380	54,086		ACTUAL COST	REGISTRATIONN FEES
(2) PROGRAM SUPPLIES	74		1,473	ACTUAL COST	UNIFORMS & HANDBOOKSUNIFORMS & HANDBOOKSUNIFORMS & HANDBOOKS
(3) CAMPERSHIPS	655		39,285	ACTUAL COST	CAMP SCHOLARSHIPS
(4) COLLEGE SCHOLARSHIPS PAID DIRECTLY TO SCHOOLS	53	75,250		ACTUAL COST	TUITION PAID DIRECTLY TO COLLEGES

Part IV

Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
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

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, line 23.
▶ Attach to Form 990.

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

OMB No 1545-0047

2014

Open to Public Inspection

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 appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. ☐ 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 or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. ☒ 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), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization?	5a		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 accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.	8		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 duplicate copies if additional space is needed.

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column(B) reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 HUGH TRAVIS, FORMER CORPORATE SECRETARY	(i)	294,101	0	16,434	0	10,604	321,139	0
	(ii)	 0	 0	 0	 0	 0	 0	 0

Part III **Supplemental Information**

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

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, line 38a or 40b.
► Attach to Form 990 or Form 990-EZ.
► Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization BOY SCOUTS OF AMERICA 560 MIDDLE TENNESSEE	Employer identification number 62-0477729
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Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only) Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b				
1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?
				YesNo

2	Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958	► \$	
3	Enter the amount of tax, if any, on line 2, above, reimbursed by the organization	► \$	

Part II

Loans to and/or From Interested Persons.

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

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?	(i) Written agreement?	
			To	From			Yes	No		Yes	No

Total	► \$			
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Part III Grants or Assistance Benefiting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27.				
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

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

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

Return Reference	Explanation
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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
(1) ROY D ALEXANDER	BOARD MEMBER	2,171	AUTO SERVICES		No
(2) JOHN BOUCHARD III	BOARD MEMBER	4,687	PLUMBING SERVICES		No
(3) BOB GESSLER	BOARD MEMBER		BANKING SERVICES		No
(4) CARL HALEY	BOARD MEMBER		LIMOUSINE SERVICE		No
(5) DAN HOGAN	BOARD MEMBER		BANKING SERVICES		No
(6) JEFF LIPSCOMB	BOARD MEMBER		MARKETING SERVICES		No
(7) RANDY LOWRY	BOARD MEMBER	19,717	FACILITY RENTAL		No
(8) ROBERT A MCCABE JR	BOARD MEMBER		BANKING SERVICES		No
(9) ROBERT E MCNEILLY III	BOARD MEMBER		BANKING SERVICES		No
(10) DAVID MCQUIDDY	BOARD MEMBER		PRINTING SERVICES		No
(11) STEVE MORRIS	BOARD MEMBER		SHIPPING SERVICES		No
(12) GREG MORTON	BOARD MEMBER		TELEPHONE SERVICES		No
(13) WALTER OVERTON	BOARD MEMBER	8,163	TICKETS		No
(14) MIKE ROBBINS	BOARD MEMBER		BANKING SERVICES		No
(15) GARRY SASSER	BOARD MEMBER	5,071	SHIPPING		No
(16) JIM SCHMITZ	BOARD MEMBER		BANKING SERVICES		No

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No 1545-0047

2014

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) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	20	50,896	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 ▶ (FURNITURE AND SUPPLIES FOR THE COTTAGE)	X	1	34,831	FAIR MARKET VALUE
26 Other ▶ (SAILBOAT)	X	1	33,962	FAIR MARKET VALUE
27 Other ▶ (VEHICLE)	X	1	10,256	FAIR MARKET VALUE
28 Other ▶ (FOOD & SUPPLIES FOR CAMP)	X	6	3,544	FAIR MARKET VALUE

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

30a

During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

30a

Yes

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 noncash contributions?

32a

No

b

If "Yes," describe in Part II

33

If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

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

Cat No 51227J

Schedule M (Form 990) (2014)

Part III

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

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 990-EZ or to provide any additional information.****▶ Attach to Form 990 or 990-EZ.****▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.**

OMB No 1545-0047

2014**Open to Public
Inspection**Name of the organization
BOY SCOUTS OF AMERICA 560 MIDDLE TENNESSEE**Employer identification number**

62-0477729

990 Schedule O, Supplemental Information

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
FORM 990, PART XII, LINE 2C	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