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DLN: 93493317091885

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 <a href="https://www.IRS.gov/form990">www.IRS.gov/form990</a>

OMB No 1545-0047

Open to Public Inspection

A Fo	or the 2	2014 cal	endar year, or tax year beginning	01-01-2014 , and ending 12-31-20	14			
		pplicable	C Name of organization NATIONAL BOY SCOUTS OF AMERICA	FOUNDATION		D Employ	er iden	tification number
	dress ch	-				75-26	75978	
	me chai	_	Doing business as					
•	tıal retu	m	Number and street (or P O box if ma	ıl ıs not delivered to street address) Room/	suite	E Telepho	ne numl	per
Fir ret		mınated	1325 West Walnut Hill Lane	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		(972)	580-2	300
┌ An	nended	return	City or town, state or province, count	ry, and ZIP or foreign postal code				
Гар	plication	n pending	Irving, TX 750383008			<b>G</b> Gross re	ceipts \$	63,936,367
			<b>F</b> Name and address of princ	ipal officer	H(a) I	s this a group	return	for
			Bradley D Farmer 1325 West Walnut Hill Lane			ubordinates?		┌ Yes 🗸 No
			Irving, TX 750383008		H(b) A	re all subordii	nates	┌ Yes ┌ No
					_   "	ncluded?		
Ι <sup>Τα</sup>	ax-exem	npt status	▼ 501(c)(3)	sert no )   4947(a)(1) or   527	_ I	f "No," attach	a list i	(see instructions)
J W	ebsite	e:► htt	p //www bsafoundation org		H(c)	Group exempt	on nun	nber ►
<b>K</b> For	m of org	ganızatıon	Corporation Trust Association	Other ►	<b>L</b> Year	of formation 199	95 <b>M</b>	State of legal domicile DC
Pa	rt I	Sum	ımary					
Governance	3	To finan and mat		, and programs of the Boy Scouts of In supporting Scouting, nationally a				
ove ove	2 (	Check tl	his box 🖛 if the organization dis	continued its operations or dispose	d of more th	an 25% of its	net as:	sets
Activities &				ng body (Part VI, line 1a)			3	12
Ē	1			f the governing body (Part VI, line 1			4	9
्र र	1			alendar year 2014 (Part V, line 2a) cessary)			5 6	0 
	1		·	rt VIII, column (C), line 12			7a	-3,604
	1			om Form 990-T, line 34			7b	0
				·		Prior Year		Current Year
	8	Contr	butions and grants (Part VIII, lin	e 1 h)		3,861,7	98	8,343,313
anue	9	Progra	am service revenue (Part VIII, lin		0	0		
Revenue	10			(A), lines 3, 4, and 7d)		2,478,6	_	1,381,187
	11		revenue (Part VIII, column (A), I	ines 5, 6d, 8c, 9c, 10c, and 11e) must equal Part VIII, column (A), l		19,9	45	0
	12					6,360,3	87	9,724,500
	13	Grant	s and sımılar amounts paıd (Part I	X, column (A), lines 1-3)		4,570,6	98	8,412,302
	14			(, column (A ), line 4)			0	0
g)	15	Saları 5–10		e benefits (Part IX, column (A), lines	5		0	0
1)Se	16a		•	column (A), line 11e)			0	0
Expenses	b	Total fu	ındraısıng expenses (Part IX, column (D),	line 25) ▶ 689,783				
ш	17			nes 11a-11d, 11f-24e)		1,969,0	88	1,225,696
	18			t equal Part IX, column (A), line 25)		6,539,7	_	9,637,998
	19	Reven	ue less expenses Subtract line 1	8 from line 12		-179,3	99	86,502
\$ 8 68					Begii	nning of Currei Year	nt	End of Year
Sets stan	20	Total	assets (Part X line 16)		_	<b>Year</b> 61,654,0	187	63,470,204
Not Assets or Fund Balances	21					11,872,2	_	11,278,624
<u> </u>	22			ne 21 from line 20		49,781,8	_	52,191,580
Pa	rt II	_	nature Block		<u> </u>	<u> </u>	•	
my k	nowled arer ha	dge and as any k		mined this return, including accomp plete Declaration of preparer (other				
		<u> 11 -                                 </u>	Print/Type preparer's name	Preparer's signature	Date	Charle .	PTIN	
Pai	d				5410	Check If self-employed		
	u pare		Firm's name 🕨			Firm's EIN 🕨		
	Onl		Firm's address 🕨			Phone no		

4b

4c

4d

990 (2014)	Page :
Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III	୮
Briefly describe the organization's mission	
velop a fund to financially support the mission, values, and programs for the Boy Scouts of America by promoting and soliciting s, and matching funds from individuals, corporations, and foundations interested in supporting Scouting through their local cound Scouting organizations, both nationally and internationally	
Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	 No
If "Yes," describe these new services on Schedule O	
Did the organization cease conducting, or make significant changes in how it conducts, any program services?	No
If "Yes," describe these changes on Schedule O	
Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported	,
(Code ) (Expenses \$ 8,652,675 including grants of \$ 8,412,302) (Revenue \$ 0)  To develop a fund to financially support the mission, values, and programs for the Boy Scouts of America by promoting and soliciting gifts, grants, and ma funds from individuals, corporations, and foundations interested in supporting Scouting through their local councils and other Scouting organizations, both n and internationally	
(Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )	
(Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )	
Other program services (Describe in Schedule O ) (Expenses \$ 0 including grants of \$ 0 ) (Revenue \$ 0 )	
Total program service expenses ► 8,652,675	·

Part IV	Check	klist 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>	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	6	Yes	
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>	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		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>	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10?  If "Yes," complete Schedule D, Part VI	11a		No
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Yes	
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule $E$	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Yes	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		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 $11e^{\gamma}$ If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Νo
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t 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? If "Yes," complete Schedule I, Parts I and II	21	Yes	
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? If "Yes," complete Schedule I, Parts I and III	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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	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? If "Yes," complete Schedule L, Part $I$	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
		28a		Νo
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	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		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule $M$ $\blacksquare$	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? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
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 $512(b)(13)$ ? If "Yes," complete Schedule R, Part V, line 2	35b		
36	<b>Section 501(c)(3) organizations.</b> 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? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> 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	<u></u>		<u>.,</u>
12	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable   1a   0		Yes	No
	Enter the number of Forms W-2G included in line 1a Enter-0- if not applicable  1b  1b	1		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	1		
Ī	gaming (gambling) winnings to prize winners?	<b>1</b> c	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			
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	i		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Νo
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
h	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? $\cdot$ .	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
_		5c		
	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?	6a		N o
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	_		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		N o
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	file Form 8282?	7c		Νo
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νο
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
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?	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12   10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	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?	12a		
b	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.			
a	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states			
c	In which the organization is licensed to issue qualified health plans	-		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i> .	14b		

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

Check if Schedule O contains a response of note to any line in this Part VI	Schedule O contains a response or note to any line in this Part VI
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Se	ection A. Governing Body and Management						
						Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		12			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O						
b	Enter the number of voting members included in line 1a, above, who are independent	1b		9			
2	Did any officer, director, trustee, or key employee have a family relationship or a bus other officer, director, trustee, or key employee?			ith any	2		No
3	Did the organization delegate control over management duties customarily performe supervision of officers, directors or trustees, or key employees to a management con	d by d	r under the dir		3		No
4	Did the organization make any significant changes to its governing documents since filed?			was	4		No
5	Did the organization become aware during the year of a significant diversion of the oi			, .	5		No
6	Did the organization have members or stockholders?				6		Νo
7a	Did the organization have members, stockholders, or other persons who had the pow more members of the governing body?				7a		No
b	Are any governance decisions of the organization reserved to (or subject to approva or persons other than the governing body?				7b		No
8	Did the organization contemporaneously document the meetings held or written action year by the following	ons ur	ndertaken durin	ig the			
а	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, organization's mailing address? If "Yes," provide the names and addresses in Schedule				9		Νo
Se	ection B. Policies (This Section B requests information about policies not a	requi			eveni	ıe Cod	e.)
Se	ection B. Policies (This Section B requests information about policies not a	requi			eveni	ue Code Yes	e.) <b>No</b>
	Did the organization have local chapters, branches, or affiliates?	requi			evenu 10a		
10a			red by the In	ternal R			No
10a b	Did the organization have local chapters, branches, or affiliates?	 tivitie: on's e	red by the In	ternal R	10a 10b		No
10a b 11a	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization that the organization provided a complete copy of this Form 990 to all members of it	tivitie: on's e	red by the In	ternal R  ers, s? fore filing	10a 10b		No No
10a b 11a b	Did the organization have local chapters, branches, or affiliates?	tivities on's e s gov	red by the In	ternal R  ers, s? fore filing	10a 10b		No No
10a b 11a b 12a	Did the organization have local chapters, branches, or affiliates?	tivitie on's e s gov form 9	red by the In	ternal R	10a 10b 11a	Yes	No No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	tivities on's e s gov form 9	red by the In	ternal R  cers, s? fore filing d give . describe	10a 10b 11a 12a	Yes	No No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?  If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization Has the organization provided a complete copy of this Form 990 to all members of it the form?  Describe in Schedule O the process, if any, used by the organization to review this Form Did the organization have a written conflict of interest policy? If "No," go to line 13.  Were officers, directors, or trustees, and key employees required to disclose annuall rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with	tivities on's e s gov form 9 ily inte	s of such chapt xempt purpose erning body being the second	ternal R  ers, s? fore filing d give . describe .	10a 10b 11a 12a 12b	Yes Yes Yes	No No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?  If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization Has the organization provided a complete copy of this Form 990 to all members of it the form?  Describe in Schedule O the process, if any, used by the organization to review this F Did the organization have a written conflict of interest policy? If "No," go to line 13.  Were officers, directors, or trustees, and key employees required to disclose annuall rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done.	tivitie: on's e s gov form 9 ly inte the p	red by the In	ers, s? fore filing d give d give describe	10a 10b 11a 12a 12b	Yes Yes Yes Yes	No No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?  If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization Has the organization provided a complete copy of this Form 990 to all members of it the form?  Describe in Schedule O the process, if any, used by the organization to review this F Did the organization have a written conflict of interest policy? If "No," go to line 13.  Were officers, directors, or trustees, and key employees required to disclose annuall rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done.  Did the organization have a written whistleblower policy?	tivities on's e s gov form 9 ly inte the p	red by the In	ternal R  ers, s? fore filing d give . describe	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes	No No
10a b 11a b 12a b c 13 14	Did the organization have local chapters, branches, or affiliates?  If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization Has the organization provided a complete copy of this Form 990 to all members of it the form?  Describe in Schedule O the process, if any, used by the organization to review this F Did the organization have a written conflict of interest policy? If "No," go to line 13.  Were officers, directors, or trustees, and key employees required to disclose annuall rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done.  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a revi	tivities on's e s gov form 9 ly inte the p	red by the In	dernal R  ers, s? fore filing  d give  describe  describe	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes	No No
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	tivities on's e s gov form 9 ly inte the p	red by the In	dernal R  ers, s? fore filing  d give  describe  describe	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes	No No
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	tivities on's e s gov form 9 ly inte the p	red by the In	dernal R  ers, s? fore filing  d give  describe  describe	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes	No No
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates?	tivities on's e s gov form 9 ly inte the p	red by the In	dernal R ers, s? fore filing d give describe describe	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes	No No
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?	tivities on's e s gov form 9 ty inte the p iew an ie deli	red by the In	ternal R  cers, s? fore filing  d give  describe  cecision?  cecision?  the	10a 10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes	No No No No

- List the States with which a copy of this Form 990 is required to be filed AK, AL, AR, AZ, CA, CT, FL, GA, HI, IL, KS, KY, MA, MD, MI, MN, MS, NH, NJ, NM, NY, OK, OR, PA, RI, SC, TN, UT, VA, WV
- 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 Stephanie Phillips

1325 West Walnut Hill Lane

Irving, TX 750383008 (972)580-2300

# <u>Part VIII</u> Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0 in columns (D), (E), and (F) if no compensation was paid
  - ◆ List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, 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) A verage hours per week (list any hours	more pers	than on is	one bot rect	not box h ar	chec (, unle n offic	ess er	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	from the organization and related organizations
(1) Terrence P Dunn	1	l x		×				0	0	0
Vice President and Director (Jan - May 2014)	1	^		^				ı	0	0
(2) Aubrey B Harwell Jr	1									
Treasurer (Jan - May 2014), VP (May-Dec 2014) and Director	1	X		х				0	0	0
(3) Henry A Rosenberg Jr	1	x		х				0	0	0
Vice President and Director (Jan - May 2014)	1	^		_^				Ü	Ŭ	
(4) Wayne M Perry	1			×				0	0	0
President (Jan - May 2014) and Director	1	X		^				ı	0	0
(5) Bradley D Farmer	6									
Assistant Secretary and Director	40	X		X				0	362,907	261,087
(6) Wayne Brock	6	,,							540,474	
Secretary and Director	40	X		X				0	562,676	174,887
(7) Rex W Tillerson	1			Ī.,						
VP and Director	1	X		X				0	0	0
(8) Howard Bulloch	1									
Vice President and Director	1	X		Х				0	0	0
(9) Matthew K Rose	1									
VP and Director	1	X		Х				0	0	0
(10) Craig E Fenneman	1									
VP and Director (May - Dec 2014)	1	X		X				0	0	0
(11) Dr Robert M Gates	1							_	_	
President (May - Dec 2014) and Director	1	X		X				0	0	0
(12) Joseph P Landy	1	,,		,,				_	_	_
VP and Director (May - Dec 2014)	1	X		X				0	0	0
(13) James S Turley	1	,.		ļ.,						
Treasurer and Director (May - Dec 2014)	1	×		Х				0	0	0

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

(A) Name and Title	(B) A verage hours per week (list any hours	more t perso	han d n is l	ne l both	box, an	heck unless officer stee)	i	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations

1b	Sub-Total	•			
c	Total from continuation sheets to Part VII, Section A	۲			
d	Total (add lines 1b and 1c)	۰	0	925,583	435,974

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ►0

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

Coction	D	Tada		Contractors
Section	В.	Tuae	penaent	<b>Contractors</b>

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)	(B)	(C)		
Name and business address	Description of services	Compensation		
Table with the standard and the standard				

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

Form 99								Page <b>S</b>
Part V	<b>7</b>	Statement o	<b>f Revenue</b> ule O contains a respon	se or note to any lir	ne in this Part VIII			
					<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
- <u>- 2</u>	1a	Federated camp	paigns 1a	0			,	
ant	ь	Membership du	es <b>1b</b>	0				
Grants smounts	С	Fundraising eve	ents <b>1c</b>	0				
iffs, ar A	d	Related organiz	rations 1d	599,746				
n, G.	e	Government grants		0				
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contribution	ons, gifts, grants, and <b>1f</b> ot included above	7,743,567				
ntribu d Oth	g	Noncash contribution 1a-1f \$	ons included in lines	2,416,089				
ğ G	h	Total. Add lines	s 1a-1f	· · · •	8,343,313			
<u> </u>				Business Code				
E E	2a							
æ	b							
956	С							
Ser	d							
an E	e	A.II I						
Program Serwoe Revenue	f	All other progra	am service revenue					
	g		s 2a – 2f		0			
	3		ome (including dividend ar amounts)		362,565	О	-3,604	366,169
	4		tment of tax-exempt bond p	<u> </u>	0	0	0	(
	5	Royalties			0	0	0	(
			(ı) Real	(II) Personal				
	6a	Gross rents Less rental						
	Ь	expenses						
	С	Rental income or (loss)	0	0				
	d	Net rental incor	me or (loss)	<del>`</del>				
	7a	Gross amount	(ı) Securities	(II) O ther				
	'"	from sales of assets other than inventory	55,230,489	0				
	b	Less cost or other basis and	54,211,867	0				
		sales expenses Gain or (loss)	1,018,622	0				
	C d		s)		1,018,622	o	o	1,018,622
e Te		Gross income fi	rom fundraising luding					
Other Revenue		\$of contributions See Part IV, lin	0 s reported on line 1c) le 18					
<u>-</u>			a					
ŧ			penses <b>b</b> [ (loss) from fundraising e	wente				
•			rom gaming activities	events p-				
		222 i aic IV , iiii	a					
	b	Less direct ex	penses <b>b</b>					
			- loss) from gamıng actıv] ت	vities				
	10a	Gross sales of returns and allo						
			a					
	b	Less cost of go	oods sold <b>b</b>					
	С		loss) from sales of inve	-				
		Miscellaneous	s Revenue	Business Code			ı	
	11a							
	b							
	C	Λ II o+b c = =			0	0	0	(
	d e	Total. Add lines	ue [ s 11a-11d	🕨		0	0	
				_	0			
	12	Total revenue.	See Instructions	· · · •	9,724,500	О	-3,604	1,384,791

	·	
Part IX	Statement of Functional Expenses	
Section 50	1(c)(3) and 501(c)(4) organizations must complete all columns	All other organizations must complete column (A)
<u> </u>		

C   Accounting   2,500   1,575   125	, , , , , ,	,	otiloi oigaiiizat			
No. 86, 96, and 10b of Part VIII.   Total engineers   Programs registers   Management and engineers   Programs   Management and engineers   Management   Management and engineers   Management		Check if Schedule O contains a response or note to any line in this	Part IX		<u> </u>	<u> </u>
domestic governments   See Part IV, line 21   6,718,269   6,718,269   6,718,269   3,732,273   148,625			(A) Total expenses	Program service	Management and	( <b>D)</b> Fundraising expenses
2 Grants and other assistance to domestic individuals See Part IV, line 2	1		6,718,269	6,718,269		·
governments, and foreign individuals   See Part IV, lines 15   1,545,408   1,545,408    4 Benefits paid to or for members	2					
### Benefits paid to or for members    Compensation of current officers, directors, trustees, and key employees   Compensation not included above, to disqualified persons (as defined under section 4958((13)/B)	3	governments, and foreign individuals See Part IV, lines 15	·	·		
5 Compensation of current officers, directors, trustees, and key employees	4					
Compensation not included above, to disqualified persons (as defined under section 4958 (c)(3)(8) and persons described in section 4958 (c)(3)(8) and 403 (b) employer contributions (include section 401 (k) and 403 (b) employer contributions)  Other employee benefits	5	Compensation of current officers, directors, trustees, and				
### Pension plan accruals and contributions (include section 401 (k) and 403 (b) employer contributions)	6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons				
and 403(b) employer contributions)	7	Other salaries and wages				
10 Payroll taxes	8					
11 Fees for services (non-employees) a Management	9	Other employee benefits				
a Management       4,570       2,879       228         c Accounting       2,500       1,575       125         d Lobbying       2       2,520       1,575       125         d Lobbying       2       2,527       0       233,227       0       233,227       0       233,227       0       233,227       0       233,227       0       233,227       0       233,227       0       233,227       0       233,227       0       233,227       0       233,227       0       233,227       0       233,227       0       233,227       0       233,227       0       233,227       0       233,227       0       233,227       0       241,987       3,332       14       14,082       3,332       14,05       14,05       14,05       14,05 <th< td=""><td>10</td><td>Payroll taxes</td><td></td><td></td><td></td><td></td></th<>	10	Payroll taxes				
b Legal	11	Fees for services (non-employees)				
c Accounting       2,500       1,575       125         d Lobbying	а	Management				
d Lobbying	ь	Legal	4,570	2,879	228	1,463
e Professional fundraising services See Part IV, line 17 f Investment management fees	С	Accounting	2,500	1,575	125	800
The state of travel or entertainment expenses for any federal, state, or local public officials   Payments to affiliates   Payments to affiliates   Payments to affiliates   Payments of travel or entertainment expenses or Schedule O   Payments of line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O   Payments of line 25, column (A) amount, list line 24e expenses on Schedule O   Payments of line 25, column (A) amount, list line 24e expenses on Schedule O   Payments of line 25, column (A) amount, list line 24e expenses on Schedule O   Payments of line 25, column (A) amount, list line 24e expenses on Schedule O   Payments of line 25, column (A) amount, list line 24e expenses on Schedule O   Payments of line 25, column (A) amount, list line 24e expenses on Schedule O   Payments of line 25, column (A) amount, list line 24e expenses on Schedule O   Payments of line 25, column (A) amount, list line 24e expenses on Schedule O   Payments of line 25, column (A) amount, list line 24e expenses on Schedule O   Payments of line 25, column (A) amount, list line 24e expenses on Schedule O   Payments of line 25, column (A) amount, list line 24e expenses on Schedule O   Payments of line 25, column (A) amount, list line 24e expenses on Schedule O   Payments of line 25, column (A) amount, list line 24e expenses on Schedule O   Payments of line 25, column (A) amount, list line 24e expenses on Schedule O   Payments of line 25, column (A) amount, list line 24e expenses on Schedule O   Payments of line 25, column (A) amount, list line 24e expenses on Schedule O   Payments of line 25, column (A) amount, list line 24e expenses on Schedule O   Payments of line 25, column (A) amount, list line 24e expenses on Schedule O   Payments of line 25, column (A) amount, list line 24e expenses on Schedule O   Payments of line 25, column (A) amount, list line 24e expenses	d	Lobbying				
The state of travel or entertainment expenses for any federal, state, or local public officials   Payments to affiliates   Payments to affiliates   Payments to affiliates   Payments of travel or entertainment expenses or Schedule O   Payments of line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O   Payments of line 25, column (A) amount, list line 24e expenses on Schedule O   Payments of line 25, column (A) amount, list line 24e expenses on Schedule O   Payments of line 25, column (A) amount, list line 24e expenses on Schedule O   Payments of line 25, column (A) amount, list line 24e expenses on Schedule O   Payments of line 25, column (A) amount, list line 24e expenses on Schedule O   Payments of line 25, column (A) amount, list line 24e expenses on Schedule O   Payments of line 25, column (A) amount, list line 24e expenses on Schedule O   Payments of line 25, column (A) amount, list line 24e expenses on Schedule O   Payments of line 25, column (A) amount, list line 24e expenses on Schedule O   Payments of line 25, column (A) amount, list line 24e expenses on Schedule O   Payments of line 25, column (A) amount, list line 24e expenses on Schedule O   Payments of line 25, column (A) amount, list line 24e expenses on Schedule O   Payments of line 25, column (A) amount, list line 24e expenses on Schedule O   Payments of line 25, column (A) amount, list line 24e expenses on Schedule O   Payments of line 25, column (A) amount, list line 24e expenses on Schedule O   Payments of line 25, column (A) amount, list line 24e expenses on Schedule O   Payments of line 25, column (A) amount, list line 24e expenses on Schedule O   Payments of line 25, column (A) amount, list line 24e expenses on Schedule O   Payments of line 25, column (A) amount, list line 24e expenses on Schedule O   Payments of line 25, column (A) amount, list line 24e expenses	e	Professional fundraising services See Part IV, line 17				
Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	f	Investment management fees	233,227	0	233,227	0
12       Advertising and promotion       16,485         13       Office expenses          14       Information technology          15       Royalties          16       Occupancy          17       Travel          18       Payments of travel or entertainment expenses for any federal, state, or local public officials          19       Conferences, conventions, and meetings          20       Interest          21       Payments to affiliates          22       Depreciation, depletion, and amortization          23       Insurance          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)       806,459       142,534       40,323         b       Licenses and Permits       14,225       0       14,225         c	g	Other (If line 11g amount exceeds 10% of line 25, column (A)	66,645	41,987	3,332	21,326
14       Information technology	12	Advertising and promotion	16,485			16,485
15       Royalties       28,092       17,698       1,405         17       Travel       2,741       1,727       137         18       Payments of travel or entertainment expenses for any federal, state, or local public officials       25,256       15,911       1,263         19       Conferences, conventions, and meetings       25,256       15,911       1,263         20       Interest       2       25,256       15,911       1,263         21       Payments to affiliates       2       2       2       2       2       2       2       2       2       2       2       2       2       2       2       3,032       5,060       402         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)       806,459       142,534       40,323         b       Licenses and Permits       14,225       0       14,225       0       14,225         c       All other expenses       All other expenses       4       4       4       4       4       4       4       4       4       4       4       4       4       4       4       4       4       4	13	Office expenses	17,464	11,002	873	5,589
16       Occupancy       28,092       17,698       1,405         17       Travel       2,741       1,727       137         18       Payments of travel or entertainment expenses for any federal, state, or local public officials       25,256       15,911       1,263         19       Conferences, conventions, and meetings       25,256       15,911       1,263         20       Interest       29       1,263       1,263         21       Payments to affiliates       20       2,252       15,911       1,263         21       Payments to affiliates       2,000       2,000       402         23       Insurance       8,032       5,060       402         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)       806,459       142,534       40,323         b       Licenses and Permits       14,225       0       14,225         c       4	14	Information technology				
17Travel2,7411,72713718Payments of travel or entertainment expenses for any federal, state, or local public officials25,25615,9111,26319Conferences, conventions, and meetings25,25615,9111,26320Interest25,25615,9111,26321Payments to affiliates30,325,06040223Insurance8,0325,06040224Other 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)806,459142,53440,323aAllocated Wages and Benefits806,459142,53440,323bLicenses and Permits14,225014,225cCCCdAll other expensesAll other expenses	15	Royalties				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	16	Occupancy	28,092	17,698	1,405	8,989
state, or local public officials	17	Travel	2,741	1,727	137	877
Interest	18					
Payments to affiliates	19	Conferences, conventions, and meetings	25,256	15,911	1,263	8,082
Depreciation, depletion, and amortization	20	Interest				
Insurance	21	Payments to affiliates				
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 Allocated Wages and Benefits 806,459 142,534 40,323 b Licenses and Permits 14,225 0 144,225 c All other expenses	22	Depreciation, depletion, and amortization				
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 Allocated Wages and Benefits 806,459 142,534 40,323  b Licenses and Permits 14,225 0 142,255  c All other expenses	23	Insurance	8,032	5,060	402	2,570
a Allocated Wages and Benefits       806,459       142,534       40,323         b Licenses and Permits       14,225       0       14,225         c	24	miscellaneous expenses in line 24e If line 24e amount exceeds 10%				
c d All other expenses	а		806,459	142,534	40,323	623,602
d All other expenses	b	Licenses and Permits	14,225	0	14,225	0
e All other expenses						
		All other expenses	1		<del>                                     </del>	
<b>25 Total functional expenses.</b> Add lines 1 through 24e 9.637.998 8.652.675 295.540		Total functional expenses. Add lines 1 through 24e	0.637.000	9 652 675	205 540	600 702
Total functional expenses. Add lines 1 through 24e  9,637,998  8,652,675  295,540  295,540  295,540  295,540  295,540  295,540  295,540		Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check	866,750,6	8,652,675	295,540	689,783

Form 990 (2014)

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this	Part X			
				(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			1	
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net		414,079	3	272,479
	4	Accounts receivable, net		25,333	4	34,970
	5	Loans and other receivables from current and former officers, direct key employees, and highest compensated employees. Complete P Schedule L	art II of		5	
sts	6	Loans and other receivables from other disqualified persons (as desection 4958(f)(1)), persons described in section 4958(c)(3)(B), employers and sponsoring organizations of section 501(c)(9) volubeneficiary organizations (see instructions) Complete Part II of Sc	and contributing ntary employees'		6	
4ssets	7	Notes and loans receivable, net			7	
ਰ ਹ	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		0	9	
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a			
	Ь	Less accumulated depreciation	10b		10c	
	11	Investments—publicly traded securities		39,208,165	11	38,360,623
	12	Investments—other securities See Part IV, line 11		18,770,589	12	19,776,237
	13	Investments—program-related See Part IV, line 11		1,800,000	13	1,200,000
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		1,435,921	15	3,825,895
	16	Total assets. Add lines 1 through 15 (must equal line 34)		61,654,087	16	63,470,204
	17	Accounts payable and accrued expenses		11,147,126	17	10,888,624
	18	Grants payable		0	18	, ,
	19	Deferred revenue		725,150	19	390,000
	20	Tax-exempt bond liabilities		,	20	<u>'</u>
	21	Escrow or custodial account liability Complete Part IV of Schedul			21	
lities	22	Loans and other payables to current and former officers, directors, key employees, highest compensated employees, and disqualified				
Liabili		persons Complete Part II of Schedule L			22	
Ï	23	Secured mortgages and notes payable to unrelated third parties			23	
	24				24	
	25	Other liabilities (including federal income tax, payables to related and other liabilities not included on lines 17-24) Complete Part X			_	
		D		0	25	0
	26	Total liabilities. Add lines 17 through 25		11,872,276	26	11,278,624
√n du		Organizations that follow SFAS 117 (ASC 958), check here ► $\nabla$ a lines 27 through 29, and lines 33 and 34.	nd complete			
ĕ	27	Unrestricted net assets		4,157,200	27	1,201,949
<u>ର</u>	28	Temporarily restricted net assets	· • •	19,995,522	28	21,405,898
— □	29	Permanently restricted net assets		25,629,089	29	29,583,733
Assets or Fund Balance		Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34.	► and	25,525,555		25,555,755
ō	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
SS	32	Retained earnings, endowment, accumulated income, or other fund			32	
	33	Total net assets or fund balances	3	49,781,811	33	52,191,580
ĕ	33	Total liabilities and net assets/fund halances	• •	61 654 087		63 470 204

Par	t XI Reconcilliation of Net Assets			<u> </u>	
	Check if Schedule O contains a response or note to any line in this Part XI	•			<del>.</del>
1	Total revenue (must equal Part VIII, column (A), line 12)	1		9,7	724,500
2	Total expenses (must equal Part IX, column (A), line 25)	2		9,6	537,998
3	Revenue less expenses Subtract line 2 from line 1	3			86,502
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		49,7	781,811
5	Net unrealized gains (losses) on investments	5		2,3	323,267
6	Donated services and use of facilities	6			0
7	Investment expenses	7			0
8	Prior period adjustments	8			0
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		52,1	191,580
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. Г
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both	wed or	n		
	Separate basis Consolidated basis Both consolidated and separate basis				
ь	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sepa basis, consolidated basis, or both	rate			
	☐ Separate basis ☐ Both consolidated and separate basis				
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigh audit, review, or compilation of its financial statements and selection of an independent accountant?	it of th	1e <b>2c</b>	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain it Schedule O	า			
За	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?	e	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

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**SCHEDULE A** 

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

## **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

		<b>ie organization</b> BY SCOUTS OF AMERICA FOU	INDATION				Employer Identifica	ation number
INATIO	NAL DO	T SCOOTS OF AMERICATION	NDAI ION				75-2675978	
Pa	rt I	Reason for Publi	ic Charity S	<b>Status</b> (All organiza	itions must co	mplete this p		ons.
The	organı	zation is not a private f						
1	Г	A church, convention	of churches, o	r association of churc	hes described i	n <b>section 170(</b>	b)(1)(A)(i).	
2	Г	A school described in						
3		A hospital or a coopei			•	tion 170(b)(1)	(A)(iii).	
4	į.	A medical research or		<del>-</del>				i). Enter the
-	'	hospital's name, city,		oracoa iii oonganoaron i	men a moopicar o			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
5	Γ	An organization opera	ted for the ber	nefit of a college or uni	versity owned o	or operated by	a governmental unıt d	escribed in
		section 170(b)(1)(A)	(iv). (Complet	e Part II)				
6	Г	A federal, state, or loc	al governmen	t or governmental unit	described in <b>se</b>	ection 170(b)(1	L)(A)(v).	
7	굣	An organization that r	normally receiv	es a substantial part	of its support fr	om a governme	ental unit or from the o	general public
	·	described in section 1	.70(b)(1)(A)(	<b>vi).</b> (Complete Part II	)	J	·	·
8	Г	A community trust de	scribed in <b>sec</b> l	tion 170(b)(1)(A)(vi)	(Complete Par	tII)		
9	Г	An organization that r	ormally receiv	es (1) more than 33:	1/3% of its supp	ort from contri	butions, membership	fees, and gross
		receipts from activitie	es related to it	s exempt functions—s	ubject to certai	n exceptions, a	and (2) no more than 3	331/3% of
		its support from gross	ınvestment ır	ncome and unrelated b	usiness taxable	e income (less	section 511 tax) fron	n businesses
		acquired by the organ	ızatıon after Ju	ine 30, 1975 See <b>sec</b>	tion 509(a)(2).	(Complete Pa	rt III)	
10	Γ	An organization organ	ized and opera	ated exclusively to tes	t for public safe	ety See <b>sectio</b> i	n 509(a)(4).	
11	Г	An organization organ	ized and opera	ated exclusively for the	e benefit of, to p	erform the fun	ctions of, or to carry o	ut the purposes of
		one or more publicly s						
_	_	the box in lines 11a th	-			-		
а	1	<b>Type I.</b> A supporting of supported organization						
		organization You mus				ty of the direct	ors or crustees or the	supporting
b	Г	Type II. A supporting				with its suppo	rted organization(s), l	by having control or
		management of the su	ipporting orgai	nization vested in the	same persons t	hat control or r	nanage the supported	organization(s) You
	_	must complete Part I	•					
С	ı	Type III functionally	_				· · · · · · · · · · · · · · · · · · ·	grated with, its
d	Г	supported organizatio  Type III non-function		•	•			ianization(s) that is
_	,	not functionally integr						
		(see instructions) Yo						·
е	Г	Check this box if the					s a Type I, Type II, T	ype III functionally
_		integrated, or Type II		•		n		
-		Enter the number of s						
g		Provide the following i	піотпіаціон ав	out the supported orga	inization(s)			
	(i)N:	ame of supported	(ii) EIN	(iii) Type of	(iv) Is the org	nanization	(v) A mount of	(vi) A mount of
		organization	(", ", "	organization	listed in your		monetary support	other support (see
		<b>y</b>	(described of		docume	-	(see instructions)	instructions)
				1-9 above or IRC				
				section (see				
				ınstructions))	Yes	No		
					les	140		

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.)

S	ection A. Public Support	•	•		, <u>, , , , , , , , , , , , , , , , , , </u>	,	
Cal	endar year (or fiscal year beginning in) ▶	(a) 2010	<b>(b)</b> 2011	<b>(c)</b> 2012	(d) 2013	<b>(e)</b> 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	3,915,990	3,693,741	7,901,842	3,846,885	8,343,313	27,701,771
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	(	3,499,830	0	0	0	3,499,830
3	The value of services or facilities furnished by a governmental unit	(	0	0	0	0	0
4	to the organization without charge <b>Total.</b> Add lines 1 through 3	3,915,990	7,193,571	7,901,842	3,846,885	8,343,313	31,201,601
5	The portion of total contributions	3,513,55	1,130,011	, , , , , , , , ,	2,0.0,000	5,5 .5,5 25	01,201,001
	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						5,094,839
6	(f) <b>Public support.</b> Subtract line 5						
	from line 4						26,106,762
	ection B. Total Support						
Cal	endar year (or fiscal year	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	<b>(e)</b> 2014	<b>(f)</b> Total
7	beginning in) ► Amounts from line 4	3,915,990	7,193,571	7,901,842	3,846,885	8,343,313	31,201,601
8	Gross income from interest,	, ,	, ,	, ,	. ,	, ,	, ,
	dividends, payments received on securities loans, rents, royalties and income from similar sources	867,616	1,151,416	444,523	875,438	362,565	3,701,558
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)	0	0		19,945		19,945
11	<b>Total support</b> Add lines 7 through 10						34,923,104
12	Gross receipts from related activiti	es, etc (see inst	ructions)	•	•	12	0
13	First five years. If the Form 990 is	for the organizati	on's first, second	, thırd, fourth, or f	fifth tax year as a	section 501(c)(	3)
	organization, check this box and <b>st</b>					<del></del>	<u></u> ►厂
	ection C. Computation of Pub			4.4 1 (0)			
14	Public support percentage for 2014			11, column (f))		14	74 755 %
15	Public support percentage for 2013	-	•			15	72 658 %
16a	33 1/3% support test—2014. If the				ine 14 is 33 1/3%	or more, check	this box ►∕
17a	and stop here. The organization qualifies as a publicly supported organization  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  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.						
ь 18	10%-facts-and-circumstances test- 15 is 10% or more, and if the organ Explain in Part VI how the organiza supported organization Private foundation. If the organizations	nization meets the tion meets the "f	e "facts-and-cırcı acts-and-cırcums	umstances" test, stances" test The	check this box a e organization qua	nd <b>stop here.</b> alifies as a public	ly ▶⊏

Schedule A (Form 990 or 990-EZ) 2014 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 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 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons 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 Public support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🟲 Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include 12 gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11. and 12) 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 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f)) 15

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))

16 Public support percentage from 2013 Schedule A, Part III, line 15

Section D. Computation of Investment Income Percentage

17 Investment income percentage from 2014 (line 10c, column (f) divided by line 13, column (f))

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%, check this box and stop here. The organization qualifies as a publicly supported organization

18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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
---

Se	ection 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 <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section $509(a)(1)$ or $(2)$ ? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section $509(a)(1)$ or $(2)$ .	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	За		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.	3b		
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 <b>Part VI</b> what controls the organization put in place to ensure such use.	3с		
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 $(2)^7$ 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	<b>Type I or Type II only.</b> 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 <b>Part VI</b> .	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 <b>Part VI</b> .	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? <i>If</i> "Yes," provide detail in <b>Part VI</b> .	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 <b>Part VI</b> .	9c		
L0a	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		
l1	Has the organization accepted a gift or contribution from any of the following persons?			
а	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

Pa	rt IV Supporting Organizations (continued)			
S	ection 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 <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, 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.	1		
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 <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	2		
S	ection 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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
S	ection 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?	1		
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 <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.	3		
S	ection 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  The organization satisfied the Activities Test Complete line 2 below  The organization is the parent of each of its supported organizations. Complete line 3 below  The organization supported a governmental entity. Describe in Part VI how you supported a government entity instructions.			
2	Activities Test Answer (a) and (b) below.		Yes	No
	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.	2a		
	<b>b</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 <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3				
	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.	3a		
	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each		1 1	

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

3b

### 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
ype	[]	II 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		
а	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	<b>Discount</b> 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		
0	Minimum Assat Amount (add line 7 to line 6)	Q		

### Section C - Distributable Amount

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

	Current Year
1	
2	
3	
4	
5	
6	

Section D - Distributions	Current Year		
1 Amounts paid to supported organizations to accom			
2 A mounts paid to perform activity that directly furthe excess of income from activity	ers exempt purposes of supp	orted organizations, in	
3 Administrative expenses paid to accomplish exemp	ot purposes of supported orga	anızatıons	
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval rec	nured)		
6 Other distributions (describe in Part VI) See instru	ICTIONS		
7 Total annual distributions. Add lines 1 through 6			
8 Distributions to attentive supported organizations t details in Part VI) See instructions	o which the organization is re	esponsive (provide	
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) Underdist ribut ions 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 requiredsee instructions)			
3 Excess distributions carryover, if any, to 2014			
<b>a</b> From 2009			
<b>b</b> From 2010			
c From 2011			
d From 2012			
<b>e</b> From 2013			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
<ul> <li>h Applied to 2014 distributable amount</li> <li>i Carryover from 2009 not applied (see instructions)</li> </ul>			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 \$			
Applied to underdistributions of prior years			
<b>b</b> Applied to 2014 distributable amount			1
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 31 and 4c			
8 Breakdown of line 7			
<b>a</b> From 2010			
<b>b</b> From 2011			
<b>c</b> From 2012			
d From 2013			

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 A, Part II, Line 10	Miscellaneous income

Schedule A (Form 990 or 990-EZ) 2014

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#### DLN: 93493317091885

OMB No 1545-0047

## 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.

Open to Public Inspection

Information about Schedule D (Form 990) and its instructions is at <a href="www.irs.gov/form990">www.irs.gov/form990</a>. Name of the organization **Employer identification number** NATIONAL BOY SCOUTS OF AMERICA FOUNDATION 7<u>5-2675978</u> 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 0 Total number at end of year 18 1 0 Aggregate value of contributions to (during year) 55,942 3 Aggregate value of grants from (during year) 860,974 0 0 Aggregate value at end of year 15,389,171 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? 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? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education)  $\Gamma$  Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🟲 Number of states where property subject to conservation easement is located **\(\mathbb{F}\_{\top}\)** Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 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)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 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

Revenue included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

					<b>-</b>	_
~	titti Organizations Maintaining Co					
3	Using the organization's acquisition, access collection items (check all that apply)	ion, and other records	•	-	-	f its
а	Public exhibition	•	d Loan or ex	change programs		
b	Scholarly research		e $\Gamma$ Other			
C	Preservation for future generations					
4	Provide a description of the organization's co Part XIII	ollections and explain	how they further the	e organization's ex	empt purpose in	
5	During the year, did the organization solicite assets to be sold to raise funds rather than				nılar 	Yes No
Pa	rt IV Escrow and Custodial Arrang Part IV, line 9, or reported an ar			on answered "Y	es" to Form 99	0,
1a	Is the organization an agent, trustee, custoo included on Form 990, Part X?	ian or other intermedi	ary for contributions	s or other assets I		Yes No
b	If "Yes," explain the arrangement in Part XI	I and complete the fo	lowing table		Amo	unt
c	Beginning balance			1c		
d	Additions during the year			1d		
e	Distributions during the year			1e		
f	Ending balance			1f		
	-	000 Post V Issa 3			L. J. L. 2	
2a	Did the organization include an amount on Fo	orm 990, Part X, line 2	1, for escrow or cu	stodiai account ila	ibility?	Yes No
ь	If "Yes," explain the arrangement in Part XI					<u> '</u>
Pa	rt V Endowment Funds. Complete					-N= kl-
1a	Beginning of year balance	(a)Current year 27,526,932	( <b>b)</b> Prior year <b>b (c)</b> 24,528,223	Two years back (d) 20,652,467	21,036,045	e)Four years back 18,952,445
ь	Contributions	4,787,627	1,301,557	1,367,814	212,167	381,562
_		4,707,027	1,301,337	1,507,014	212,107	301,302
С	Net investment earnings, gains, and losses	1,981,061	4,512,372	2,649,194	344,088	2,552,837
d	Grants or scholarships	6,227,870	1,418,385	128,094	716,100	699,754
е	Other expenditures for facilities and programs	0	1,214,467	13,153	8,985	52,766
f	Administrative expenses	115,210	109,336	5	214,748	94,412
g	End of year balance	27,952,540	27,599,964	24,528,223	20,652,467	21,039,912
2	Provide the estimated percentage of the cur	rent year end balance	(line 1g, column (a)	)) held as	•	
а	Board designated or quasi-endowment <b>F</b>	5 %		•		
b	Permanent endowment - 54 5 %					
	r ermanent endowment F	5 %				
C	Temporarily restricted endowment • 40 The percentages in lines 2a, 2b, and 2c sho					
	The percentages in lines 2a, 2b, and 2c sho	4				
За	Are there endowment funds not in the posse		on that are held and	d administered for	the	
За	Are there endowment funds not in the posse organization by	ssion of the organizati		d administered for		Yes No
За	Are there endowment funds not in the posse organization by  (i) unrelated organizations	ssion of the organizati			3a(i)	No
	Are there endowment funds not in the posse organization by  (i) unrelated organizations	ssion of the organizati			3a(i)	No
3a b 4	Are there endowment funds not in the posse organization by  (i) unrelated organizations	ssion of the organization			3a(i)	No
ь 4	Are there endowment funds not in the posse organization by  (i) unrelated organizations  (ii) related organizations  If "Yes" to 3a(II), are the related organization to the posserible in Part XIII the intended uses of the content of the cont	ssion of the organization of the organization of the organization's endo			3a(i) 3a(ii)	No No
ь 4	Are there endowment funds not in the posse organization by  (i) unrelated organizations	ssion of the organization of the organization of the organization's endo		swered 'Yes' to	3a(i) 3b  Form 990, Par	No No I IV, line
b 4 Pa	Are there endowment funds not in the posse organization by  (i) unrelated organizations  (ii) related organizations  If "Yes" to 3a(ii), are the related organization Describe in Part XIII the intended uses of the related organization of property  Land, Buildings, and Equipment 11a. See Form 990, Part X, line Description of property	ssion of the organization of the organization of the organization's endo	n Schedule R? . wment funds organization an	swered 'Yes' to	3a(i) 3a(ii) 3b  Form 990, Par	No No I IV, line
b 4 Pai	Are there endowment funds not in the posse organization by  (i) unrelated organizations	ssion of the organization of the organization of the organization's endo	n Schedule R? . wment funds organization an	swered 'Yes' to	3a(i) 3a(ii) 3b  Form 990, Par	No No I IV, line
b 4 Pai	Are there endowment funds not in the posse organization by  (i) unrelated organizations	ssion of the organization of the organization of the organization's endo	n Schedule R? . wment funds organization an	swered 'Yes' to	3a(i) 3a(ii) 3b  Form 990, Par	No No I IV, line
b 4 Pa 1a b	Are there endowment funds not in the posse organization by  (i) unrelated organizations	ssion of the organization of the organization of the organization's endo	n Schedule R? . wment funds organization an	swered 'Yes' to	3a(i) 3a(ii) 3b  Form 990, Par	No No I IV, line
b 4 Pa  1a b c d	Are there endowment funds not in the posse organization by  (i) unrelated organizations	ns listed as required one organization of the organization is endotent. Complete if the 10.	n Schedule R? . wment funds organization an	swered 'Yes' to	3a(i) 3a(ii) 3b  Form 990, Par	No No

See Form 9911 Part X line 17		nnswered 'Yes' to Form 990, Part IV, line 11b.
See Form 990, Part X, line 12.  (a) Description of security or category	(b)Book value	(c) Method of valuation
(including name of security)		Cost or end-of-year market value
(1)Financial derivatives	0	
(2)Closely-held equity interests (3)Other		
(A) BSA Commingled Endowment Fund LP	19,776,237	F
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	19,776,237	
Part VIII Investments—Program Related. Cor	nplete if the organization	answered 'Yes' to Form 990, Part IV, line 11c.
See Form 990, Part X, line 13.		
(a) Description of investment	(b) Book value	<b>(c)</b> Method of valuation Cost or end-of-year market value
		,
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)		
	answered 'Yes' to Form 990,	Part IV, line 11d See Form 990, Part X, line 15
(a) Descrip		(b) Book value
(1) Intercompany Receivable		3,825,895
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.		▶ 3,825,895
Part X Other Liabilities. Complete if the organ		
Part X Other Liabilities. Complete if the organ Form 990, Part X, line 25.	nization answered 'Yes' to	
Part X Other Liabilities. Complete if the organ Form 990, Part X, line 25.  1 (a) Description of liability	(b) Book value	
Part X Other Liabilities. Complete if the organ Form 990, Part X, line 25.	nization answered 'Yes' to	
Part X Other Liabilities. Complete if the organ Form 990, Part X, line 25.  1 (a) Description of liability	(b) Book value	
Part X Other Liabilities. Complete if the organ Form 990, Part X, line 25.  1 (a) Description of liability	(b) Book value	
Part X Other Liabilities. Complete if the organ Form 990, Part X, line 25.  1 (a) Description of liability	(b) Book value	
Part X Other Liabilities. Complete if the organ Form 990, Part X, line 25.  1 (a) Description of liability	(b) Book value	
Part X Other Liabilities. Complete if the organ Form 990, Part X, line 25.  1 (a) Description of liability	(b) Book value	
Part X Other Liabilities. Complete if the organ Form 990, Part X, line 25.  1 (a) Description of liability	(b) Book value	
Part X Other Liabilities. Complete if the organ Form 990, Part X, line 25.  1 (a) Description of liability	(b) Book value	
Part X Other Liabilities. Complete if the organ Form 990, Part X, line 25.  1 (a) Description of liability	(b) Book value	
Part X Other Liabilities. Complete if the organ Form 990, Part X, line 25.  1 (a) Description of liability	(b) Book value	
Part X Other Liabilities. Complete if the organ Form 990, Part X, line 25.  1 (a) Description of liability	(b) Book value	
Part X Other Liabilities. Complete if the organ Form 990, Part X, line 25.  1 (a) Description of liability	(b) Book value	
Part X Other Liabilities. Complete if the organ Form 990, Part X, line 25.  1 (a) Description of liability	(b) Book value	
Part X Other Liabilities. Complete if the organ Form 990, Part X, line 25.  1 (a) Description of liability	(b) Book value	

Раги		anization of Revenue per Audited Financial Statements with Revenue panization answered 'Yes' to Form 990, Part IV, line 12a.	егке	turn Complete II
1		gains, and other support per audited financial statements	1	
2	A mounts inclu	ided on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized	I gains (losses) on investments 2a		
b	Donated servi	ces and use of facilities		
C	Recoveries of	prior year grants 2c		
d	Other (Descri	be in Part XIII).............2d		
e	Add lines <b>2a</b> t	hrough <b>2d</b>	2e	
3	Subtract line	<b>2e</b> from line <b>1</b>	3	
4	A mounts inclu	ided on Form 990, Part VIII, line 12, but not on line <b>1</b>		
а	Investment e	openses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Descri	be in Part XIII)............. 4b		
c	Add lines <b>4a</b> a	nd <b>4b</b>	4c	
5	Total revenue	Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12)	5	
Part		ciliation of Expenses per Audited Financial Statements With Expenses	per	Return. Complete
		rganization answered 'Yes' to Form 990, Part IV, line 12a.	<u> </u>	Γ
1	·	s and losses per audited financial statements	1	
2		ded on line 1 but not on Form 990, Part IX, line 25		
a		ces and use of facilities		
b		stments		
с				
d	•	pe in Part XIII)........... <b>2d</b>	_	
e		nrough <b>2d</b>	2e	
3		Re from line 1	3	
4		ded on Form 990, Part IX, line 25, but not on line 1:		
a		penses not included on Form 990, Part VIII, line 7b 4a		
b	•	pe in Part XIII)............ <mark>4b</mark>		
_ C		nd <b>4b</b>	4c	
5		s Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	
Provi Part	de the descript	lemental Information ons required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to		e any additional
	Return Refe	erence Explanation		
Sched	ule D, Part V, Lı	ne 4 Donor specified endowment funds serve to further the National Scouting N	1useur	n and World Scouting
	ule D, Part X, Lı		1,201 x bene	L4, the National fits or accrued

Jenedale 2 (1 31111 33 3) 23 13		r age <b>3</b>		
Part XIII Supplemental Information	on (continued)			
Return Reference	Explanation			
l				
-				

Schedule D (Form 990) 2014

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SCHEDULE F (Form 990)	Stat	ement of A	Activities C	Outside the Unit	ed States	OMB No 1545-0047
(1 01111 330)		► Complete i	Part IV, line	n answered "Yes" to Form 14b, 15, or 16. o Form 990.	990,	2014
Department of the Treasury Internal Revenue Service  ► I	nformatio	on about Schedul		nd its instructions is at w		Open to Public Inspection
Name of the organization NATIONAL BOY SCOUTS OF	AMERI	CA FOUNDATI	ON			tification number
Part I General Infor				ne United States. C	75-2675978 omplete if the organi	zation answered
<ol> <li>For grantmakers. Does and other assistance, used to award the grantmakers. Design</li> </ol>	the grants or a	intees' eligibili issistance? n Part V the ore	ty for the grar	nts or assistance, and	the selection criteria	<b>▽ Yes □ No</b>
assistance outside the  3 Activites per Region (T			table can be d	uplicated if additional sp	ace is needed )	
<b>(a)</b> Region		<b>(b)</b> Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is program service, describe specific type of service(s) in region	a <b>(f)</b> Total expenditures for and investments in region
( 1) Central America and the Caribbean	3	0	0	Investments	Investments in BSA Commingled Endowmen Fund LP The LP invests in foreign partnerships and corporations	
( 2) Europe (including Icelar Greenland)	nd and	0	0	Investments	Investments in BSA Commingled Endowmen Fund LP The LP invests in foreign partnerships and corporations	
(3) Europe (including Icelar Greenland)	nd and	0	0	Grantmakıng	Grants to support European Scouting	1,544,408
(4) East Asia and the Pacifi	С	0	0	Grantmakıng	Grants to support international Scouting	1,000
(5)						
3a Sub-total b Total from continuation to Part I		0	0			1 676 310
c Totals (add lines 3a and For Paperwork Reduction Act No					No 50082W <b>Sche</b> e	1,676,218

0

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	<b>(d)</b> Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, othe
(1)		' '	Support international Scouting	1,544,408	wire transfer	0		
( 2)								
(3)								
(4)								
		ent organizations lister or which the grantee (					ns	2
3 Enter total nu	umber of other	organizations or entit	ies					(

Schedule F (Form 990) 2014

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

Part III can be	duplicated if addit	tional space is ne	eeded.				
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	<b>(h)</b> Method of valuation (book, FMV, appraisal, other)
(1)							,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
( 2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
( 12)							
(13)							
(14)							
( 15)							
( 16)							
( 17)							
(18)							
				I.	I .		

## Part IV Foreign Forms

1	organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Γ	Yes	굣	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)	Г	Yes	্ব	Νo
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)	Г	Yes	ত	Νo
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	Γ	Yes	ঘ	Νo
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)	<u> </u>	Yes	Г	Νo
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)	Г	Yes	[	Νo

Schedule F (Form 990) 2014

Schedule F (Form 990) 2014 Page 5

#### Part V Supplemental Information

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

#### 990 Schedule F, Supplemental Information

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

## 990 Schedule F, Supplemental Information

Return Reference	Explanation
Schedule F, Part I, Line 3	Invested in the BSA Commingled Endowment Fund LP which in turn invests in foreign partnerships and corporations

## 990 Schedule F, Supplemental Information

Return Reference	Explanation
Schedule F, Part IV, Line 5	Ow nership percentages and dollars invested are below the reporting threshold required for Form 8865

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DLN: 93493317091885

OMB No 1545-0047

2014

(Form 990)

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

	Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.								
Department of the Treasury Internal Revenue Service	Treasury Attach to Form 990.								
Name of the organization		•	•			Employer identification	n number		
NATIONAL BOY SCOUTS OF AMEI	RICA FOUNDATION					75-2675978			
Part I General Informati	on on Grants and	d Assistance							
<ul> <li>Does the organization maintain the selection criteria used to a</li> <li>Describe in Part IV the organization</li> </ul>	ward the grants or as	sistance?					▽ Yes ┌ N		
				<b>Governments.</b> Com rt II can be duplicate			s" to		
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gran or assistance		
See Addıtıonal Data Table									

Enter total number of other organizations listed in the line 1 table . . . . . . . . . . . . . . .

47

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>(b)</b> Number of recipients	<b>(c)</b> A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) Hall McElwaine College Scholarships	150	146,500	0		

Part IV Supplemental In	<b>nformation.</b> Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.
Return Reference	Explanation
Schedule I, Part I, Line 2	Councils prepare Grant Impact reports These reports are used for monitoring, analysis, and follow up on the grant expenditures
Schedule I, Part III	Site visits and reports on progress from Scouting organizations

### **Additional Data**

**Software ID:** 14000267

**Software Version:** v1.00

**EIN:** 75-2675978

Name: NATIONAL BOY SCOUTS OF AMERICA FOUNDATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Austin Independent School District1111 W 6th St Suite A 380 Austin, TX 78703	74-6000064		2,973,025				Science Technology Engineering and Math (STEM) grant

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	<b>(d)</b> Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
Baltımore Area Council701 Wyman Park Drive Baltımore,MD 21211	52-0591572	501(c)(3)	22,026				US Mint Fund grant to support Scouting in underserved areas			

Form 990,Schedule 1, Part 11, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
Bay Lakes Council2555 Northern Road Appleton, WI 54914	39-1184320	501(c)(3)	25,005				Grant for Eagle Scholarship funding		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
Blackhawk Area Councıl 2820 McFarland Road Rockford,IL 61107	36-2169127	501(c)(3)	12,500				US Mint Fund grant to support Scouting in underserved areas			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
Boy Scouts of America1325 West Walnut Hill Lane Irving, TX 75038	22-1576300	501(c)(3)	927,421				Grants supporting National Scouting Museum and other programs		

form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
Catalina Area Council5049 E Broadway Blvd Suite 200 Tucson, AZ 85711	86-0107516	501(c)(3)	19,800				Grant to assist local council operations		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
Chicago Area Council1218 W Adams St Chicago,IL 60607	36-2169128	501(c)(3)	66,520				Innovation grant to support development of STEM (science technology engineering and math), high adventure, leadership programs and community relationships			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
Chippewa Valley Council710 S Hastings Way Eau Claire, WI 54701	39-0807227	501(c)(3)	11,968				Grant to assist local council operations		

Form 990, Schedule 1, Part 11, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	<b>(d)</b> Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
Cornhusker CouncilP O Box 269 Walton,NE 68461	47-0378985	501(c)(3)	11,105				Grant supporting Scouting operations and programs		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
Cradle of Liberty Council 1485 Valley Forge Road Wayne, PA 19087	23-1352052	501(c)(3)	88,170				US Mint Fund grant to support Scouting in underserved areas		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
Golden Spread Council401 Tascosa Rd Amarillo,TX 79124	75-0800613	501(c)(3)	8,000				US Mint Fund grant to support Scouting in underserved areas			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
Grand Canyon Council2969 N Greenfield Rd Phoenix,AZ 85016	86-0101295	501(c)(3)	350,000				Scoutreach grant		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
Great Southwest Council 5841 Office Blvd NE Albuquerque,NM 87109	85-0102305	501(c)(3)	18,000				Grant to assist local council operations		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
Greater Cleveland Council 2241 Woodland Avenue Cleveland, OH 44115	34-0714322	501(c)(3)	9,000				US Mint Fund grant to support Scouting in underserved areas			

orm 990,Schedule 1, Part 11, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
Greater New York Council Empire State Bldg 350 Fifth Ave Suite 7820 New York, NY 10118	13-1624015	501(c)(3)	30,191				US Mint Fund grant to support Scouting in underserved areas			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
Hoosier Trails Council5625 East State Road 46 Bloomington,IN 47401	35-1290776	501(c)(3)	15,793				Grant supporting Scouting operations and programs		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
Inland Northwest Council 411 West Boy Scout Way Spokane, WA 99201	91-0567262	501(c)(3)	400,000				Support local council capital projects			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
Last Frontier Council3031 NW 64th St Oklahoma City, OK 73116	73-0580263	501(c)(3)	7,000				US Mint Fund grant to support Scouting in underserved areas		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	( <b>d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
Laurel Highlands Council 1275 Bedford Ave Flag Plaza Pittsburgh,PA 15219	25-0965214	501(c)(3)	315,000				US Mint Fund grant to support Scouting in underserved areas and Dreamcatcher Scout Parent Initiative grant			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	<b>(d)</b> Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
Lincoln Trails Council262 W Prairie Ave Decatur,IL 62523	37-0673458	501(c)(3)	6,750				US Mint Fund grant to support Scouting in underserved areas		

form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
Long Beach Area Council401 E 37th St Long Beach,CA 90807	95-1643981	501(c)(3)	8,200				US Mint Fund grant to support Scouting in underserved areas		

Form 990,Schedule I, Pa	Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
Longhorn Council850 Cannon Drive Hurst,TX 76054	74-1157377	501(c)(3)	10,000				US Mint Fund grant to support Scouting in underserved areas			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
Los Angeles Area Council 2333 Scout Way Los Angeles,CA 90026	95-1643982	501(c)(3)	30,322				US Mint Fund grant to support Scouting in underserved areas			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.								
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
Maui County Council200 Liholiho St Maui, HI 96793	99-0074594	501(c)(3)	50,000				US Mint Fund grant to support Scouting in underserved areas	

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
Michigan Crossroads Council 507 W Atherton Road Flint, MI 48507	45-4003240	501(c)(3)	109,586				Grant to support local council Scouting		

<u>Form 990,Schedule I, Pa</u>	form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
Minsi Trails Council991 Postal Road Allentown, PA 18109	23-1708585	501(c)(3)	13,500				US Mint Fund grant to support Scouting in underserved areas			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	( <b>d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
Mt Carmel Baptist ChurchP O Box 164 Beverly, WV 26252	55-0626935	501(c)(3)	10,802				Grant to support local council Scouting		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
National Capital Area Council9190 Rockville Pike Bethesda, MD 20814	53-0204610	501(c)(3)	416,963				Grant to develop Science Technology Engineering and Math (STEM) program			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
Nevada Area Council500 Double Eagle Ct Reno, NV 89521	88-0059912	501(c)(3)	10,040				US Mint Fund grant to support Scouting in underserved areas		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
Northern New Jersey Council 25 Ramapo Valley Road Oakland, NJ 07436	22-3626147	501(c)(3)	42,970				Grant for local council Hispanic Emphasis program		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
Northwest Suburban Council 600 N Wheeling Rd Mt Prospect, IL 60056	36-2166984	501(c)(3)	127,967				Innovation grant to support development of STEM (science technology engineering and math) program Support for construction of Woodfield Outpost			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
Orange County Council1211 East Dyer Road Santa Ana,CA 92705	95-1727660	501(c)(3)	30,032				US Mint Fund grant to support Scouting in underserved areas		

form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
Pacific Skyline Council1150 Chess Drive Foster City, CA 94404	94-1156483	501(c)(3)	5,427				US Mint Fund grant to support Scouting in underserved areas		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
Pennsylvanıa Dutch Councıl 630 Janet Ave Lancaster, PA 17601	23-1855082	501(c)(3)	220,955				Scoutreach grant		

form 990,Schedule 1, Part 11, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
Piedmont Council1222 E Franklin Blvd Gastonia, NC 28054	56-0529991	501(c)(3)	15,000				Grant supporting Scouting operations and program needs		

form 990,Schedule 1, Part 11, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
Pikes Peak Council985 W Fillmore Street Colorado Springs, CO 80907	84-0404226	501(c)(3)	9,000				US Mint Fund grant to support Scouting in underserved areas		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
Revolutionary Trails Council 1401 Genessee St Utica,NY 13501	54-2071388	501(c)(3)	10,800				US Mint Fund grant to support Scouting in underserved areas			

Form 990,Schedule I, Pa	Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.											
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance					
Samoset Council3511 Camp Phillips Road Weston, WI 54476	39-0813397	501(c)(3)	5,826				Grant to support Eagle scholarship fund					

Form 990, Schedule I, Pa	form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.											
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance					
San Diego Imperial Council 1207 Upas St San Diego,CA 92103	95-1643983	501(c)(3)	21,000				Grant for Eagle Scholarship funding					

Form 990,Schedule I, Pa	Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.											
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance					
San Gabriel Valley Council 3450 E Sierra Madre Blvd Pasadena, CA 91107	95-1643984	501(c)(3)	24,645				Grant for Eagle Scholarship funding					

form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.											
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
Seneca Waterways Council 2320 Brighton Henrietta Town Line Road Rochester, NY 14623	16-0743108	501(c)(3)	12,053				US Mint Fund grant to support Scouting in underserved areas				

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
South Florida Council15255 NW 82nd Ave Miami Lakes,FL 33016	59-0637817	501(c)(3)	33,397				US Mint Fund grant to support Scouting in underserved areas			

<u>Form 990,Schedule I, Pa</u>	form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.											
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance					
Three Fires Council415 N Second St St Charles, IL 60174	36-3831877	501(c)(3)	12,501				US Mint Fund grant to support Scouting in underserved areas					

Form 990,Schedule I, Pa	Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.											
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance					
Three Harbors Council330 South 84 Street Milwaukee,WI 53214	45-3321626	501(c)(3)	22,000				US Mint Fund grant to support Scouting in underserved areas					

Form 990,Schedule I, Pa	Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.											
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance					
Twin Rivers Council253 Washington Ave Ext Albany, NY 12205	14-1340028	501(c)(3)	6,000				US Mint Fund grant to support Scouting in underserved areas					

<u>Form 990,Schedule I, Pa</u>	Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.											
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance					
Western Los Angeles County Council16525 Sherman Way Ste C-8 Van Nuys,CA 91406		501(c)(3)	5,500				US Mint Fund grant to support Scouting in underserved areas					

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.											
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	<b>(d)</b> Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
Yosemite ConservancyP O Box 230 El Portal, CA 95318	94-3058041	501(c)(3)	16,500				Grant to support local council operations				

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OMB No 1545-0047

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.

Open to Public Inspection

Name of the organization NATIONAL BOY SCOUTS OF AMERICA FOUNDATION **Employer identification number** 

75-2675978

Pai	t 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			
	Receive a severance payment or change-of-control payment?	4a		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes	
C	Participate in, or receive payment from, an equity-based compensation arrangement?	<b>4</b> c		Νo
	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			
а	The organization?	5a		No
b	Any related organization?	5b	Yes	
	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			
а	The organization?	6a		Νo
b	Any related organization?	6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was			
	subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe			
	ın Part III	8		Νo
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)(1)-(111) 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	fW-2 and/or1099-MIS	C compensation	(C) Retirement and	<b>(D)</b> Nontaxable benefits	(E) Total of columns (B)(I)-(D)	(F) Compensation in	
		(i) Base compensation	(ii) Bonus & ıncentive compensation	(iii) Other reportable compensation	other deferred compensation			column(B) reported as deferred in prior Form 990	
Wayne Brock, Secretary and Director	(i) (ii)	0 414.622	0	0	0	0	0	0	
	`	414,022	43,626	104,428	152,441	28,326	743,443	0	
2 Bradley D Farmer,	(i)	0	0	0	0	0	0	0	
Assistant Secretary and Director	(ii)	304,581	25,382	32,945	238,229	25,439	626,576	0	

Schedule J (Form 990) 2014

#### 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

A 150 Complete this part for any ac	Jultional Information						
Return Reference	Explanation						
Schedule J, Part I, Line 3	The National Boy Scouts of America Foundation has no compensated employees. This information presented refers to compensation paid by the Boy Scouts of America EIN 22-1576300 to the Officers listed on Schedule J. The National Council Executive Compensation Committee accepted the Intermediate Sanctions review, conducted in late 2012, of the total compensation, benefits and perquisites for the Chief Scout Executive. This was a routine Intermediate Sanctions review of Boy Scouts of America's disqualified individuals and no new programs were added or changed.						
Schedule J, Part I, Line 4	No compensation was paid to Officers or Directors by the National Boy Scouts of America Foundation Line 4b. The information presented refers to compensation paid by the Boy Scouts of America to the Officers listed on Schedule J. The BSA's National Executive Board approved a non-qualified, Retirement Restoration Plan for the benefit of all employees whose benefits would otherwise be limited by the Omnibus Budget Reconciliation Act of 1993 Benefits attributed under the Restoration Plan supplement those accrued under the qualified Retirement Plan and payments do not commence until an employee's retirement Participants include employees with compensation over \$260,000. Contributions made on behalf of Wayne Brock for \$44,646 to his restoration plan, on behalf of Bradley Farmer \$8,735 to his restoration plan.						
Schedule J, Part I, Line 5	An Annual Incentive Plan was adopted, by Boy Scouts of America, with a component of compensation is based on items such as membership, obtaining funding commitments, maintaining operations within budget, and achieving goals within the organizations strategic plan						

Schedule J (Form 990) 2014

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OMB No 1545-0047

Department of the Treasury Internal Revenue Service

**SCHEDULE M** 

(Form 990)

## **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.

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	e of the organization NAL BOY SCOUTS OF AMERICA FOUNDAT	TION			Emplo	yer identificat	ion nu	mber	
,,,,	THE BOT GOOD OF THE INTERNATION OF THE	75-2675978							
Pa	rt I Types of Property								
		(a) Check If applicable	<b>(b)</b> Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line	n	( <b>d</b> ) Method of de oncash contrib	- etermı		ts
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 .	Χ	8	2,416,089	FMV	on date of gıft			
LO	Securities—Closely held stock .								
l <b>1</b>	Securities—Partnership, LLC, or trust interests								
L <b>2</b>	Securities—Miscellaneous								
L3	Qualified conservation contribution—Historic structures								
L <b>4</b>	Qualified conservation contribution—Other								
<b>L</b> 5	Real estate—Residential .								
<b>L6</b>	Real estate—Commercial								
L <b>7</b>	Real estate—O ther								
<b>.</b> 8	Collectibles								
<b>19</b>	Food inventory								
20	Drugs and medical supplies .								
21	Taxıdermy								
22	Historical artifacts								
	Scientific specimens								
24	Archeological artifacts								
25	O ther ► ()								
26	O ther ►()								
27	O ther ►()								
	O ther ► ()				<u> </u>				
	Number of Forms 8283 received for which the organization comple				29				0
	<b>5</b>							Yes	No
30a	During the year, did the organiza								
	it must hold for at least three ye				ired to	be used			
	for exempt purposes for the enti				•	'	30a		No
	If "Yes," describe the arrangem			_					
31	Does the organization have a gif	t acceptano	ce policy that requires the i	review of any non-standard	contr	ibutions?	<b>31</b>	Yes	<u> </u>
32a	Does the organization hire or us contributions?	•	es or related organizations	to solicit, process, or sell	nonca •	sh • •	32a		No
b	If "Yes," describe in Part II								
	If the organization did not report	t an amount	in column (c) for a type of	property for which column (	(a) is d	hecked,			

describe in Part II

Page 2

Schedule M (Form 990) (2014)

Part II Supplemental Information. Provide the information required by Part I, lines 30b,

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

Return Reference Explanation

Schedule M (Form 990) (2014)

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# SCHEDULE O

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► 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.

Name of the organization NATIONAL BOY SCOUTS OF AMERICA FOUNDATION	Employer identification number
	75-2675978

#### 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part IV, Line 11a	Donated land is being evaluated to determine possible usefulness for local council
Form 990, Part VI, Section B, Line 11b	Form 990 was reviewed and approved by the Controller and National Legal Counsel. An execut ive summary was prepared and that, along with Form 990 without Schedule B, was distributed to the Officers and the Audit Committee for their review. PricewaterhouseCoopers reviewed and signed Form 990 as paid preparer. Finally, Form 990 without Schedule B was distributed to all Executive Board members before it was filed. Schedule B was not included due to confidentiality agreements with donors, some of which are members of the Executive Board.
Form 990, Part VI, Section B, Line 12c	Annually a conflict of interest policy confirmation is required of the organizations Execu tive Board Members and employees responsible for every department. The organization uses a noutside company for anonymous reporting of potential ethics violations. A report of the violations is given to the Controller and is thoroughly researched. The research is presented to Internal Audit and National Legal Counsel for review and resolution. The report, is sues, and resolutions are presented to the Audit Committee for review.
Form 990, Part VI, Section C, Line 19	Governing documents, conflict of interest policy, and financial statement are available upon request
Form 990, Part XI, Line 9	Write off of pledge receivable

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DLN: 93493317091885

2014

OMB No 1545-0047

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# **Related Organizations and Unrelated Partnerships**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ► Attach to Form 990.

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

Department of the Treasury Internal Revenue Service Name of the organization

NATIONAL BOY SCOUTS OF AMERICA FOUNDATION

(Form 990)

**SCHEDULE R** 

**Employer identification number** 

75-2675978

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.									
(a) Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	<b>(e)</b> End-of-year assets	<b>(f)</b> Direct controlling entity				

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	<b>(f)</b> Direct controlling entity	(g) Section 51: (13) contro entity?	
						Yes	No
(1) Boy Scouts of America 1325 West Walnut Hill Lane Irving, TX 750383008 22-1576300	Scouting	TX	501(c)(3)	7	N/A		No
(2) Learning for Life 1329 West Walnut Hill Lane Irving, TX 75038 75-2396057	Youth development	DC	501(c)(3)	7	N/A		No
(3) Learning for Life Foundation 1329 West Walnut Hill Lane Irving, TX 75038 26-2270708	Youth Development	TX	501(c)(3)	7	Learning for Life		No

Part III	Identification of Related Organizations Taxable as a Partnership Complete of the organization answered "Yes" on Form 990, Part IV, In	ine 34
	because it had one or more related organizations treated as a partnership during the tax year.	

				•								
(a) Name, address, and EIN of related organization		(c) Legal domicile (state or foreign country)	entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end- of-year assets	(h Disprop allocat	rtionate	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	mana part	ral or aging	<b>(k)</b> Percentage ownership
				,			Yes	No		Yes	No	
	Endowment Investments		Boy Scouts of America	Excluded	609,656	19,776,237		No	-3,604		No	3 669 %

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust Complete If the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	
Name, address, and EIN of	Primary activity	Legal	Direct controlling	Type of entity	Share of total	Share of end-	Percentage	Section 512	
related organization		domicile	entity	(C corp, S	ıncome	of-year	ownership	(b)(13)	
		(state or foreign		corp,		assets		controlled	
		country)		or trust)				entity?	
								Yes	No

Part V	Transactions With Related Organizations Con	mplete if the organization answered "Yes"	on Form 990.	Part IV. line 34, 35b, or 36.
ai c v	Transactions with related organizations con	inpicte if the organization answered Tes	on rollings,	1 dit 1 v, iiile 3 +, 33b, 01 30.

<b>Note.</b> Complete line 1 if any entity is listed in Parts II, II	I, or IV of this schedule	

- 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?
- a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity
- **b** Gift, grant, or capital contribution to related organization(s)
- **c** Gift, grant, or capital contribution from related organization(s)
- d Loans or loan guarantees to or for related organization(s)
- e Loans or loan guarantees by related organization(s)
- **f** Dividends from related organization(s)
- g Sale of assets to related organization(s)
- h Purchase of assets from related organization(s)
- i Exchange of assets with related organization(s)
- j Lease of facilities, equipment, or other assets to related organization(s)
- **k** Lease of facilities, equipment, or other assets from related organization(s)
- I Performance of services or membership or fundraising solicitations for related organization(s)
- m Performance of services or membership or fundraising solicitations by related organization(s)
- n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- Sharing of paid employees with related organization(s)
- **p** Reimbursement paid to related organization(s) for expenses
- **q** Reimbursement paid by related organization(s) for expenses
- r Other transfer of cash or property to related organization(s)
- s Other transfer of cash or property from related organization(s)
- 2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of related organization	<b>(b)</b> Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) BSA Commingled Endowment Fund LP	b	5,417,342	Per tax return
(2) BSA Commingled Endowment Fund LP	S	5,462,146	Per tax return

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

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)
Name, address, and EIN of entity	Primary activity	/ Legal	Predominant	Are all partners	Share of	Share of	Disproprtionate	e Code V-UBI	General or	Percentage
1	1	domicile	ıncome	section	total	end-of-year	allocations?	amount in	managing	ownership
1	1	(state or	(related,	501(c)(3)	ıncome	assets	1	box 20	partner?	, , , , , , , , , , , , , , , , , , ,
1	1	foreign	unrelated,	organizations?		1	1	of Schedule	1	, , , , , , , , , , , , , , , , , , ,
1	1	country)	excluded from	1		1	1	K-1	1	·
1	1	1 "	tax under	1		1	1	(Form 1065)	1	1
1	1	1	sections 512-	1		1	1	' ' '	1	
1	1	1	514)	$\overline{}$	$\neg$	,		<b>⊣</b> '		+
	1	1	1 ' '	Yes No		'	Yes N	No	Yes No	7
1	<u> </u>		1	$\overline{}$	+	<del>                                     </del>				_
1			<u> </u>			'				

Part VII Supplemental Information

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

Return Reference Explanation

Schedule R (Form 990) 2014

Page **5**