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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 <u>www.IRS.gov/form990</u>

OMB No 1545-0047

Open to Public

			endar year, or tax year beginning 01-01-2015 , and endi C Name of organization	ng 12-31-20	15	B. F	!	
		pplicable	BOY SCOUTS OF AMERICA			D Employe	er identific	cation number
_	ress ch	_	144 ABRAHAM LINCOLN COUNCIL			37-066	1493	
	ne cha	_	Doing business as					
	al retu	m	Number and street (or P O box if mail is not delivered to street add	ress) Doom/s	uito	E Telephon	e number	
Fina retu		minated	5231 SOUTH SIXTH STREET ROAD	ress) Room, s	uite	(217)5	29-2727	7
Ame	ended i	return	City or town, state or province, country, and ZIP or foreign postal co	ode		(==: , =		
		n pending	SPRINGFIELD, IL 62703			G Gross rec	eipts \$ 1,47	77,559
		, ,	F Name and address of principal officer		11/-> -			
			DANIEL O'BRIEN			s this a group r ubordinates?	eturn for	□Yes ✓ No
			5231 SOUTH SIXTH STREET ROAD SPRINGFIELD,IL 62703		H(b) A	re all subordina	ates	□Yes □No
			51 MINOTIEE5,12 02703			ncluded? f "No " attach a	list (see	, instructions)
I Tax	«-exem	npt status	▼ 501(c)(3)	<u> </u>	1	f "No," attach a Group exemptio		
	ebsite	=: ▶ WW	W ALINCOLNBSA ORG		† '.(s) '	oroup exemption	ii iiuiiibei	
					1		- 34 0	
K Forn			Corporation Trust Association Other ► mary		L Year	of formation 1965	M State	e of legal domicile IL
Га			<u>-</u>					
			cribe the organization's mission or most significant activi G IS THE ONLY PROGRAM SERVICE PROVIDED BY TH		<u> </u>			
و ا								
Governance	_							
lle.	2 (Check th	is box 🛏 if the organization discontinued its operations o	or disposed	of more tha	an 25% of its n	et assets	
5 5				·				
	3 N	Number	f voting members of the governing body (Part VI, line 1a)				3	5 2
lles			findependent voting members of the governing body (Part	-		_	4	52
Activities &			nber of individuals employed in calendar year 2015 (Part \		_	5	50	
AC			nber of volunteers (estimate if necessary)			_	6	1,444
			elated business revenue from Part VIII, column (C), line 1			<u> </u>	7a	0
	b Ne	et unrela	ted business taxable income from Form 990-T, line 34				7b	
	_	C t	hobour and much (Deut)(III long th)			Prior Year		Current Year
<u>o</u>	8 9		butions and grants (Part VIII, line 1h)			344,94 267,06	_	333,219 361,133
Ę I	9	Pibula				207,00		
99	10					182 98		
Revenue	10 11	Invest	ment income (Part VIII, column (A), lines 3, 4, and 7d)			182,98 246.53	37	188,567
Reve	11	Invest Other	ment income (Part VIII, column (A), lines 3, 4, and 7d) revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, a	 nd 11e)		246,53	37	188,567 227,922
Rave		Invest Other	ment income (Part VIII, column (A), lines 3, 4, and 7d)	 nd 11e)			37	188,567
Reye	11	Invest Other Total (12)	ment income (Part VIII, column (A), lines 3, 4, and 7d) revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, a	 Ind 11e) Iumn (A), Iir	ne	246,53	37 30 28	188,567 227,922
Reye	11 12	O ther Total (12) Grants Benefi	ment income (Part VIII, column (A), lines 3, 4, and 7d) revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, a revenue—add lines 8 through 11 (must equal Part VIII, co and similar amounts paid (Part IX, column (A), lines 1–3 ts paid to or for members (Part IX, column (A), line 4).		ne	246,53 1,041,52	37 30 28	188,567 227,922 1,110,841
	11 12 13	Invest Other Total (12) Grants Benefi Salarie	ment income (Part VIII, column (A), lines 3, 4, and 7d) revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, a revenue—add lines 8 through 11 (must equal Part VIII, co and similar amounts paid (Part IX, column (A), lines 1-3 ts paid to or for members (Part IX, column (A), line 4) es, other compensation, employee benefits (Part IX, column		ne	246,53 1,041,52	37 30 28 23	188,567 227,922 1,110,841 24,117
	11 12 13 14 15	Invest Other Total (12) Grants Benefi Salario 5-10)	ment income (Part VIII, column (A), lines 3, 4, and 7d) revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, a revenue—add lines 8 through 11 (must equal Part VIII, column and similar amounts paid (Part IX, column (A), lines 1–3 ts paid to or for members (Part IX, column (A), line 4) .		ne .	246,53 1,041,52 23,82	37 30 28 23	188,567 227,922 1,110,841 24,117
	11 12 13 14 15	Invest Other Total (12) Grants Benefi Salarie 5-10) Profes	ment income (Part VIII, column (A), lines 3, 4, and 7d) revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, a revenue—add lines 8 through 11 (must equal Part VIII, column and similar amounts paid (Part IX, column (A), lines 1–3 ts paid to or for members (Part IX, column (A), line 4) . es, other compensation, employee benefits (Part IX, column sional fundraising fees (Part IX, column (A), line 11e) .		ne .	246,53 1,041,52 23,82	37 30 28 23	188,567 227,922 1,110,841 24,117 0 568,385
Expenses Reve	11 12 13 14 15	Invest Other Total (12) Grants Benefi Salario 5-10) Profes Total fu	revenue (Part VIII, column (A), lines 3, 4, and 7d) revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, a revenue—add lines 8 through 11 (must equal Part VIII, co and similar amounts paid (Part IX, column (A), lines 1–3 ts paid to or for members (Part IX, column (A), line 4) es, other compensation, employee benefits (Part IX, colum sional fundraising fees (Part IX, column (A), line 11e) andraising expenses (Part IX, column (D), line 25)			246,53 1,041,52 23,82 572,67	37 30 28 23	188,567 227,922 1,110,841 24,117 0 568,385
	11 12 13 14 15 16a b	Invest Other Total (12) Grants Benefi Salario 5-10) Profes Total fu Other	ment income (Part VIII, column (A), lines 3, 4, and 7d) revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, a revenue—add lines 8 through 11 (must equal Part VIII, column and similar amounts paid (Part IX, column (A), lines 1–3 ts paid to or for members (Part IX, column (A), line 4) . es, other compensation, employee benefits (Part IX, column sional fundraising fees (Part IX, column (A), line 11e) .			246,53 1,041,52 23,82	37 30 28 23 70	188,567 227,922 1,110,841 24,117 0 568,385
	11 12 13 14 15 16a b	Invest Other Total (12) Grants Benefi Salar(5-10) Profes Total fu Other	revenue (Part VIII, column (A), lines 3, 4, and 7d) revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, a revenue—add lines 8 through 11 (must equal Part VIII, co rand similar amounts paid (Part IX, column (A), lines 1–3 ts paid to or for members (Part IX, column (A), line 4) es, other compensation, employee benefits (Part IX, column resional fundraising fees (Part IX, column (A), line 11e) andraising expenses (Part IX, column (D), line 25) **Part IX, column (A), lines 11a-11d, 11f-24e)	lumn (A), lind 11e) lumn (A), lind		246,53 1,041,52 23,82 572,67	37 30 28 23 70	188,567 227,922 1,110,841 24,117 0 568,385 0
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Expenses	11 12 13 14 15 16a b 17 18 19	Invest Other Total (12) Grants Benefi Salarie 5-10) Profes Total fu Other Total e Reven	ment income (Part VIII, column (A), lines 3, 4, and 7d) revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, a revenue—add lines 8 through 11 (must equal Part VIII, co and similar amounts paid (Part IX, column (A), lines 1–3 ts paid to or for members (Part IX, column (A), line 4) . es, other compensation, employee benefits (Part IX, column sional fundraising fees (Part IX, column (A), line 11e) . Indraising expenses (Part IX, column (D), line 25) expenses (Part IX, column (A), lines 11a–11d, 11f–24e) expenses Add lines 13–17 (must equal Part IX, column (A) use less expenses Subtract line 18 from line 12			246,53 1,041,52 23,82 572,63 504,78 1,101,28 -59,75 ng of Current Ye	37 30 28 23 70 38 31 53	188,567 227,922 1,110,841 24,117 0 568,385 0 528,110 1,120,612 -9,771 End of Year
Expenses	11 12 13 14 15 16a b 17 18 19	Invest Other Total (12) Grants Benefi Salario 5-10) Profes Total fu Other Total o Reven	revenue (Part VIII, column (A), lines 3, 4, and 7d) revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, a revenue—add lines 8 through 11 (must equal Part VIII, co and similar amounts paid (Part IX, column (A), lines 1–3 ts paid to or for members (Part IX, column (A), line 4) es, other compensation, employee benefits (Part IX, column sional fundraising fees (Part IX, column (A), line 11e) expenses (Part IX, column (D), line 25) expenses (Part IX, column (A), lines 11a–11d, 11f–24e) expenses Add lines 13–17 (must equal Part IX, column (A) ue less expenses Subtract line 18 from line 12		Beginni	246,53 1,041,52 23,82 572,63 504,78 1,101,28 -59,75 ng of Current Ye 3,714,63	37 30 28 23 70 38 31 53	188,567 227,922 1,110,841 24,117 0 568,385 0 528,110 1,120,612 -9,771 End of Year 3,698,783
Expenses	11 12 13 14 15 16a b 17 18 19	Invest Other Total (12) Grants Benefi Salario 5-10) Profes Total fu Other Total o Reven	ment income (Part VIII, column (A), lines 3, 4, and 7d) revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, a revenue—add lines 8 through 11 (must equal Part VIII, co rand similar amounts paid (Part IX, column (A), lines 1–3 ts paid to or for members (Part IX, column (A), line 4) es, other compensation, employee benefits (Part IX, column sional fundraising fees (Part IX, column (A), line 11e) expenses (Part IX, column (D), line 25) expenses (Part IX, column (A), lines 11a–11d, 11f–24e) expenses Add lines 13–17 (must equal Part IX, column (A) use less expenses Subtract line 18 from line 12 expenses (Part X, line 16) expenses (Part X, line 26) expenses (Part X, line 26)	nd 11e) lumn (A), lir) in (A), lines A), line 25)	Beginni	246,53 1,041,52 23,82 572,67 504,78 1,101,28 -59,75 ng of Current Yet 3,714,63 131,57	37 30 28 23 70 38 31 53 30	188,567 227,922 1,110,841 24,117 0 568,385 0 528,110 1,120,612 -9,771 End of Year 3,698,783 125,496
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S Net Assets or Expenses of Fund Balances	11 12 13 14 15 16a b 17 18 19 20 21 22 11 pena	Invest Other Total (12) Grants Benefi Salaria 5-10) Profes Total fu Other Total a Reven Total I Net as Sign alties of page and I as any kr	revenue (Part VIII, column (A), lines 3, 4, and 7d) revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, a revenue—add lines 8 through 11 (must equal Part VIII, column (A), lines 1–3 tes paid to or for members (Part IX, column (A), line 4) . respectively. The service of		Beginni	246,53 1,041,53 23,82 572,63 504,78 1,101,28 -59,75 ng of Current Ye 3,714,63 131,53 3,583,05 dules and state r) is based on a	37 30 28 23 70 38 31 53 ear 30 72	188,567 227,922 1,110,841 24,117 0 568,385 0 528,110 1,120,612 -9,771 End of Year 3,698,783 125,496 3,573,287
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SPRINGFIELD, IL 62704 May the IRS discuss this return with the preparer shown above? (see instructions)

Firm's address ► 901 S SECOND ST

Use Only

Phone no (217) 528-8473

. ▼Yes □No

FOITH	990 (2015)				P	age ∠
Par		ent of Program Service	Accomplishments or note to any line in this Part III	·		
1		the organization's mission	or note to any me memor are 111		<u> </u>	
sco	UTING IS THE ON	NLY PROGRAM SERVICE PRO	VIDED BY THE COUNCIL			
2		ion undertake any significant p 0 or 990-EZ?	rogram services during the year w	hich were not listed on	⊤Yes √No	
	If "Yes," describe	e these new services on Sched	ule O			
3		ion cease conducting, or make	significant changes in how it cond	lucts, any program	「Yes ▼No	
	If "Yes," describe	e these changes on Schedule C	1			
4	expenses Sectio		complishments for each of its three anizations are required to report the program service reported			
4a	(Code) (Expenses \$ DNLY PROGRAM SERVICE PROVIDED E	919,469 including grants of \$	24,117) (Revenue \$)	
		THE TROOM TO SERVICE TROVIDED E	THE COOKER			
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$)	
4c	(Code) (Expenses \$	including grants of \$) (Revenue \$)	
	Other program s	services (Describe in Schedule	0)			
	(Expenses \$		g grants of \$) (Revenue \$)	
4e	Total program s	ervice expenses 🕨	919,469			

Part IV Checklist of Required Schedule
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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? $^{f z}$	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure $98-19$? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 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? If "Yes," complete Schedule D, Part V	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, 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	Yes	
	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		No
	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 2	11c		No
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		No
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		No
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
	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		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or 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 $11e^{7}$ 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? <i>If "Yes," complete Schedule G, Part II</i>	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

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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		No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? 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		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		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 IV	28a		No
h	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,	28a		No
	Part IV	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or 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	29		No
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		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37		37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O		Yes	

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Pai	t V Statements Regarding Other IRS Filings and Tax Complian		M			_
	Check if Schedule O contains a response or note to any line in this	s Part	V	<u> </u>	Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable	1a	1		163	NO
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments gaming (gambling) winnings to prize winners?	to ven	dors and reportable	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered					
	by this return	2a	50	2b	Yes	
D	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-fi			20	103	
За	Did the organization have unrelated business gross income of \$1,000 or more duri	ng the	year [?]	3a		Νo
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explana	tion in S	Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a over, a financial account in a foreign country (such as a bank account, securities a account)? \cdot .			4a		No
b	If "Yes," enter the name of the foreign country ► See instructions for filing requirements for FinCEN Form 114, Report of Foreign Ba (FBAR)	nk and	Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time dur	ing the	tax year?	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited	d tax sh	nelter transaction?	5b		Νo
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			<u> </u>		
_				5c		
	Does the organization have annual gross receipts that are normally greater than \$ organization solicit any contributions that were not tax deductible as charitable co	ntrıbutı	ons?	6a		No
	If "Yes," did the organization include with every solicitation an express statement were not tax deductible?	that su	ch contributions or gifts	6b		
	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.	ition an	d partly for goods and	7a		Νo
	services provided to the payor?			7b		110
	Did the organization sell, exchange, or otherwise dispose of tangible personal prop					
	file Form 8282?			7c		Νo
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a	persor	nal benefit contract?	7e		Νo
f	Did the organization, during the year, pay premiums, directly or indirectly, on a per	sonal b	enefit contract?	7f		Νo
g	If the organization received a contribution of qualified intellectual property, did the required?	organı:	zation file Form 8899 as	7g		No
h	If the organization received a contribution of cars, boats, airplanes, or other vehicl Form 1098-C?		the organization file a	7h		Νo
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess beduring the year?	usines	s holdings at any time			
0-		 62		8 9a		
	Did the sponsoring organization make any taxable distributions under section 496			9a 9b		
10	Did the sponsoring organization make a distribution to a donor, donor advisor, or re Section 501(c)(7) organizations. Enter	area p	7C15UII'	90		
	Initiation fees and capital contributions included on Part VIII, line 12	10a	I			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club	10b				
	facilities					
11	Section 501(c)(12) organizations. Enter					
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 99	90 ın lıe	eu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state? additional information the organization must report on Schedule O	Note. 9	See the instructions for	13a		
b	Enter the amount of reserves the organization is required to maintain by the states	:				
	in which the organization is licensed to issue qualified health plans	13b				
c	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the ta	ax year	?	14a		Νo
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explain	nation ii	n Schedule O	14b		

Se	ction 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 52			
	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 52			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6		No
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the			
	year by the following The governing body?	8a	Yes	
	Each committee with authority to act on behalf of the governing body?	8b	Yes	
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the		165	
•	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ıe Cod	e.)
			Yes	No
L0a	Did the organization have local chapters, branches, or affiliates?	10a	Yes	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		No
l1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
L2a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		No
L3	Did the organization have a written whistleblower policy?	13	Yes	
L4	Did the organization have a written document retention and destruction policy?	14	Yes	
L 5	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		No
b	Other officers or key employees of the organization	15b		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
L6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Se	ction C. Disclosure			
L7	List the States with which a copy of this Form 990 is required to be filed▶ IL			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available.			
19	Own website Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year			

State the name, address, and telephone number of the person who possesses the organization's books and records ▶CHARLES GRONAU 5231 SOUTH SIXTH STREET ROAD SPRINGFIELD, IL 62703 (217) 529-2727

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

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

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

- ◆ List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, 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 t perso	tion (han d in is l	one b both	ox, an c	heck unless officer stee)	i	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	(W- 2/1099- MISC)	organization and related organizations
See Additional Data Table										
										Form 990 (2015)

Part VII 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	tion (han d on is	ne both	box, an o r/tru:	heck unless officer stee)	6	(D) Reportable compensation from the organization	on (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of oth compensation from the	ner on
		for related organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officei	Ke) emplojee	Highest compensated employee	Former	2/1099-MIS)	2/1099-MISC)	organization a related organization	
See	Addıtıonal Data Table												
													<u> </u>
1b c d	Sub-Total . Total from continuation sheet Total (add lines 1b and 1c) .	ts to Part VII, S	ection A			 	 		126,683			53,0	000
2	Total number of individuals (in \$100,000 of reportable compo	_					d abov	e) wl	ho received mo	re th	an		
3	Did the organization list any f oon line 1a? <i>If "Yes," complete</i> 5					key •	emplo	yee,	or highest com	npens	sated employee	Yes N	l o
4	For any individual listed on lin organization and related organ individual											4 Yes	
5	Did any person listed on line 1 services rendered to the organ									ition •	or individual for	5 N	0
S	ection B. Independent Co	ntractors											
1	Complete this table for your five compensation from the organization												
		(A) Name and business			101		. Grend	ye	a. chang with		(B) cription of services	(C) Compensatio	on

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 🕨

Part V	Ш	Statement of Revenue	ance or note to any lir	on this Dort VIII			_
		Check if Schedule O contains a response	onse or note to any in	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
និត	1a	Federated campaigns 1	·				
Grants	b	Membership dues 1					
֓֞֝֞֞֞֞֞֞֞֞֞֞֓֓֓֓֞֞֞֞֞֞֞֞֓֓֓֓֞֞֞֡֞֡֡֡֞֞֞֡֡֡֡	С	Fundraising events 1	c				
ar /	d	Related organizations 10	i				
ا <u>ت</u> ارٍٰ	e	Government grants (contributions) 1					
Contributions, Giffs, Grants and Other Similar Amounts	f	All other contributions, gifts, grants, and similar amounts not included above	333,219				
5 €	g	Noncash contributions included in lines 1a-1f \$					
and	h	Total. Add lines 1a-1f		333,219			
<u>e</u>			Business Code				
Program Serwce Revenue	2a	CAMPING, SCOUTING		361,133			361,133
Ę	b						
92E	С						
<u>.</u>	d						
Ę	е						
50	f	All other program service revenue					
<u>ራ</u>	g	Total. Add lines 2a-2f		361,133			
	3	Investment income (including divide and other similar amounts)		188,567			188,567
	4	Income from investment of tax-exempt bond					
	5	Royalties	🕨 [
	6a	(ı) Real Gross rents	(II) Personal				
		Less rental					
	b	expenses					
	С	Rental income or (loss)					
	d	Net rental income or (loss)					
	7a	Gross amount from sales of assets other than inventory	(II) Other				
	b	Less cost or other basis and sales expenses					
	C	Gain or (loss)					
.	d ea	Net gain or (loss)					
	8a	Gross income from fundraising events (not including \$					
nev		of contributions reported on line 1c) See Part IV, line 18					
<u> </u>	_		440,510				
5	b c	Less direct expenses I Net income or (loss) from fundraising	200/015	180,297			180,297
		Gross income from gaming activities See Part IV, line 19		100,237			100,237
		see Falciv, mie 19	·				
	b	Less direct expenses I					
		Net income or (loss) from gaming act	civities				
	±∪₫	Gross sales of inventory, less returns and allowances .					
		a	147,730				
	b	Less cost of goods sold b	100,105				
}	С	Net income or (loss) from sales of in		47,625			47,625
}	11a	Miscellaneous Revenue	Business Code				
	11a b						+
	_						1
	C						1
	d	All other revenue					
	е	Total. Add lines 11a-11d					
	12	Total revenue See Instructions	_ [

	IX Statement of Functional Expenses				
Section	on 501(c)(3) and 501(c)(4) organizations must complete all columns				
	Check if Schedule O contains a response or note to any line in the	nis Part IX T	(B)		
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21				
2	Grants and other assistance to domestic individuals See Part IV, line 22	24,117	24,117		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	,	,		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	102,863	84,163	8,558	10,142
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	353,604	276,872	48,906	27,826
8	Pension plan accruals and contributions (include section $401(k)$ and $403(b)$ employer contributions)	19,439	15,905	1,617	1,917
9	Other employee benefits	46,941	35,041	7,676	4,224
10	Payroll taxes	45,538	36,808	5,257	3,473
11	Fees for services (non-employees)				
а	Management				
b	Legal				
C	Accounting	21,898	18,048	2,284	1,566
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion				
13	Office expenses	97,981	78,237	848	18,896
14	Information technology				
15	Royalties				
16	Occupancy	93,691	86,013	3,213	4,465
17	Travel	36,390	32,028	2,540	1,822
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	25,771	25,024	450	297
20	Interest				
21	Payments to affiliates	14,461	14,461		
22	Depreciation, depletion, and amortization	101,099	95,529	3,354	2,216
23	Insurance	25,795	22,743	1,838	1,214
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)				
а	RECOGNITION AWARDS	58,742	31,348	20	27,374
ь	OTHER EXPENSES	34,402	27,937	3,893	2,572
c	EQUIP RENT & MAINT	17,880	15,195	1,617	1,068
d			· · · ·		·
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	1,120,612	919,469	92,071	109,072
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)				<u> </u>

Part X Balance Sheet

		Check if Schedule O contains a response or note to any li	(11)		(A)		<u> </u>
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			3 3 ,	1	,
	2	Savings and temporary cash investments			1,017,436	2	945,556
	3	Pledges and grants receivable, net			850	3	1,350
	4	Accounts receivable, net			1,408	4	7,124
	5	Loans and other receivables from current and former offi					
		key employees, and highest compensated employees C					
		Schedule L	• •				
	_		/	4.644		5	
	6	Loans and other receivables from other disqualified pers section 4958(f)(1)), persons described in section 4958	•				
		contributing employers and sponsoring organizations of					
w		voluntary employees' beneficiary organizations (see insi II of Schedule L	ruction	s) Complete Part			
Assets		11 of Belleddie E				6	
88)	7	Notes and loans receivable, net				7	
•	8	Inventories for sale or use			79,915	8	80,084
	9	Prepaid expenses and deferred charges			34,065	9	31,297
	10a	Land, buildings, and equipment cost or other basis	1	 I	,		,
		Complete Part VI of Schedule D	10a	4,363,862			
	b	Less accumulated depreciation	10b	1,730,490	2,580,956	10c	2,633,372
	11	Investments—publicly traded securities				11	
	12	Investments—other securities See Part IV, line 11 $$.				12	
	13	Investments—program-related See Part IV, line 11 .				13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)		3,714,630	16	3,698,783
	17	Accounts payable and accrued expenses			3,624	17	10,883
	18	Grants payable				18	
	19	Deferred revenue			14,594	19	9,749
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability Complete Part IV	of Sche	dule D		21	
Liabilities	22	Loans and other payables to current and former officers, key employees, highest compensated employees, and d					
夏		persons Complete Part II of Schedule L				22	
ä	23	Secured mortgages and notes payable to unrelated third	parties			23	
	24	Unsecured notes and loans payable to unrelated third pa	rties			24	
	25	Other liabilities (including federal income tax, payables and other liabilities not included on lines 17-24)	to relate	ed third parties,			
		Complete Part X of Schedule D			113,354	25	104,864
	26	Total liabilities.Add lines 17 through 25	•	• •	131,572	26	125,496
	-	Organizations that follow SFAS 117 (ASC 958), check he			,	20	,
φ		lines 27 through 29, and lines 33 and 34.		and complete			
an	27	Unrestricted net assets			2,562,482	27	2,734,226
ල ග	28	Temporarily restricted net assets			1,020,576	28	839,061
핃	29	Permanently restricted net assets				29	
· Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), complete lines 30 through 34.	heck he	re ► ┌ and			
9	30	Capital stock or trust principal, or current funds				30	
ets ets	31	Paid-in or capital surplus, or land, building or equipment				31	
Assets	32	Retained earnings, endowment, accumulated income, or				32	
7 ₩	33	Total net assets or fund balances			3,583,058	33	3,573,287
Net	34	Total liabilities and net assets/fund balances			3,714,630	34	3,698,783
	"	i otal napinties and het assets/lund palances	• •		3,714,030	34	3,090,783

Par	t XI Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI			<u> </u>	୮
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1,:	110,841
2	Total expenses (must equal Part IX, column (A), line 25)	2		1.:	120,612
3	Revenue less expenses Subtract line 2 from line 1	3			-9,771
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			
5	Net unrealized gains (losses) on investments	5		3,5	583,058
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		3,!	573,287
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				<u>. ୮</u>
				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		Νo
	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 on			
	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 Consolidated basis Both consolidated and separate basis				
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigh of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	1			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	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		

Software ID: Software Version:

EIN: 37-0661493

Name: BOY SCOUTS OF AMERICA

144 ABRAHAM LINCOLN COUNCIL

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

(A) Name and Title	(B) A verage hours per week (list any hours for related	Posit more th perso and a	ion (nan o n is b	ne b oth ctor/	ox, u an of trus	inless fficer tee)		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and
	organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officei	Ke) emplojee	Highest compensated employee	Former		,	related organizations
DAMON HOFSTRAND DIRECTOR	1 00	х						0	0	0
ROGER HARDY	1 00	х						0	0	0
JOE WILLIAMS	1 00	x						0	0	0
DIRECTOR STEPHEN GOURLEY	1 00							0	0	0
DIRECTOR		х						0	0	0
ARLAN JUHL DIRECTOR	1 00	х						0	0	0
SCOTT WINDERS DIRECTOR	1 00	х						0	0	0
DAVID LAUBERSHEIMER SR VICE PRES	1 00	х						0	0	0
LARRY STOWERS	1 00	х						0	0	0
ROBERT MOCHARNUK	1 00	x						0	0	0
VICE PRESIDE K THOMAS ROBBINS	1 00								0	
DIRECTOR		Х						0	0	0
SR VICE PRES	1 00	х						0	0	0
JOHN COMERFORD VICE PRESIDE	1 00	х						0	0	0
THOMAS BAKERVICE PRESIDE	1 00	x						0	0	0
TRACIE SMITH DIRECTOR	1 00	х						0	0	0
GRADY CHRONISTER DIRECTOR	1 00	х						0	0	0
MORRIS COOPER DIRECTOR	1 00	х						0	0	0
MARK CULLEN DIRECTOR	1 00	х						0	0	0
HANS DISTLEHORST DIRECTOR	1 00	Х						0	0	0
CURTISS FLOYD DDS DIRECTOR	1 00	х						0	0	0
EARL FORRLER DIRECTOR	1 00	х						0	0	0
RICHARD GARBER	1 00	х						0	0	0
BRIAN DENNEY	1 00	Х						0	0	0
BRUCE FERRY	1 00	X						0	0	0
DIRECTOR HUGH GRIFFITH JR	1 00									
DIRECTOR	1 00	Х					_	0	0	0
J MICHAEL HOUSTON DIRECTOR		х						0	0	0

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

Compensated Employees, and Ind		ntracto						I	1	1 1
(A) Name and Title	(B) Average hours per week (list any hours	more t perso	tıon (d han o	ne b	ox,ι an o	ınless fficer		(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	Kej emplojee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations
PAUL KAY	1 00	x						0	0	0
DIRECTOR	1 00		_							
GEORGE PRECKWINKLE DIRECTOR		x						0	0	О
KENNETH REID	1 00									
DIRECTOR		x						0	0	0
CHARLES RICE	1 00									
VICE PRESIDE		X						0	0	0
RONALD RIGGLE	1 00	х						0	0	0
DIRECTOR								0	0	0
RICHARD SCHIEN	1 00	×						0	0	0
DIRECTOR	1.00		_							
LOGAN SCHLIPF	1 00	x						0	0	0
DIRECTOR RAYMOND STROH	1 00									
DIRECTOR		x						0	0	0
ROBERT STUART JR	1 00									
DIRECTOR		X						0	0	0
ROY TUNGETT	1 00	<u> </u>								
DIRECTOR		X						0	0	0
ANDY VAN METER	1 00	x						0	0	0
VICE PRESIDE								0	0	
KURT WILKE	1 00	x						0	0	0
DIRECTOR	1 00		_							
ROBERT WILLIAMSON DIRECTOR		x						0	0	О
RANDY WITTER	1 00									
SR VICE PRES		X						0	0	0
MICHAEL MEYER	1 00									
DIRECTOR		X						0	0	0
PAUL ANTONACCI	1 00	x						0	0	0
DIRECTOR								,	,	,
SARAH HAUTALA	1 00	x						0	0	0
DIRECTOR	1 00		-							
PAUL PALAZZOLO DIRECTOR		x						0	0	0
BRAD WARE	1 00									
VICE PRESIDE		X						0	0	0
STEPHEN WHITE	1 00	.,						_	_	
VICE PRESIDE		X						0	0	0
DON FARRIMOND	1 00	×						0	0	0
DIRECTOR	4.00									
JENNIFER GILL	1 00	x						0	0	0
DIRECTOR MELISSA HAHN	1 00		-							
DIRECTOR		x						0	0	0
KAREN HOELZER	1 00		+							
DIRECTOR		×						0	0	0
DANIEL O'BRIEN	40 00			V				400.000	-	F2 000
CEO/SECRETAR				Х				126,683	0	53,000

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

(A) Name and Title	(B) A verage hours per week (list any hours	Posit more th persoi and a	ion (d nan o n is b	ne bo	ox, u an of 'trust	nless ficer tee)		(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 trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations	
JOHN CHILDRESS PRESIDENT	1 00			х				0	0	0	_
CRAIG FLORITO TREASURER	1 00			х				0	0	0	-

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OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Total

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

		ne organization OF AMERICA					Employer identifica	ntion number
144 A	BRAHAM	I LINCOLN COUNCIL					37-0661493	
Pa	rt I	Reason for Publi	c Charity S	status (All organiza	tions must co	mplete this p	oart.) See instruction	ns.
The	organız	zation is not a private fo	oundation beca	ause it is (For lines 1	through 11, ch	eck only one b	ox)	
1	\vdash	A church, convention	of churches, o	r association of churc	hes described i	n section 170(l	o)(1)(A)(i).	
2	\vdash	A school described in	section 170(b)(1)(A)(ii).(Attach So	hedule E (Form	1990 or 990-E	(Z))	
3	\vdash	A hospital or a cooper	ative hospital	service organization of	described in sec	tion 170(b)(1)	(A)(iii).	
4	Г	A medical research or	ganızatıon ope). Enter the
5	Γ	hospital's name, city, An organization opera 170(b)(1)(A)(iv). (Co	ated for the be	nefit of a college or un I)	iversity owned	or operated by	a governmental unit o	described in section
6	\sqcap	A federal, state, or loc	•	•	described in se	ection 170(b)(1	l)(A)(v).	
7	Г	An organization that n	ormally receiv	es a substantial part	of its support fr	om a governme	ental unit or from the o	eneral public
	·	described in section 1				J	•	•
8	Γ	A community trust des	scribed in sect	ion 170(b)(1)(A)(vi)	(Complete Par	tII)		
9	도	receipts from activitie from gross investmen	es related to it it income and e 30, 1975 S	ves (1) more than 33 is exempt functions—s unrelated business tax eesection 509(a)(2).	subject to certa xable income (lo (Complete Part	in exceptions, ess section 51 III)	and (2) no more than 1 tax) from businesse	331/3% of its suppor
11	i–	An organization organ	•	·	•	•		ut the nurnoses of
 а	, _	one or more publicly s the box in lines 11a th Type I. A supporting of supported organization	upported orga nrough 11d tha organization op	nizations described in at describes the type o perated, supervised, or	section 509(a) of supporting or r controlled by i)(1) or section ganization and ts supported o	509(a)(2) See sectio complete lines 11e, 1 rganization(s), typical	n 509(a)(3). Check 1f, and 11g ly by giving the
		organization You mus			_	ty of the unect	ors or crustees or the	supporting
b	\Box	Type II. A supporting	•	•		with its suppo	rted organization(s), l	y having control or
	·	management of the su						
	_	must complete Part IV						
С	ı	Type III functionally						grated with, its
	_	supported organization						
d	1	Type III non-function not functionally integr						
		(see instructions) Yo					ement and an attentiv	eness requirement
е	Γ	Check this box if the o					s a Type I, Type II, T	ype III functionally
	·	integrated, or Type III						,
f	Enter	r the number of support	ed organizatio	ns			<u> </u>	
g		Provide the following i	nformation abo	out the supported orga	ınızatıon(s)			
Nar	ne of s	(i) upported organization	(ii)EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))	(iv) Is the orgai listed in your docume	nization governing	(v) A mount of monetary support (see instructions)	(vi) A mount of other support (see instructions)
					Yes	No		

Pa	Support Schedule for (Complete only if you Part III. If the organize	checked the bo	x on line 5, 7,	or 8 of Part I o	or if the organiz	ation failed to d	jualify under
Se	ection A. Public Support	•	•		, <u>, , , , , , , , , , , , , , , , , , </u>		
	Calendar year	(a)2011	(b) 2012	(c)2013	(d) 2014	(e) 2015	(f) Total
•	fiscal year beginning in) F Gifts, grants, contributions, and membership fees received (Do not include any unusual grants)	(4,72022	(-)	(9,2323	(=,===	(0)2020	(i)
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly						
	supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4 ection B. Total Support						
	Calendar year						
(or	fiscal year beginning in)	(a)2011	(b) 2012	(c) 2013	(d)2014	(e) 2015	(f) ⊤otal
7	A mounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
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)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activit	ies, etc (see inst	ructions)			12	
13	First five years.If the Form 990 is check this box and stop here	<u> </u>	<u> </u>				
14	ection C. Computation of Pul Public support percentage for 2019			11 column (f))		14	
15	Public support percentage for 201			: 11, Column (1))		14	
	33 1/3% support test—2015.If the	-	•	v on line 12 and	lino 14 is 22 1/20	15	this box
	and stop here. The organization qui 33 1/3% support test—2014. If the box and stop here. The organizatio	alıfıes as a publıc organızatıon dıd	ly supported organic not check a box	anızatıon on lıne 13 or 16a			► □
17a	10%-facts-and-circumstances test is 10% or more, and if the organization Part VI how the organization me	— 2015. If the organization meets the fa	anization did not o	check a box on lir tances test, chec	ck this box and st	op here. Explain	orted ▶□
b	organization 10%-facts-and-circumstances test 15 is 10% or more, and if the orga Explain in Part VI how the organiza supported organization	nızatıon meets th	e "facts-and-circ	umstances" test	c, check this box a	nd stop here.	
18	Private foundation. If the organizations	ion did not check	a box on line 13	, 16a, 16b, 17a,	or 17b, check this	s box and see	- '

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

not include any "unusual grants"] 2 mach mights from admissions, marchandise sold or services performent, or facilities furnished in any activity that is related to the organization's tax-exempt purpose performent, or facilities furnished in any activity that is related to the organization's tax-exempt purpose that are not unrelated trade or business under section 513 4 Tax revenues levies for the organization's benefit and either paid to or expended on its behalf 1 5 The value of services or facilities to the organization's benefit and either paid to or expended on the shalf 1 6 Total Add lines 1 through 5	Se	ction A. Public Support	•	,	,	•		,	
			(a)2011	(h) 2012	(c) 2013	(d) 2014	(e)20)15	(f)Total
membership fees received (Do not michale any "unusual parts") and "S" 333,219 1,627,948 333,219 1,627,948 2011	-		(4)2011	(5)2012	(6)2013	(4)2011	(0)2	, 1 3	(1)1 ocu
not include any *unusual grants *) 2 Gross Receipts from admissions, merchandide sold or services in any activity that is related to the organizations tax-evempt purpose 3 Gross Receipts from activities that are not an unrelated trade or the organizations tax-evempt purpose 4 Tax revenues leved for the organization's benefit and either paid to or expended on its behalf 5 5 The value of services or facilities furnished by a governmental unit to the organization's benefit and either paid to or expended on its behalf 5 6 Total, Add lines 1 through 5 7a Amounts included on lines 1, 2; and 3 received from other than 3 services or facilities furnished by a governmental unit to the organization without the organization without the organization without the organization without the organization of the organization of the organization without the organization of t	1								
grants ") 2 Gross receipts from admissions, merchandise sold or services performent, or feolities furnished in any activity that is related to purpose a manufacture of the propose of the second of the purpose of the pur			332,427	355,704	306,651	344,948		333,219	1,672,949
2 Gross receipts from admissions, merchandes sold or services performed, or facilities furnished in any activity that is related to purpose. 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues level for the paid to or expended on its behalf. 5 The value of services or facilities furnished by a governmental unit to the organization without Charge. 6 Total Ad lines 1 through 5 (Add lines 2 and 3 received from other than disqualified persons. 9 Amounts included on lines 2 and 3 received from sther than disqualified persons. 9 Add lines 1 through 5 (Add lines 2 and 3 received from other than disqualified persons.) 9 Public support. (Subtract line 2 from line 6) 9 Public support. (Subtract line 2 from line 6) 1,453,449 1,469,169 1,396,275 1,255,455 1,280,990 6,863,099 6,86		•							
performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 3 Gross received from the purpose of the propose of the purpose of the purpos	2	· · · · · · · · · · · · · · · · · · ·							
In any activity that is related to the organization is tax-exempt purpose Gross receipts from activities that are not an unrelated trade or 1,120,722 1,113,484 1,089,621 910,507 955,773 5,190,110 Tax revenues lever for the organization is benefit and either paid to or expended on its benefit and either paid to or expended on its benefit and either paid to or expended on its benefit and either paid to or expended on its benefit in the organization without charge From value of services or facilities furnished by a governmental unit to the organization without charge From value of services or facilities furnished by a governmental unit to the organization without charge Brown of the companization without charge 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 greater of 5,000 or 1% of the amount on line 13 for the greater of 5,000 or 1% of the amount on line 13 for the greater of 5,000 or 1% of the amount on line 13 for the greater of 5,000 or 1% of the second or line 1,000 or 1% of the second or line 1,000 or 1% of the second or line 1,000 or 1% of the greater of 5,000 or 1% of the second or line 1,000 or 1% of the second or line 6 line 1,000 or 1% of the second or line 1,000 or 1% of the second or line 1,000 or 1% of the second or line 1,000 or 1,00									
### To a comparison of two exempt purpose and the organization is tax-exempt purpose that are not an unrelated trade or business under section \$1.3									
Section B. Total Support Subtract line 6 Support Subtract line 6 Subtract line 7 Subtract line 7 Subtract line 8 Subtract		·							
3 Gross receipts from activities that are not an unrelated trade or business under section 5.13 4 Tax revenues level of or not an unrelated trade or business under section 5.13 5 Total support. (Subtract line 2 from line 6) 6 Amounts included on lines 1, 2, and 3 received from other than 3									
that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf or the paid to or expended on its behalf or the paid to or expended on its behalf or the paid to or expended on its behalf or the paid to or expended on its behalf or the paid to or expended on its behalf or the paid to or expended on its behalf or the paid to or expended on its behalf or the paid to or expended on its behalf or the paid to or expended on its behalf or the paid to or expended on its behalf or the paid to or expended on its behalf or the paid to or expended on its behalf or the paid to or expended on its behalf or the paid to or expended on its behalf or the paid to ore the paid to or the paid to or the paid to or the paid to or the	3								
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. 5 The value of services or facilities furnished by a governmental unit to the organization without charge. 6 Total: Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons. Amounts included on lines 2 and 3 received from disqualified persons. Amounts included on lines 2 and 3 received from disqualified persons. Amounts included on lines 2 and 3 received from other than disqualified persons but see edit the amount on line 13 for the year. c Add lines 7a and 7b. 8 public support. (Subtract line 7c from line 6). Section B. Total Support. Calendar year. 9 Answer of the following line 1,453,149 1,469,188 1,396,275 1,255,455 1,288,992 6,863,059 9 Answer of the following line 2,427 182,888 1,72,749 182,987 188,567 879,618 100 Income (less section 511 taxes) 1,52,427 182,888 172,749 182,987 188,567 879,618 110 Income (less section 511 taxes) 1,652,677 1,652,676 1,652,677 1,652,76 1,652,77 1,652,76 1,652,77 1,652,76 1,652,77 1,652,76 1,652,77 1,550,024 1,438,442 1,477,559 7,742,677 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, the business is regularly carmed on complete the surplete of the properties of the pr	•	•	1,120,722	1,113,484	1,089,624	910,507		955,773	5,190,110
organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7 A mounts included on lines 1, 2, and 3 received from disqualified persons 8 received from disqualified persons that exceed the greater of \$5,000 or 1% of the mount on line 13 for the year 9 A public support. (Subtract line 7c from line 6) 8 Public support. (Subtract line 7c from line 6) 9 A mounts from line 6 10 Gross income from interest, dividends, payments received on securities loans, rents, royalities and income from similar sources 10 Unrelated business assactive and 10 b. 152,427 182,888 172,749 182,987 188,567 879,618 and income from sunitare sources 10 Unrelated business cavable income from similar sources 11 Unrelated business cavable income from similar sources 12 Add lines 10a and 10 b. 152,427 182,888 172,749 182,987 188,567 879,618 business activities not include gain or loss section 511 taxes from businesses activities not include gain or loss section 512 activities of the companies of check this tox and stop here 9 Section C. Computation of Public Support Percentage 15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f)) 15 88 640 % 80 370 % 80 300 300 300 300 300 300 300 300 300		business under section 513							
paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons 8 Amounts included on lines 2 and 3 received from disqualified persons 9 Amounts included on lines 2 and 3 received from disqualified persons 9 Amounts included on lines 2 and 3 received from some other than disqualified persons that exceed the greater of \$5,000 or 1 for the year c Add lines 7 a and 7 b 8 Public support. (Subtract line 7 c from line 6.) Section B. Total Support Calendar year (or fiscal year beginning in) P 3 Amounts from from interest, dividends, payments received on securities loans, reits, royalities and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses activities not included in line 10b, whether or not the business is regularly carried on the substances as activities not included gain or loss from the sale of capital assets (Explain in Part VI) 13 Total support. (Add lines 9, 10c, Li,605,576 Li,605,076 Li,	4								
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Section C. Computation of Public Support Percentage 15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f)) 16 Public support percentage from 2014 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f)) 18 Investment income percentage from 2014 Schedule A, Part III, line 17 19 33 1/3% support tests—2015. 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			, ,	· · ·	, ,	, ,			
Section C. Computation of Public Support Percentage 15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f)) 16 Public support percentage from 2014 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2015 (line 10 c, column (f) divided by line 13, column (f)) 18 Investment income percentage from 2014 Schedule A, Part III, line 17 19 33 1/3% support tests—2015. 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	14		for the organizati	on's first, second	, thırd, fourth, or f	ifth tax year as a	section 5	501(c)(3	· · · · ·
Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f)) 15 88 640 % Public support percentage from 2014 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f)) Investment income percentage from 2014 Schedule A, Part III, line 17 Investment income percentage from 2014 Schedule A, Part III, line 17 33 1/3% support tests—2015. 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			L' - Command D						<u> </u>
16 Public support percentage from 2014 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f)) 18 Investment income percentage from 2014 Schedule A, Part III, line 17 19 33 1/3% support tests—2015. 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		<u> </u>			4.2 1 (6)			ı	
Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2015 (line 10 c, column (f) divided by line 13, column (f)) 18 Investment income percentage from 2014 Schedule A, Part III, line 17 19 33 1/3% support tests—2015. 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			•		13, column (f))		15		88 640 %
17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f)) 18 Investment income percentage from 2014 Schedule A, Part III, line 17 19 33 1/3% support tests—2015. 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				-			16		89 370 %
18 Investment income percentage from 2014 Schedule A, Part III, line 17 19a 33 1/3% support tests—2015. 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	Se							_	
19a 33 1/3% support tests—2015. 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	17	Investment income percentage for	2015 (line 10c, c	olumn (f) dıvıded	by line 13, colum	nn (f))	17		11 000 %
	18	Investment income percentage fro	m 2014 Schedule	A, Part III, line 1	.7		18		11 000 %
	19a								line 17 is not ▶✓

b 33 1/3% support tests—2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization
 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

Section A. All Supporting Organizations			
I, complete Sections A and D, and complete	te Part V)		
11b of Part I, complete Sections A and C	If you checked 11c of Part I, com	iplete Sections A , D , and E If y	ou checked 11d of Par

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
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		ı
b	Did the organization confirm that each supported organization qualified under section $501(c)(4)$, (5) , or (6) and satisfied the public support tests under section $509(a)(2)$? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
C	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3с		
4 a	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		ı
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	4b		
c	by or in connection with its supported organizations. Did the organization support any foreign supported organization that does not have an IRS determination under sections $501(c)(3)$ and $509(a)(1)$ or (2) ? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section $170(c)(2)(B)$ purposes.	4 c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		ı
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
C	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c		
0a	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		l
	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		<u> </u>
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		_

Pai	Supporting Organizations (continued)			
Se	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 Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	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 Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	2		
Se	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 Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Se	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 Part VI 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 Part VI the role the organization's supported organizations played in this regard.	3		
Se	ection E. Type III Functionally-Integrated Supporting Organizations			
1 a b	The organization is the parent of each of its supported organizations Complete line 3 below			
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		
Ŀ	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			
	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? <i>Provide details in Part VI</i> .	3a		
Ŀ	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each			

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

3b

	Check here if the organization satisfied the Integral Part Test as a qualifying tr Type III non-functionally integrated supporting organizations must complete S			uct ions. All other
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
!	Recoveries of prior-year distributions	2		
	Other gross income (see instructions)	3		
	Add lines 1 through 3	4		
	Depreciation and depletion	5		
ı	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		
,	Other expenses (see instructions)	7		
1	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (optional)
	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	Discount claimed for blockage or other factors (explain in detail in Part VI)			
	Acquisition indebtedness applicable to non-exempt use assets	2		
	Subtract line 2 from line 1d	3		
	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
	Multiply line 5 by 035	6		
	Recoveries of prior-year distributions	7		
	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
	Enter 85% of line 1	2		
	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
	Enter greater of line 2 or line 3	4		
	Income tax imposed in prior year	5		
i	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
	Check here if the current year is the organization's first as a non-functionally-instructions)	ntegrate	d Type III supporting o	rganızatıon (see

Type III Non-Functionally Integr	ated 509(a)(3) Suppo	rting Organizations (c	· · · · · · · · · · · · · · · · · · ·
Section D - Distributions			Current Year
1 Amounts paid to supported organizations to accom	plish exempt purposes		
2 A mounts paid to perform activity that directly furth excess of income from activity	ers exempt purposes of supp	oorted organizations, in	
3 Administrative expenses paid to accomplish exemp	pt purposes of supported org	anızatıons	
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval re	quired)		
6 Other distributions (describe in Part VI) See instru	uctions		
7 Total annual distributions. Add lines 1 through 6			
Distributions to attentive supported organizations to details in Part VI) See instructions	to which the organization is r	esponsive (provide	
9 Distributable amount for 2015 from Section C, line	6		
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause requiredsee instructions)			
3 Excess distributions carryover, if any, to 2015			
d From 2013			
e From 2014			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
 Carryover from 2010 not applied (see instructions) 			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7			
\$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (If amount greater than zero, see instructions)			
7 Excess distributions carryover to 2016. Add lines 31 and 4c			
8 Breakdown of line 7			
c Excess from 2013			
d From 2014			
e From 2015			

Part VI Supplemental Information.

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

Facts	And	Circum	stances	Test
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Return Reference	Explanation

Schedule A (Form 990 or 990-EZ) 2015

DLN: 93493144007126

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

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

Supplemental Financial Statements

Open to Public

rnal Revenue Service	Information about Schedule D	(Form 990) and its instructions is at <u>www.ii</u>	Inspection
Name of the organia			Employer identification number
144 ABRAHAM LINCOLN			37-0661493
Part I Organ i Comple	izations Maintaining Dono ete if the organization answer	r Advised Funds or Other Similar F ed "Yes" on Form 990, Part IV, line 6.	unds or Accounts.
		(a) Donor advised funds	(b)Funds and other accounts
Total numbe	r at end of year		
Aggregate v year)	alue of contributions to (during		
Aggregate v	alue of grants from (during year)		
Aggregate v	alue at end of year		
		advisors in writing that the assets held in do the organization's exclusive legal control?	nor advised Yes No
used only for cl		and donor advisors in writing that grant fund benefit of the donor or donor advisor, or for a	
art III Conse	rvation Easements. Compl	ete if the organization answered "Yes"	on Form 990, Part IV, line 7.
Preservation Protection Preservation Complete lines	n of land for public use (e g , recre of natural habitat in of open space	ne organization (check all that apply) eation or education) Preservation of a Preservation of a held a qualified conservation contribution in	certified historic structure
easement on ti	ie last day of the tax year		Held at the End of the Year
a Total number o	f conservation easements		2a
b Total acreage r	restricted by conservation easem	ents	2b
Number of cons	servation easements on a certified	i historic structure included in (a)	2c
	servation easements included in (ire listed in the National Register	c) acquired after 8/17/06, and not on a	2d
Number of cons tax year ►	servation easements modified, tra	nsferred, released, extinguished, or terminat	ed by the organization during the
Number of state	es where property subject to cons	ervation easement is located 🗕	<u></u>
	nzation have a written policy rega enforcement of the conservation	ding the periodic monitoring, inspection, har easements it holds?	ndling of Yes No
Staff and volung year	teer hours devoted to monitoring,	inspecting, handling of violations, and enforc	cing conservation easements during the
			
	enses incurred in monitoring, insp	ecting, handling of violations, and enforcing (conservation easements during the year
	servation easement reported on li on 170(h)(4)(B)(ii)?	ne 2(d) above satisfy the requirements of se	ction 170(h)(4)
balance sheet,		ts conservation easements in its revenue ar tof the footnote to the organization's financials	
art IIII Organi	izations Maintaining Collec	ctions of Art, Historical Treasures,	or Other Similar Assets.
		ed "Yes" on Form 990, Part IV, line 8.	
works of art, his	storical treasures, or other simila	FAS 116 (ASC 958), not to report in its reve rassets held for public exhibition, education note to its financial statements that describ	, or research in furtherance of public
works of art, his		FAS 116 (ASC 958), to report in its revenue rassets held for public exhibition, education o these items	
(i) Revenue inclu	ided on Form 990, Part VIII, line	1	► \$
	ed in Form 990, Part X		<u> </u>
If the organizat	ion received or held works of art,	historical treasures, or other similar assets SFAS 116 (ASC 958) relating to these items	
a Revenue includ	led on Form 990, Part VIII, line 1		▶ -\$

b Assets included in Form 990, Part X

Part 1	Organizations Maint	taining Collections of A	Art, His	torical [·]	Treasu	res, or (Other Similar A	ssets
	Using the organization's acquisit collection items (check all that a		cords, ch					e of its
аГ	Public exhibition		d	Loa	n or exch	nange prog	rams	
ЬΓ	Scholarly research		e	┌ Oth	ier			
сſ	Preservation for future gene	rations						
	Provide a description of the orga Part XIII	nızatıon's collections and ex	plaın hov	v they furt	her the o	rganızatıo	n's exempt purpose	ın
ā	During the year, did the organiza assets to be sold to raise funds i	rather than to be maintained						┌ No
Part		al Arrangements. Ization answered "Yes" or	n Form '	990, Part	t IV, lıne	e 9, or re	ported an amour	nt on Form 990,
	Is the organization an agent, trust included on Form 990, Part X?	stee, custodian or other inter	rmediary	for contril	butions o	rotheras	sets not Yes	┌ No
ь	If "Yes," explain the arrangem	nent in Part XIII and complet	te the fol	lowing tab	ole		Am	ount
c	Beginning balance		191		-	10		
d	Additions during the year					1d		
e	Distributions during the year					1e		
f	Ending balance					1f		
2a [Did the organization include an a	amount on Form 990. Part X.	line 21.	for escrow	vorcusto	ـــــا odial accou	unt liability? T Yes	□ No
	Dia ine organization merade an a	imount on Form 550, Fare N,	22,		, 0, 0450	, arar accor	, , 100	,
ь _I	If "Yes," explain the arrangemen	nt in Part XIII Check here if	the expla	anation ha	ıs been p	rovided in	Part XIII	
Part		Complete if the organization						
		(a)Current year		or year			(d)Three years back	(e)Four years back
1a	Beginning of year balance							
b	Contributions							
	Net investment earnings, gains, losses	and						
d	Grants or scholarships							
	Other expenditures for facilities and programs							
f ,	Administrative expenses							
	End of year balance							
_	Provide the estimated percentag		ance (lin	e 1a colu	ımn (a)) b	neld as		
	Board designated or quasi-endov	•	41100 (1111	c 19, colu	(4), .			
	Permanent endowment >	Willette P						
c 7	Temporarily restricted endowne The percentages on lines 2a, 2b							
3a /	Are there endowment funds not a organization by	·		that are he	eld and a	dmınıstere	d for the	Yes No
	(i) unrelated organizations .							(i)
	(ii) related organizations If "Yes" on 3a(ii), are the related							(ii) Bb Bb Bb Bb Bb Bb Bb B
	Describe in Part XIII the intende	-	endowm	ent funds				·
Part			Fa 0	00 D=t :	TV line	11a Caa	Forms 000 Doubly	/ lime 10
	Description of prope	ization answered 'Yes' to rty		(a) st or other b	basis Cos	(b) st or other ba	Accumulated	(d)Book value
1- 1-	and			(investment	<u>') </u>	(other)	200	420.000
	and		. ⊢			429,0		429,000
	Buildings		· . —			3,451,5 81,6	- 	<u> </u>
	quipment					364,6		
	Other					37,0	<u> </u>	· ·

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

2,633,372

(1) Fınancıa	(a) Description of security or categor(including name of security)	pry	(b) Book value	(c)Method of valuation Cost or end-of-year market valu
	al derivatives			
2) Closely- 3) Other	-held equity interests			
	nn (b) must equal Form 990, Part X, col (B) line 12)			
Part VIII	Investments—Program Related. Complete if the organization answer	ed 'Yes' on Form 9	90 Part IV line 11c c	on Farma 000 Part V line 12
	(a) Description of investment	eu res dirroini y	(b) Book value	ee Form 990, Part X, line 13. (c) Method of valuation
				Cost or end-of-year market valu
	nn (b) must equal Form 990, Part X, col (B) line 13)	•		
Part IX	Other Assets. Complete if the organization (a) De	<u>ition answered 'Y es' o</u> scription	n Form 990, Part IV, line	11d See Form 990, Part X, line 15 (b) Book value
	mn (b) must equal Form 990, Part X, col.(B) lin			
	Other Liabilities. Complete if the o			
Part X			ed 'Yes' on Form 990,	
Part X	Other Liabilities. Complete if the o See Form 990, Part X, line 25. (a) Description of liability	rganızatıon answer	ed 'Yes' on Form 990,	
Part X 1. Federal Inc	Other Liabilities. Complete if the o See Form 990, Part X, line 25. (a) Description of liability ome taxes	rganızatıon answer	ed 'Yes' on Form 990,	
Part X L. Federal Inc	Other Liabilities. Complete if the o See Form 990, Part X, line 25. (a) Description of liability	rganization answer	ed 'Yes' on Form 990,	
Part X L. Federal Inc	Other Liabilities. Complete if the o See Form 990, Part X, line 25. (a) Description of liability ome taxes	(b) Book val	ed 'Yes' on Form 990,	
Part X 1. Federal Inc	Other Liabilities. Complete if the o See Form 990, Part X, line 25. (a) Description of liability ome taxes AL ACCOUNTS	(b) Book val	ed 'Yes' on Form 990, ue 3,426	
Part X 1. Federal Inc	Other Liabilities. Complete if the o See Form 990, Part X, line 25. (a) Description of liability ome taxes AL ACCOUNTS	(b) Book val	ed 'Yes' on Form 990, ue 3,426	
Part X 1. Federal Inc	Other Liabilities. Complete if the o See Form 990, Part X, line 25. (a) Description of liability ome taxes AL ACCOUNTS	(b) Book val	ed 'Yes' on Form 990, ue 3,426	
Part X 1. Federal Inc	Other Liabilities. Complete if the o See Form 990, Part X, line 25. (a) Description of liability ome taxes AL ACCOUNTS	(b) Book val	ed 'Yes' on Form 990, ue 3,426	
Part X 1. Federal Inc	Other Liabilities. Complete if the o See Form 990, Part X, line 25. (a) Description of liability ome taxes AL ACCOUNTS	(b) Book val	ed 'Yes' on Form 990, ue 3,426	
Part X 1. Federal Inc	Other Liabilities. Complete if the o See Form 990, Part X, line 25. (a) Description of liability ome taxes AL ACCOUNTS	(b) Book val	ed 'Yes' on Form 990, ue 3,426	
Part X 1. Federal Inc	Other Liabilities. Complete if the o See Form 990, Part X, line 25. (a) Description of liability ome taxes AL ACCOUNTS	(b) Book val	ed 'Yes' on Form 990, ue 3,426	
Part X 1. Federal Inc	Other Liabilities. Complete if the o See Form 990, Part X, line 25. (a) Description of liability ome taxes AL ACCOUNTS	(b) Book val	ed 'Yes' on Form 990, ue 3,426	

Par	rt XI Reconciliation of Revenue per Audited Financial Statements With Re Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	evenue per Retu	rn
1	Total revenue, gains, and other support per audited financial statements	. 1	1,110,841
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains (losses) on investments 2a		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIII)............2d		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	1,110,841
4	Amounts included on Form 990, Part VIII, line 12, but not on line $oldsymbol{1}$		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII) 4b		
C	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		1,110,841
Par	Reconciliation of Expenses per Audited Financial Statements With E	xpenses per Re	turn.
1	Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements	1	1,120,612
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		1,120,012
a	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIII)		
e	Add lines 2a through 2d	. 2e	
3	Subtract line 2e from line 1	. 3	1,120,612
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
ь	Other (Describe in Part XIII) 4b		
С	Add lines 4a and 4b	. 4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	1,120,612
Do	Complemental Information		· · · · · · · · · · · · · · · · · · ·
	rt XIII Supplemental Information		
Prov Part	ovide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines rt V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete t	s 1b and 2b, this part to provide a	nv additional
	ormation		·
	Return Reference Explanation		

Part XIII Supplemental Info	ormation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2015

DLN: 93493144007126

OMB No 1545-0047

Open to Public Inspection

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

Supplemental Information Regarding

Fundraising or Gaming Activities

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

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

44 ABRAHAM	LINCOLN CO	UNCIL				37-0661493	3
	_	ctivities.Comple ers are not requir		_		on Form 990, Part IV	/, line 17.
1 Indicate v		•		h any of tl	he following activities C Solicitation of n		
	et and email so	olicitations				overnment grants	
	solicitations				g Special fundrais	-	
	rson solicitatioi	ns				J	
2a Did the or or key em services?	ganızatıon have ployees lısted ı	e a written or oral ag n Form 990, Part V	II) or ent	ity in con	ndıvıdual (ıncludıng offic nection with professiona	Il fundraising Ye	es No
		nest paid individuals ast \$5,000 by the c			aisers) pursuant to agree	ements under which the f	undraiser is
(i) Name and Indivorsely (f		(ii) Activity	fundrai cust cont	Did ser have ody or trol of outions?	(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
			Yes	No			
1							
2							
2							
3							
4							
5							
6							
7							
,							
8							
9							
10							
otal				▶			
	es in which the or licensing	organization is regi	stered or	licensed	to solicit contributions c	I or has been notified it is e	exempt from

Part II	Fundraising	Events

Fundraising Events.

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

	receipts greater than \$5,000				
		(a)Event #1 POPCORN SALES	(b) Event #2	(c)O ther events	(d) Total events
Ф		(event type)	(event type)	(total number)	(add col (a) through col (c))
Reveilue	1 Gross receipts	446,910			446,910
<u> </u>	2 Less Contributions				
	Gross income (line 1 minus	446,910			446,910
	4 Cash prizes				
	5 Noncash prizes				
မွ	6 Rent/facility costs				
euse	7 Food and beverages				
ă	8 Entertainment				
Direct Expenses	9 Other direct expenses	266,613			266,613
DIR	10 Direct expense summary Add lines 4	4 through 9 ın column (d)		266,613
	11 Net income summary Subtract line 1	.0 from line 3, column (d)		180,297
Par	t III Gaming. Complete if the organization Form 990-EZ, line 6a.	answered "Yes" on F	Form 990, Part IV, line	: 19, or reported mor	e than \$15,000 on
Revenue		(a)Bingo	(b)Pull tabs/Instant bingo/progressive bingo	(c)O ther gaming	(d) Total gaming (add col (a) through col (c))
<u>~</u>	1 Gross revenue				
nses	2 Cash prizes				
<u>8</u>	3 Noncash prizes				
Direct Expenses	4 Rent/facility costs				
	5 Other direct expenses				
		┌ Yes %	┌ Yes <u> %</u>	┌ Yes <u> %</u>	
	6 Volunteerlabor	□ No	│ No	□ No	
	7 Direct expense summary Add lines	2 through 5 ın column (d)		
	8 Net gaming income summary Subtra	ct line 7 from line 1, col	umn (d)		
9 a	Enter the state(s) in which the organiza Is the organization licensed to conduct				☐Yes ☐No
b	If "No," explain				
10a	Were any of the organization's gaming l				
	If "Yes," explain				

Schedule	G	(Form	990	or	990-EZ	2 (01

Ρ	aq	le	3

l1	Does the organization conduct gam	ning activities with nonme	mbers?	□Yes □No
12	Is the organization a grantor, benef	iciary or trustee of a trus	t or a member of a partnership or other entity	
	formed to administer charitable gar	ning?		┌Yes ┌No
L3	Indicate the percentage of gaming	activity conducted in		
а	The organization's facility			13a %
b	An outside facility			13b %
L 4	Enter the name and address of the	person who prepares the	organization's gaming/special events books ar	nd records
	Name 🟲			
	Address ►			
L5a			n whom the organization receives gaming	
	revenue?			┌Yes ┌No
b	If "Yes," enter the amount of gamin	ig revenue received by th	e organization 🟲 \$ and	the
	amount of gaming revenue retained	by the third party 🟲 \$ _		
c	If "Yes," enter name and address o	f the third party		
	Name 🟲			
	Address ▶			
L 6	Gaming manager information			
	Name 🟲			
	Gaming manager compensation			
	Description of services provided			
	Director/officer	☐ Employee	☐ Independent contractor	
.7	Mandatory distributions			
а		state law to make charita	ble distributions from the gaming proceeds to	
	retain the state gaming license?			□Yes □No
ь		equired under state law di	stributed to other exempt organizations or spe	
	in the organization's own exempt ac			
Pai	rt IV Supplemental Informa	ation. Provide the exp , 15b, 15c, 16, and 17	planations required by Part I, line 2b, colb, as applicable. Also complete this part	
	Return Reference		Explanation	

lefile GRAPHIC print - DO NOT PROCESS | As Filed Data -Schedule I

DLN: 93493144007126

OMB No 1545-0047

Open to Public **Inspection**

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

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

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

Department of the Treasury Internal Revenue Service

144 ABRAHAM LINCOLN COUNCIL

(Form 990)

Name of the organization BOY SCOUTS OF AMERICA

Employer identification number

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient

37-0661493

	the selection criteria used to award the grants or assistance?			 ·	
_	Describe in Part IV the organization's procedures for monitoring th	vuca of grant funds in	the United States		

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and

that received more than	\$5,000 Part II can	be duplicated if addit	ional space is needed				
(a) Name and address of organization or government	(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
2 Enter total number of section 5	01(c)(3) and govern	ment organizations li	sted in the line 1 table .				

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

(a)Type of grant or assistance

(1) FINANCIAL ASSIST TO SCOUT

(f)Description of non-cash assistance

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 2	2
Part III can be duplicated if additional space is needed	

(c)A mount of

cash grant

24,117

(b)Number of

recipients

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

(d)A mount of

non-cash assistance

(e)Method of valuation (book,

FMV, appraisal, other)

Schedule I (Form 990) 2015

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DLN: 93493144007126

OMB No 1545-0047

Compensation Information

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

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ► Attach to Form 990.

Open to Public

2015

Department of the Treasury Internal Revenue Service

Name of the organization BOY SCOUTS OF AMERICA

Schedule J (Form 990)

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

Inspection **Employer identification number**

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of Part Part III to provide any non-fixed payments or reported on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any payment or report to the initial contract the was subpect to the initial contract exception described in line 1a. A part III for presson listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue day or payment from a payment or report of the initial contract to the initial contract or payment from a payment or report of the formation of the compensation of the compensation of the compensation of the compensation of the CEO/Executive Director, but explain in Part III Compensation or committee	144	ABRAHAM LINCOLN COUNCIL 37-0661493			
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of Part Part III to provide any non-fixed payments or reported on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any payment or report to the initial contract the was subpect to the initial contract exception described in line 1a. A part III for presson listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue day or payment from a payment or report of the initial contract to the initial contract or payment from a payment or report of the formation of the compensation of the compensation of the compensation of the compensation of the CEO/Executive Director, but explain in Part III Compensation or committee	Pa	rt I Questions Regarding Compensation			
990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items First-class or charter travel First-class or charter travel First-class or charter travel Tax idemnification and gross-up payments Payments for business use of personal residence Tax idemnification and gross-up payments Personal services (e.g., maid, chauffeur, chef) 1 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 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 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director, checked in line 1a? 2 Indicate which, if any, of the following the filing organization used to establish the compensation of the compensation of the CEO/Executive Director, regarding the items checked in line 1a? 2 Indicate which, if any, of the following the filing organization used to establish the compensation of the ceoperation of the CEO/Executive Director, but explain in Part III Compensation or survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed on 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? 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of 16 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. For pers				Yes	No
Travel for companions Payments for business use of personal residence Tax idenmification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, cheuffeur, cheft) 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 If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a? 2 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization is CEO/Executive Director, put explain in Part III 2 Compensation committee Written employment contract Independent compensation consultant Compensation or the CEO/Executive Director, but explain in Part III 3 Form 990 of other organizations Approval by the board or compensation committee Participate in, or receive payment from, an supplemental nonqualified retirement plan? 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization 4 Receive a severance payment or change-of-control payment? 4a N 5 Participate in, or receive payment from, an equity-based compensation arrangement? 4a N 6 Participate in, or receive payment from, an equity-based compensation arrangement? 4a N 7 Participate in, or receive payment from, an equity-based compensation pay or accrue any compensation contingent on the revenues of N 8 Any related organization? 5b N 8 To repressors listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of N 9 Any related organization?	1a				
Tax idemnification and gross-up payments		First-class or charter travel Housing allowance or residence for personal use			
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 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 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director, but explain in Part III Compensation committee Written employment contract Independent compensation consultant Compensation committee Written employment contract Independent compensation consultant Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization a Receive a severance payment or change-of-control payment? 4a No Participate in, or receive payment from, an equity-based compensation arrangement? 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. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of The organization? 5a No The organization? 5b No The organization? 6a No The organization? 6a No The organization? 6b No The organization? 6a No No Wrea nay amounts reported on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of The organization? 6b No The organization? 6c No The organization? 6c No The organization? 6c No The organization of the organization of the part III The organization organization organization organization also fo		Travel for companions Payments for business use of personal residence			
b If any of the boxes in line 1 a 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 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? 3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Provided in the organization's CEO/Executive Director. Provided in the organization used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III Compensation committee		Tax idemnification and gross-up payments Health or social club dues or initiation fees			
reimbursement or provision of all of the expenses described above? If "No." complete Part III to explain 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? 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 Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization Receive a severance payment from, a supplemental nonqualified retirement plan? Approval by the board or compensation committee Participate in, or receive payment from, a supplemental nonqualified retirement plan? Approval by the board or compensation or a related organization a Receive a severance payment from, a supplemental nonqualified retirement plan? Approval by the board or compensation or a related organization a Receive a severance payment from, an equity-based compensation arrangement? Approval by the board or compensation or a related organization The 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. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of The organization? The organization? Any related organization? If "Yes," on line 6a or 6b, describe in Part III Were any amounts reported on Form 990, Part VII, paid or accur		Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
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 Independent compensation consultant Compensation committee Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization Receive a severance payment from, an supplemental nonqualified retirement plan? Participate in, or receive payment from, an equity-based compensation arrangement? 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. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of The organization? If "Yes," on line 5a or 5b, describe in Part III For persons listed or Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of The organization? Any related organization? If "Yes," on line 6a or 6b, describe in Part III For persons listed on 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 Were any amounts reported on 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 in Part III If "Yes," on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations	b		1b		
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	2		2		
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 During the year, did any person listed on 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? Participate in, or receive payment from, a supplemental nonqualified retirement plan? Participate in, or receive payment from, an equity-based compensation arrangement? 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. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of The organization? Any related organization? For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of The organization? Any related organization? The organization? Any related organization? For persons listed on 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 The organization? Were any amounts reported on 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 in Part III For person line 8, did the organization also follow the rebuttable presumptio			_		
Independent compensation consultant Form 990 of other organizations Approval by the board or compensation committee 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization a Receive a severance payment or change-of-control payment? b Participate in, or receive payment from, a supplemental nonqualified retirement plan? c Participate in, or receive payment from, an equity-based compensation arrangement? 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. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of a The organization? If "Yes," on line 5a or 5b, describe in Part III 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of a The organization? 6 Any related organization? If "Yes," on line 6a or 6b, describe in Part III 7 For persons listed on 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 None of the payments and become any subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III 8 Were any amounts reported on 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 in Part III 8 None of the filter of the filing organization and payments in Part III 8 None of the filing organization and payments in Part III 8 None of the filing organization provide and payments in the filing organization and payments in the filing organization provide any non-fixed payments in the filing organization and p	3	organization's CEO/Executive Director Check all that apply Do not check any boxes for methods			
Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed on 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? Participate in, or receive payment from, a supplemental nonqualified retirement plan? Participate in, or receive payment from, an equity-based compensation arrangement? 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. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of The organization? Any related organization? The organization? The presons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of The organization? The organization? Any related organization? For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of The organization? For persons listed on 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 For persons listed on 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 Were any amounts reported on 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 in Part III For persons listed on 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 in Part III		Compensation committee Written employment contract			
During the year, did any person listed on 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? Participate in, or receive payment from, a supplemental nonqualified retirement plan? Participate in, or receive payment from, an equity-based compensation arrangement? 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. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of The organization? Any related organization? For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of The organization? Any related organization? Any related organization? For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of We have any amounts reported on 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 Were any amounts reported on 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 in Part III For persons listed on 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 in Part III For Person line 8, did the organization also follow the rebuttable presumption procedure described in Regulations		Independent compensation consultant Compensation survey or study			
or a related organization Receive a severance payment or change-of-control payment? Participate in, or receive payment from, a supplemental nonqualified retirement plan? Participate in, or receive payment from, an equity-based compensation arrangement? Participate in, or receive payment from, an equity-based compensation arrangement? Participate in, or receive payment from, an equity-based compensation arrangement? Participate in, or receive payment from, an equity-based compensation arrangement? Participate in, or receive payment from, an equity-based compensation arrangement? Participate in, or receive payment from, a supplemental nonqualified retirement plan? Participate in, or receive payment from, a supplemental nonqualified retirement plan? Participate in, or receive payment from, a supplemental nonqualified retirement plan? Participate in, or receive payment from, a supplemental nonqualified retirement plan? Participate in, or receive payment from, a supplemental nonqualified retirement plan? Participate in, or receive payment from, a supplemental nonqualified retirement plan? Participate in, or receive payment from, a supplemental nonqualified retirement plan? Participate in, or receive payment from, a supplemental nonqualified retirement plan? Participate in, or receive payment from, a supplemental nonqualified retirement plan? Participate in, or receive payment from, a supplemental nonqualified retirement plan? Participate in, or receive payment from, a supplemental nonqualified retirement plan? Participate in, or receive payment from, an equity-based compensation arrangement? Participate in, or receive payment plant iii Participate in, or receive payment from, an equity-based compensation arrangement? Participate in, or receive payment in part III Participate in, or receive payment in part III Participate in, or receive payment in part III Participate in, or receive payment in payment in part III Participate in, or receive payment in payment in part III Participate in, or r		Form 990 of other organizations Approval by the board or compensation committee			
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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. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of a The organization? b Any related organization? If "Yes," on line 5a or 5b, describe in Part III For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of a The organization? b Any related organization? If "Yes," on line 6a or 6b, describe in Part III For persons listed on 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 Were any amounts reported on 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 in Part III In If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations	b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		No
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of a The organization? b Any related organization? If "Yes," on line 5a or 5b, describe in Part III For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of a The organization? b Any related organization? If "Yes," on line 6a or 6b, describe in Part III For persons listed on 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 Were any amounts reported on 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 in Part III In It "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations	c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Νo
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compensation contingent on the net earnings of The organization? Any related organization? If "Yes," on line 6a or 6b, describe in Part III For persons listed on 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 Were any amounts reported on 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 in Part III If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations		If "Yes," on line 5a or 5b, describe in Part III			
b Any related organization? If "Yes," on line 6a or 6b, describe in Part III 7 For persons listed on 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 8 Were any amounts reported on 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 in Part III 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations	6				
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For persons listed on 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 Were any amounts reported on 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 in Part III If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations	b	Any related organization?	6b		Νo
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subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations	7		7		No
In Part III 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations	8				
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations		subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	 _R		No
	9		9		110

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and	` '	(E) Total of columns	(F) Compensation in
		Base (i) compensation	(ii) Bonus & Incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column(B) reported as deferred on prior Form 990
1 DANIEL O'BRIEN CEO/SECRETARY	(i)	126,683			53,000		179,683	
	(ii)							

Schedule J (Form 990) 2015

Part III Supplemental Information

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

Return Reference Explanation

Schedule J (Form 990) 2015

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493144007126

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

2015

Open to Public Inspection

Name of the organization	Employer identification number
BOY SCOUTS OF AMERICA	
144 ABRAHAM LINCOLN COUNCIL	37-0661493

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 10B	MUST FOLLOW POLICIES AND PROCEDURE OF NATIONAL BOY SCOUTS OF AMERICA
FORM 990, PAGE 6, PART VI, LINE 11B	FORM 990 IS MADE AVAILABLE TO THE BOARD OF DIRECTORS FOR REVIEW BEFORE SENDING IT TO INTERNAL REVENUE SERVICE
FORM 990, PAGE 6, PART VI, LINE 19	GOVERNING DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST