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DLN: 93493270012106

Form **990** 

Department of the Treasury Internal Revenue Service

### **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private

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

▶ Information about Form 990 and its instructions is at <a href="www.IRS.gov/form990">www.IRS.gov/form990</a>

OMB No 1545-0047

Open to Public Inspection

A F	or th	e 2015 c		tax year beginnin	g 01-01-2015 , and ending 1	2-31-2015	5			
		applicable	C Name of organi BOY SCOUTS OF	ization F AMERICA COUNCIL	NO 604			D Emplo	yer ic	lentification number
Add	lress	change	BLUE MOUNTAIN	N COUNCIL INC				91-05	759	59
☐ Nar	ne ch	nange	Doing business	as						
Init	ıal ret	turn				_		E Telepho	one nu	ımber
Fina		erminated	Number and str 8478 W GAGE B		ail is not delivered to street address)	Room/suit	e			
		d return			1770			(509)	/ 35	-7306
_			KENNEWICK, W		try, and ZIP or foreign postal code			<b>G</b> Gross r	eceipt	s \$ 936,798
I App	olicatio	on pending								<u> </u>
				nd address of prin SZYMANSKI	cipal officer			this a group	retu	
			8478 W GA	GE BLVD				oordinates? e all subordi	nates	「Yes ▼No S 「Yes ▼No
			KENNEWIC	K,WA 99336				luded?	nacc.	, 165, 140
	y-eye	empt status	S 501(c)(3)	501(c) ( ) <b>4</b> (m	sert no )	27				t (see instructions)
				) 301(c) ( ) <b>4</b> (iii	sert no / 4947(a)(1) 01 / 52	27	H(c) Gr	oup exempt	ion n	umber <b>▶</b> 1761
	ebsit	te:► wv	ww bmcbsa org							
<b>K</b> Forr	n of c	organizatio	n 🔽 Corporation	Trust Association	Other ►		<b>L</b> Year of	formation 19		<b>M</b> State of legal domicile WA
Pa	rt I	Sun	nmary							VVA
			<u>-</u>	nization's mission	or most significant activities					
					COVERED BY THE CHARTE	R FROM T	TIME TO T	IME GRAN	TED	IT BY THE BOY
					ANCE WITH THE CONGRESS					
					AMERICA, THE SCOUTING					
					GS FOR THEMSELVES AND C					
<u>త</u>					GE, SELF-RELIANCE, AND K	INDRED '	VIRTUES,	USING TH	E ME	THODS WHICH ARE
듄	<u> </u>	NOW IN	COMMONUSE	BY THE BOY SCO	OUTS OF AMERICA					
E E	-									
Governance	:									
	2	Check t	this box 🛏 if the	e organızatıon dıs	continued its operations or dis	sposed of	more than	25% of its	net a	ssets
<u> </u>	_								١ _	1
Activities &			_	-	ng body (Part VI, line 1a) .				3	40
হ			•	-	f the governing body (Part VI, alendar year 2015 (Part V, lin	,			<u>4</u> 5	1 2
					cessary)	•			6	2,750
					rt VIII, column (C), line 12				7a	2,730
	l				m Form 990-T, line 34				7a 7b	<del> </del>
	<u> </u>	ivec unic	ratea basiness to	axable income no	11101111330 1,1111e 34	• •		· · rior Year		Current Year
	8	Cont	ributions and dra	ints (Part VIII lir	ne 1h)			472,	848	453,403
활	9				ne 2g)			79,		73,099
Revenue	10		stment income (F			882	53,532			
2	11					5, 6d, 8c, 9c, 10c, and 11e) t equal Part VIII, column (A), line				133,036
	12									
		12)			. ,			753,	0 3 3	713,070
	13				IX, column (A), lines 1-3) .			3,	162	448
	14		•	-	X, column (A), line 4)					0
92	15	Salar 5-10		ensation, employe	e benefits (Part IX, column (A	), lines		562,	898	495,494
38	   16a		•	ing fees (Part IX.	column (A), line 11e)			2.	590	1,562
Expenses	ь			s (Part IX, column (D)				-,		1,502
Ð	17				nes 11a-11d, 11f-24e) .			250,	329	232,824
	18				it equal Part IX, column (A), li			818,	$\rightarrow$	730,328
	19				L8 from line 12			-65,	$\rightarrow$	-17,258
<u>%</u> &			·				Beginning	g of Current	$\neg$	End of Year
9.00 8.00							beginning			
Not Assets or Fund Balances	20							1,587,	-	1,493,770
2 E	21							161,	$\overline{}$	149,817
	22			lances Subtract	ine 21 from line 20			1,425,	545	1,343,953
Par Unde			nature Block	re that I have ove	mined this return, including ac	company	una sahadi	ules and sta	tema	ants, and to the best of
					plete Declaration of preparer					
prepa	rer h	has any l	knowledge	·						
		<b>L</b>	***					2016-00-26		
Sia.		- I <b>B</b>	nature of officer					2016-09-26 Date		
Sign Here		[ ]		Scout Executive						
	-		CHARD SZYMANSKI S De or print name and							
			Print/Type preparer'		Preparer's signature	Da	ite n	heck I if	PTIN	
Paid	t		Brent Mickelsen		Brent Mickelsen			elf-employed	P003	304222
Pre		er	Firm's name 🕨 Bk	odgett Mickelsen & Ad	lamson PS		F	ım's EIN 🕨		
Use			Firm's address ► 71	.39 W Deschutes Ave	Ste 102		Р	hone no (509	) 735	-0379
	J		Ke	ennewick, WA 99336						

Par	t III	Statement of Program S			***	_
1	Brief	Check if Schedule O contains ly describe the organization's m		o any line in this Part	111	<u> </u>
TO P AME SCO THIN	ROMO RICA / UTS O NGS FO	TE, WITHIN THE TERRITORY AND IN ACCORDANCE WITH TEAMERICA, THE SCOUTING IN THEMSELVES AND OTHERS AND KINDRED VIRTUES, USI	COVERED BY THE THE CONGRESSION PROGRAM OF PROM TRAINING THEM	NAL CHARTER, BYLA MOTING THE ABILIT IN SCOUTCRAFT, A	WS, AND RULES AND REGULA Y OF BOYS AND YOUNG MEN ND TEACHING THEM PATRIC	ATIONS OF THE BOY N AND WOMEN TO DO DTISM, COURAGE, SELF-
2	the p	ne organization undertake any si rior Form 990 or 990-EZ? .				⊤Yes ▼No
		es," describe these new services				
3	servi	ne organization cease conductin ces?				⊤Yes ▼No
	If "Y €	es," describe these changes on s	Schedule O			
4	exper	ribe the organization's program s nses Section 501(c)(3) and 50 otal expenses, and revenue, if ar	l(c)(4) organization:	s are required to repor		
4a	grade accor best youth Journ chart or Or	e ) (Expenses \$\frac{1}{2}  e are six phases in the core Scouting properties boys, Boy Scouts for boys age 11 through the similar important purposes (servomeet the developmental needs of the an and 2,750 adults enjoyed quality Scoutey to Excellence Council The Council in ers, Cub Scout and Boy Scout outdoor legon, and among the best of BSA's needs were performed for the community as	ogram Tiger Cubs for fill bugh 17, Varsity Scouts for ant leadership, character age of the youth involved titing programs in over 3 is consistently among the programs, and youth me inly 300 councils. We rec	or 13-15 year old boys, and development, participating d - and gives youth and ad 50 community units. The Country to top councils in the BSA in mber advancement. The Countreed over 90% of our 50 country.	d Venturing for boys and girls age 14- g citizenship, and personal fitness) in a lults skills that will prepare them for a ouncil was recognized by the Boy Sco Boy Scout market share, youth memb ouncil has the best youth retention (o	20 All six phases strive to a manner that has proven to dulthood Approximately 4,800 uts of America as a 2015 Silver per retention, renewed unit ever 87%) record in Washington
4b	(Cod	e ) (Expenses \$		including grants of \$	) (Revenue \$	)
	(	, (			, ( 4	,
4c	(Cod	e ) (Expenses \$		including grants of \$	) (Revenue \$	)
4d	Othe	er program services (Describe ii	n Schedule O )			
		penses \$	including grants o	f\$	) (Revenue \$	)
4e	Tota	al program service expenses 🕨	644,926			

Form 990 (2			
Part IV	Checklist of	Required	Schedules

			Yes	No
1	Is the organization described in section $501(c)(3)$ or $4947(a)(1)$ (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations.  Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year?  If "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19?  If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts?  If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets?  If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 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	Yes	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
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	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		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	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
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)?  If "Yes," complete Schedule D, Part X	11f	Yes	
	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? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	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		

Par	t IV Checklist of Required Schedules (continued)			
21	· · · · · · · · · · · · · · · · · · ·	21		No
22	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II			
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		No
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		No
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		No
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		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
	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? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,  Part IV			
		28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or 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		Νo
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part $I$ .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?  If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
	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		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	Yes	

	990 (2015)			Page:
Pai	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 0  Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c		No
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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		No
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country ► See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Νo
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	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 and partly for goods and services provided to the payor?	7a 7b		No
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			
	file Form 8282?	<b>7</b> c		Νo
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Νo
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		No
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		No
8	Sponsoring organizations maintaining donor advised funds.  Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			
0-		8 9a		No
	Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9a 9b		No No
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			-
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		No
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O	13a		No
b	Enter the amount of reserves the organization is required to maintain by the states			
r	In which the organization is licensed to issue qualified health plans			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		-

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

C-	Check if Schedule O contains a response or note to any line in this Part VI		<del></del>	•		~
56	ection A. Governing Body and Management				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	40			
	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	40			
2	Did any officer, director, trustee, or key employee have a family relationship or a bus other officer, director, trustee, or key employee?		relationship with any	2	Yes	
3	Did the organization delegate control over management duties customarily performe supervision of officers, directors or trustees, or key employees to a management control of officers.			3		No
4	Did the organization make any significant changes to its governing documents since filed?	the p	orior Form 990 was	4		No
5	Did the organization become aware during the year of a significant diversion of the or	rganız	ation's assets? .	5		No
6	Did the organization have members or stockholders?			6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the pow more members of the governing body?	er to	elect or appoint one or	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approva or persons other than the governing body?		members, stockholders,	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written active year by the following	ons ui	ndertaken during the			
а	The governing body?			8a	Yes	
b	Each committee with authority to act on behalf of the governing body?			8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule</i>			9		No
Se	ection B. Policies (This Section B requests information about policies not	requi	ired by the Internal R	evenu		(e.)
					Yes	No
	Did the organization have local chapters, branches, or affiliates?			10a	Yes	
	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization	on's e	xempt purposes?	10b	Yes	
l1a	Has the organization provided a complete copy of this Form 990 to all members of it the form?	s gov	erning body before filing	11a	Yes	
	Describe in Schedule O the process, if any, used by the organization to review this F					
	Did the organization have a written conflict of interest policy? If "No," go to line 13 .			12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annual rise to conflicts?	ly inte	rests that could give	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done	the p	olicy? <i>If "Yes," describe</i>	12c	Yes	
13	Did the organization have a written whistleblower policy?			13	Yes	
<b>L4</b>	Did the organization have a written document retention and destruction policy? .			14	Yes	
<b>L</b> 5	Did the process for determining compensation of the following persons include a revi independent persons, comparability data, and contemporaneous substantiation of th					
а	The organization's CEO, Executive Director, or top management official			15a	Yes	
b	Other officers or key employees of the organization	•		15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)					
L6a	Did the organization invest in, contribute assets to, or participate in a joint venture of taxable entity during the year?			16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organical participation in joint venture arrangements under applicable federal tax law, and take organization's exempt status with respect to such arrangements?	e step	s to safeguard the	16b		
Se	ection C. Disclosure					
L7	List the States with which a copy of this Form 990 is required to be filed▶					
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable (3)s only) available for public inspection. Indicate how you made these available. Chapter's website. Viscontrollers and Other (explain in Sche	neck a	III that apply			

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

 $State\ the\ name,\ address,\ and\ telephone\ number\ of\ the\ person\ who\ possesses\ the\ organization's\ books\ and\ records$ ► Katherine Vosahlo 8478 W GAGE BLVD KENNEWICK, WA 99336 (509) 735-7306

# 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 for related	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former		(W- 2/1099- MISC)	organization and related organizations
See Additional Data Table										
										Form <b>990</b> (2015)

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

	(A) Name and Title	(B) Average hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reporta compensa from th organizatio	ation ie n (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
		for related organizations below dotted line)	Institutional Trustee Individual trustee or director		Officei	Ke) emplojee	Highest compensated employee	Former	2/1099-M	150)	2/1099-MISC)	organization and related organizations
See	Addıtıonal Data Table											
1b c d	Sub-Total	ts to Part VII, S	ection A			 		<u> </u>	82,8	15		39,940
2	Total number of individuals (in \$100,000 of reportable comp	_					d abov	e) w	ho received r	more th	an	
3	Did the organization list any <b>f</b> oon line 1a? <i>If "Yes," complete</i> 5					key •	emplo	yee,	or highest c	ompen	sated employee	Yes No
4	For any individual listed on lin organization and related organ individual											<b>4</b> No
5	Did any person listed on line 1 services rendered to the organ									ızatıon • •	or individual for	5 No
Se	ection B. Independent Co	ntractors										
1	Complete this table for your fire compensation from the organization											
		(A) Name and business		301011	101		arend	ar ye	ar ending with		(B) scription of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization  $\blacktriangleright$  0

Part V	1111	Statement o						_
		Check if Schedu	ule O contains a respor	nse or note to any lin	(A) Total revenue	(B) Related or exempt	(C) Unrelated business	(D)  Revenue excluded from
						function revenue	revenue	tax under sections 512-514
ह ह	1a	Federated camp	paigns 1a	43,488				
Contributions, Giffs, Grants and Other Similar Amounts	b	Membership du	es <b>1b</b>					
, Gi	С	Fundraising eve	ents <b>1</b> c					
iifts Iaru	d	Related organiz	ations 1d					
s, G imil	e	Government grants	s (contributions) <b>1e</b>					
ion r Si	f	All other contribution	ons, gifts, grants, and <b>1f</b>	409,915				
but the		similar amounts no	ot included above					
Contributic and Other	g	1a-1f \$	ons included in lines					
Co au	h	Total. Add lines	s 1a-1f	· · · · •	453,403			
ē				Business Code				
nue.	2a	CAMPING AND ACT	IVITIES	900099	73,099	73,099		
Æ	b							
ИСе	С							
Seri	d							
Program Serwce Revenue	e	A II a b a						
ıDo,	f	All other progra	ım service revenue					
4	g		s 2a – 2f		73,099			
	3		ome (including dividendar ar amounts)		29,300			29,300
	4		tment of tax-exempt bond	<u> </u>	0			
	5	Royalties		▶	0			
	_		(ı) Real	(II) Personal				
	6a	Gross rents						
	b	Less rental expenses						
	С	Rental income						
	d	or (loss) Net rental incoi	l me or (loss)		0			
			(ı) Securities	(II) Other				
	7a	Gross amount from sales of assets other than inventory	61,086					
	ь	Less cost or other basis and sales expenses	36,854					
	С	Gain or (loss)	24,232					
	d o-	Net gain or (los	1		24,232			24,232
venue	8a	Gross income for events (not include \$	luding					
Other Revenue		of contributions See Part IV, lin	reported on line 1c) e 18 a	15,600				
de l	b	Less direct ex	penses b					
-	С	Net income or (	loss) from fundraising	events 🛌	15,600			
	9a	Gross income fi See Part IV, lin	rom gaming activities e 19					
	b	Less direct ex	penses <b>b</b>					
			loss) from gaming acti	vities	0			
	10a	Gross sales of returns and allo		293,974				
	ь	Less cost of a	oods sold <b>b</b>	186,874				
			loss) from sales of inve		107,100	107,100		
		Miscellaneous	s Revenue	Business Code				
	11a	MISCELLANEC	)US		10,336	10,336		
	b							
	С							
	d	All other revenu						
	е	Total. Add lines	s 11a-11d		10,336			
	12	Total reverse	See Instructions	_	I			1

	t IX Statement of Functional Exp					
Section	on 501(c)(3) and 501(c)(4) organizations m				plete column (A)	
	Check if Schedule O contains a respoi	nse or note to any line in this	Part IX			<u> </u>
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	-	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic o domestic governments See Part IV, line 2		0			
2	Grants and other assistance to domestic individuals See Part IV, line 22	. [	448	448		
3	Grants and other assistance to foreign orgagovernments, and foreign individuals See land 16	Part IV, lines 15	0			
4	Benefits paid to or for members		0			
5	Compensation of current officers, directors key employees	, trustees, and	122,755	110,111	3,192	9,452
6	Compensation not included above, to disquestion (as defined under section 4958(f)(1)) and described in section 4958(c)(3)(B)	persons	0			
7	Other salaries and wages		278,825	250,106	7,250	21,469
8	Pension plan accruals and contributions (in and 403(b) employer contributions)		15,175	13,612	394	1,169
9	Other employee benefits		42,599	38,211	1,108	3,280
10	Payroll taxes		36,140	32,417	940	2,783
11	Fees for services (non-employees)	_				
a	Management		0			
Ь	Legal		0			
С.	Accounting		6,730	2,661	3,132	937
d	Lobbying		0			1.502
e f	Professional fundraising services See Part	· ·	1,562 0			1,562
g	Investment management fees Other (If line 11g amount exceeds 10% of amount, list line 11g expenses on Schedul	fline 25, column (A)	6,534	2,583	3,041	910
12	Advertising and promotion		0		2,72.12	
13	Office expenses		20,953	19,016	489	1,448
14	Information technology		0	·		· · · · · · · · · · · · · · · · · · ·
15	Royalties		0			
16	Occupancy	– –	16,333	14,928	355	1,050
17	Travel		24,350	21,842	633	1,875
18	Payments of travel or entertainment expenstate, or local public officials		0			
19	Conferences, conventions, and meetings		5,092	4,597	84	411
20	Interest		0			
21	Payments to affiliates		16,389	16,389		
22	Depreciation, depletion, and amortization		25,392	23,955	363	1,074
23	Insurance		23,509	21,088	611	1,810
24	Other expenses Itemize expenses not cover miscellaneous expenses in line 24e If line 10% of line 25, column (A) amount, list line Schedule O)	24e amount exceeds				
а	PRO GRAM SUPPLIES		52,186	50,648	804	734
b	Printing and Publications		16,135	10,451	20	5,664
c	RECOGNITION AWARDS		11,411	6,270	1	5,140
d	Postage and Shipping		4,579	2,687	69	1,823
e	All other expenses		3,231	2,906	82	243
25	Total functional expenses. Add lines 1 thro	ough 24e	730,328	644,926	22,568	62,834
26	Joint costs. Complete this line only if the or reported in column (B) joint costs from a contract educational campaign and fundraising solid Check here ► ☐ if following SOP 98-2 (AS	ombined citation				

Form 990 (2015) Page **11** Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X . . . (B) End of year (A) Beginning of year 81,206 1 Cash-non-interest-bearing . . 1

	_				600		200
	2	Savings and temporary cash investments			628	2	309
	3	Pledges and grants receivable, net			15,164	3	24,852
	4	Accounts receivable, net			6,797	4	1,817
	5	Loans and other receivables from current and former office key employees, and highest compensated employees. Conschedule L					
						5	0
	6	Loans and other receivables from other disqualified person section 4958 (f)(1)), persons described in section 4958 (contributing employers and sponsoring organizations of subjuntary employees' beneficiary organizations (see instead of Schedule L	c)(3)(B ection	), and 501(c)(9)		6	0
,	7	Notes and leave recovering not		ŀ		7	0
[	7	Notes and loans receivable, net			40.004		<u> </u>
	8	Inventories for sale or use			48,984	8	43,365
	9	Prepaid expenses and deferred charges	:		7,883	9	19,744
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	1,227,987			
	b	Less accumulated depreciation	10b	677,879	573,482	<b>10</b> c	550,108
	11	Investments—publicly traded securities	<del></del>		802,424	11	737,503
	12	Investments—other securities See Part IV, line 11 .			38,785	12	34,866
	13	Investments—program-related See Part IV, line 11 .				13	0
	14	Intangible assets				14	0
	15	Other assets See Part IV, line 11				15	0
	16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)			1,587,081	16	1,493,770
	17	Accounts payable and accrued expenses			81,211	17	54,443
	18	Grants payable		• • •	01,211	18	01,110
	19	Deferred revenue			310	19	6,190
	20	Tax-exempt bond liabilities			310	20	0,100
				ŀ	77.711		86,525
0	21	Escrow or custodial account liability Complete Part IV o			77,711	21	86,323
IdDIIIIes	22	Loans and other payables to current and former officers, key employees, highest compensated employees, and dis					
d D		persons Complete Part II of Schedule L				22	
j	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 t and other liabilities not included on lines 17-24) Complete Part X of Schedule D	o relate	d third parties,			
					2,304	25	2,659
	26	<b>Total liabilities.</b> Add lines 17 through 25			161,536	26	149,817
!		Organizations that follow SFAS 117 (ASC 958), check he lines 27 through 29, and lines 33 and 34.	re ► 🔽	and complete			
	27	Unrestricted net assets		[	1,069,955	27	971,031
	28	Temporarily restricted net assets			5,467	28	20,647
	29	Permanently restricted net assets			350,123	29	352,275
		Organizations that do not follow SFAS 117 (ASC 958), ch	eck her	e► ┌and			
	20	complete lines 30 through 34.				20	
	30	Capital stock or trust principal, or current funds		•		30	
	31	Paid-in or capital surplus, or land, building or equipment		•		31	
	32	Retained earnings, endowment, accumulated income, or o	ther fur	nds		32	4 0 12 22
	33	Total net assets or fund balances			1,425,545	33	1,343,953
	34	Total liabilities and net assets/fund balances			1,587,081	34	1,493,770

Net Assets or Fund Balances

	1990 (2013)				Page 12
Par	Reconcilliation of Net Assets				_
	Check if Schedule O contains a response or note to any line in this Part XI	 	•		
1	Total revenue (must equal Part VIII, column (A), line 12)	1		7	713,070
2	Total expenses (must equal Part IX, column (A), line 25)	2		-	730,328
3	Revenue less expenses Subtract line 2 from line 1	3			-17,258
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		1,4	425,545
5	Net unrealized gains (losses) on investments	5			-69,334
6	Donated services and use of facilities	6			5,000
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		1,3	343,953
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				<u>.                                    </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	Yes	
	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				
b	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 separate basis, consolidated basis, or both	arate			
	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 oversig 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 is Schedule O	n			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	ne	За		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		

District Chair

**Software ID:** 15000324 **Software Version:** 2015v2.0

**EIN:** 91-0575959

Name: BOY SCOUTS OF AMERICA COUNCIL NO 604

BLUE MOUNTAIN COUNCIL INC

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest **Compensated Employees, and Independent Contractors** (A) (B) (C) (D) (E) (F) Name and Title Position (do not check Average Reportable Reportable Estimated amount hours per more than one box, unless compensation compensation of other person is both an officer week (list from related compensation from the organizations (Wand a director/trustee) organization (Wany hours from the for related 2/1099-MISC) 2/1099-MISC) organization and Former O∰ TO ₽ Highest compensated employee Individual trustee or director organizations related nstitutional below organizations employee dotted line) Trustee 1 00 Ken Call 0 0 0 Χ Director 0 00 3 00 ALAN ANDERSON Χ Χ 0 0 0 Past President 0 00 1 00 Robert Andelin Χ 0 0 Director 0 00 3 00 MARK GEHLEN Х 0 VP Special Proj 0 00 1 00 Brian Bell Χ Χ 0 0 0 District Chair 0 00 3 00 MARY ANN PRICE Х Х 0 0 0 National Rep 0 00 1 00 PAUL GIEVER Χ 0 0 0 Director 0 00 3 00 STEVE GAINES Χ Χ 0 0 0 VP Admin 0 00 3 00 **CARL IMHOFF** ..... Χ Χ 0 0 **VP Properties** 0 00 1 00 Sam Dechter 0 0 0 Χ Director 0 00 1 00 BILL ERICKSON 0 0 0 Х Director 0 00 3 00 SCOTT LYNCH Χ Χ 0 0 0 President 0 00 1 00 Drex Gauntt Χ 0 0 0 Director 0 00 1 00 **Ernest Empey** ..... Χ 0 0 0 00 1 00 ERIC BUTTERWORTH 0 0 0 Х Director 0 00 1 00 Don Powell 0 0 0 Χ Director 0 00 1 00 LAWRENCE CLAY Х 0 0 0 Director 0 00 1 00 JIM COCHRAN 0 0 0 Director 0 00 1 00 Jeff Person Χ 0 0 0 Director 0 00 1 00 Randy Price 0 0 0 Χ Director 0 00 1 00 Tony Justus Χ 0 Χ 0 0 District Chair 0 00 1 00 Gary Ash Х Χ 0 0 0 District Chair 0 00 1 00 Brett Lott Χ Χ 0 0 0 District Chair 0 00 1 00 GEORGE CHADWICK Χ 0 0 0 ..... Director 0 00 1 00 George Condie

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

Note   Part	Compensated Employees, and Ind	ependent Cor	ntracto	rs					1	ı	
Desirect Comm		Average hours per week (list any hours	more the persough	nan (c nan oi n is b i direc	do no ne b oth ctor/	ox, u an of ⁄trus	nless ficer tee)		Reportable compensation from the organization (W-	Reportable compensation from related organizations (W-	Estimated amount of other compensation from the
Commission   Com		organizations below dotted line)	Individual trustee or director	itional	Officei	Ke) emplo)ee	Highest compensated employee	Former	2,2333 11333)	2,2000	related
Table Davidson		<b> </b>	х		x				0	0	0
Duty Davis		1 00	х		Х				0	0	0
District Comm		1 00									
Commissioner   Comm			Х		Х				0	0	0
No.   No.		<b> </b>	x		X				0	0	0
Note		ļ	х		х				0	0	0
Note		·····	х		х				0	0	0
NULLIAM NICHOLS			х						0	0	0
Director	WILLIAM NICHOLS	1 00	X						0	0	0
VP Fund Devel         0 00         0	DON PRATT	_									
Name	VP Fund Devel		X		x				0	0	0
Director			х						0	0	0
RICHARD MEYER		ļ	x						0	0	0
BRENT PULSIPHER		1 00	х						0	0	0
Director		1 00	.,								
X   X   0   0   0   0   0   0   0   0	Director	0 00	x						0	0	0
REX THOMPSON         3 00         X         X         0         0		ļ	х		X				0	0	0
LVD Alumni		3 00	х		Х				0	0	0
RICHARD SZYMANSKI 40 00	VP Alumni —										
RICHARD 32THAN3RI					Х				82,815	0	39,940

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493270012106

Employer identification number

OMB No 1545-0047

#### **SCHEDULE A**

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Total

Name of the organization

### **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

		OF AMERICA COUNCIL NO 6 AIN COUNCIL INC	04				91-0575959		
Pa	rt I	Reason for Publi	c Charity S	Status (All organiza	tions must co	mplete this p		ns.	
The o	organiz	zation is not a private fo	oundation beca	ause it is (For lines 1	through 11, ch	eck only one bo	ox )		
1	Γ	A church, convention	of churches, o	r association of churc	hes described i	n <b>section 170(</b>	o)(1)(A)(i).		
2		A school described in	section 170(b	)(1)(A)(ii).(Attach So	hedule E (Form	n 990 or 990-E	Z))		
3	Г	A hospital or a cooper							
4		A medical research or						). Enter the	
		hospital's name, city,	and state						
5	Г	=		nefit of a college or un	iversity owned	or operated by	a governmental unit d	escribed in <b>section</b>	
6	_	<b>170(b)(1)(A)(iv).</b> (C) A federal, state, or loc			doccribed in co	action 170/b\/1	\( <b>A</b> \(\\\)		
6 7	ر ا	An organization that n	_	<u>-</u>				oneral nublic	
•	Į*	described in <b>section 1</b>	•	•		om a governme	incar unic or nom the y	elleral public	
8	Γ	A community trust de			•	tII)			
9	Γ	An organization that r	normally recei	ves (1) more than 33	1/3% of its supp	port from contri	butions, membership	fees, and gross	
				s exempt functions—s					
				unrelated business tax ee <b>section 509(a)(2).</b> (			1 tax) from businesse	s acquired by the	
10	Г	An organization organ					1 509(a)(4).		
11	Ţ.	An organization organ	•	·	•	·		ut the purposes of	
	•	one or more publicly s							
	_	the box in lines 11a th	-		• • •	_	•		
а	ı	<b>Type I.</b> A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting							
		organization You mus				ty of the directi	ors or trustees or the	supporting	
b	$\Gamma$	Type II. A supporting	=	•		with its suppo	rted organization(s), b	y having control or	
		management of the su			same persons t	hat control or n	nanage the supported	organization(s) <b>You</b>	
_	_	must complete Part IV	•						
C	ı	Type III functionally is supported organization						grated with, its	
d	$\Gamma$	Type III non-function						anızatıon(s) that ıs	
		not functionally integr					ement and an attentiv	eness requirement	
_	_	(see instructions) You					a a Tuna I Tuna II Tu	una III funationally	
е	ı	Check this box if the contegrated, or Type III					s a Type I, Type II, T	ype III functionally	
f	Enter	r the number of support							
g		Provide the following i	nformation abo	out the supported orga					
		(i)	(ii)EIN	(iii)	(iv)		(v)	(vi)	
Nan	ne of s	upported organization		Type of	Is the organ		A mount of	A mount of other	
				organization (described on lines	listed in your docume		monetary support (see instructions)	support (see instructions)	
				1- 9 above (see	docume		(see mstructions)	mstructions)	
				instructions))					
					Yes	No			

instructions

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar vear (a)2011 **(b)**2012 (c)2013 (d)2014 (e)2015 (f)Total (or fiscal year beginning in) 🟲 1 Gifts, grants, contributions, and 474,892 532,829 439,493 495,698 466,965 2,409,877 membership fees received (Do not include any unusual grants ) 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 474,892 532,829 439,493 495,698 466,965 2,409,877 Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly 0 supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column Public support. Subtract line 5 2,409,877 from line 4 Section B. Total Support Calendar year (a)2011 **(b)**2012 (c)2013 (d)2014 (e)2015 (f)Total (or fiscal year beginning in) 🟲 474,892 532,829 439,493 495,698 466,965 2,409,877 Amounts from line 4 Gross income from interest, dividends, payments received on 20,483 34,171 65,630 63,882 53,532 237,698 securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or 0 not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of 7,118 4,724 5,394 10,963 10,336 38,535 capital assets (Explain in Part VI) 11 Total support. Add lines 7 2,686,110 through 10 Gross receipts from related activities, etc (see instructions) 12 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, Section C. Computation of Public Support Percentage 14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) 14 89 720 % 15 Public support percentage for 2014 Schedule A, Part II, line 14 15 93 030 % 16a 33 1/3% support test - 2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box ►V and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test – 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10%-facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Schedule A (Form 990 or 990-EZ) 2015 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) Part III (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar vear (a)2011 (d)2014 **(b)**2012 (c)2013 (e)2015 (f)Total (or fiscal year beginning in) 🕨 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt nurnose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public support. (Subtract line 7c from line 6) Section B. Total Support Calendar year (a)2011 **(b)**2012 (c)2013 (d)2014 (e)2015 (f)Total (or fiscal year beginning in) Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f)) 15 Public support percentage from 2014 Schedule A, Part III, line 15 16 Section D. Computation of Investment Income Percentage

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

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

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

18

►ſ

17

18

#### 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 <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)?  If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)?  If "Yes," answer (b) and (c) below.	За		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 <b>Part VI</b> when and how the organization made the determination.	3b		
C	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?  If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3с		
<b>4</b> 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.	<b>4</b> 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	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		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 <b>Part VI</b> .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .	9b		
C	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .	9c		
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		_ <del></del>

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 <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	2		
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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
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 <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year?  If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.	3		
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 <b>Part VI identify those supported organizations and explain</b> 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 <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3	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	<b>Discount</b> 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		
<b>i</b>	<b>Distributable Amount.</b> 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 A mounts 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			
<b>d</b> From 2013			
e From 2014			
f Total of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2015 distributable amount			
<ul> <li>Carryover from 2010 not applied (see instructions)</li> </ul>			
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>b</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			
<b>c</b> Excess from 2013			
<b>d</b> From 2014			
<b>e</b> 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

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DLN: 93493270012106

OMB No 1545-0047

### **SCHEDULE D**

(Form 990)

Department of the Treasury

### **Supplemental Financial Statements**

► 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. ► Attach to Form 990.

Open to Public

lame of the organization	ile D (Form 990) and its instructions is at <u>www.i</u>		entification number
OY SCOUTS OF AMERICA COUNCIL NO 604 LUE MOUNTAIN COUNCIL INC		01 057505	.0
Part I Organizations Maintaining Do	onor Advised Funds or Other Similar wered "Yes" on Form 990, Part IV, line 6.	91-057595 Funds or Acc	
· · · · · · · · · · · · · · · · · · ·	(a) Donor advised funds	(b)Funds	and other accounts
Total number at end of year			
Aggregate value of contributions to (durir year)	ng		
Aggregate value of grants from (during ye	ear)		
Aggregate value at end of year			
<u> </u>	onor advisors in writing that the assets held in do to the organization's exclusive legal control?	onor advised	┌ Yes ┌ No
	ors, and donor advisors in writing that grant fund r the benefit of the donor or donor advisor, or for		se <b>Yes No</b>
art II Conservation Easements. Co	mplete if the organization answered "Yes"	on Form 990,	Part IV, line 7.
Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organiza	recreation or education) Preservation of a Preservation of a Preservation of a	a certified histor	ıc structure
easement on the last day of the tax year		Hel	d at the End of the Year
Total number of conservation easements		2a	u at the thu of the rear
Total acreage restricted by conservation ea	sements	2b	
Number of conservation easements on a cer	tified historic structure included in (a)	2c	
Number of conservation easements included historic structure listed in the National Regi		2d	
Number of conservation easements modified tax year -	d, transferred, released, extinguished, or termina	ted by the organ	ization during the
Number of states where property subject to	conservation easement is located ▶-		
	regarding the periodic monitoring, inspection, ha	ndling of	┌ Yes
Staff and volunteer hours devoted to monito year	ring, inspecting, handling of violations, and enfor	cing conservation	on easements during the
<u> </u>			
	inspecting, handling of violations, and enforcing	conservation ea	sements during the year
<b>▶</b> \$			
(B)(ı) and section 170(h)(4)(B)(ıı)?	on line 2(d) above satisfy the requirements of s		☐ Yes ☐ No
	reports conservation easements in its revenue a e text of the footnote to the organization's financi on easements		
	ollections of Art, Historical Treasures	, or Other Si	milar Assets.
<u> </u>	swered "Yes" on Form 990, Part IV, line 8.		and halasses street
works of art, historical treasures, or other si	der SFAS 116 (ASC 958), not to report in its rev milar assets held for public exhibition, educatior footnote to its financial statements that describ	n, or research in	
	der SFAS 116 (ASC 958), to report in its revenu milar assets held for public exhibition, educatior ing to these items		
(i) Revenue included on Form 990, Part VIII,	line 1	<b>►</b> \$	
(ii) Assets included in Form 990, Part X		<b>►</b> \$	
If the organization received or held works of	art, historical treasures, or other similar assets nder SFAS 116 (ASC 958) relating to these item		n, provide the
Revenue included on Form 990, Part VIII, li	ine 1	<b>►</b> \$	;

Assets included in Form 990, Part X

art	Organizations Maintaining (continued)	Collections of A	Art, Hi	storio	cal Trea	sures,	or Oth	ner Similar As	sets	
3	Using the organization's acquisition, according to the collection items (check all that apply)	ession, and other rec	ords, c	heck a	ny of the	following	hat are	a significant use	of its	
а	Public exhibition		d	Γ	Loan or e	exchange	progran	ns		
b	Scholarly research		е	Γ	Other					
С	Preservation for future generations									
	Provide a description of the organization'	s collections and ex	plaın ho	w they	further th	ne organız	atıon's	exempt purpose ı	n	
5	During the year, did the organization solid assets to be sold to raise funds rather th							ımılar <b>— Yes</b>	┌ No	
ar	Escrow and Custodial Arra Complete if the organization a Part X, line 21.		ı Form	990,	Part IV,	lıne 9, o	r repo	rted an amount	on Forr	n 990,
a	Is the organization an agent, trustee, cus included on Form 990, Part X?	stodian or other inter	mediary	y for co	ontributio	ns or othe	rasset	s not <b>Yes</b>	√ No	
b	If "Yes," explain the arrangement in Pa	art XIII and complet	e the fo	llowing	ı table			Amo	unt	
C	Beginning balance						1c			
d	Additions during the year						1d			
e	Distributions during the year						1e			
f	Ending balance						1f			
a.	Did the organization include an amount o	n Form 990, Part X, I	line 21,	, for es	crow or c	ustodial a	ccount	liability? 🔽 Yes	┌ No	
b	If "Yes," explain the arrangement in Part	XIII Check here if t	the expl	lanatıo	n has bee	n provide	d ın Paı	tXIII		V
ar	t V Endowment Funds. Comple	te ıf the organızat	ion an	swere	d "Yes"	to Form	990, P			
		(a)Current year	<b>(b)</b> Pr	or year		Two years b	ack (d	Three years back	<b>(e)</b> Four ye	ars back
3	Beginning of year balance	955,206		977,	,440	772	,490	716,878		762,22
b	Contributions	2,152		2,	,200	110	,000	1,200		2,00
С	Net investment earnings, gains, and losses	-26,659		15,	,566	132	,950	94,294		-13,53
d	Grants or scholarships									
e	Other expenditures for facilities and programs	50,000		40,	,000	38	,000	39,882		33,80
f	Administrative expenses									
g	End of year balance	880,699		955,	,206	977	,440	772,490		716,87
	Provide the estimated percentage of the	current year end bala	ance (III	ne 1g,	column (a	a)) held as	:			
а	Board designated or quasi-endowment									
b	Permanent endowment <b>&gt;</b>									
c	Temporarily restricted endowment ► The percentages on lines 2a, 2b, and 2c	should equal 100%								
a	Are there endowment funds not in the pos		nızatıon	that a	re held ar	ıd admınıs	tered f	or the		
	organization by	_							Yes	No
	(i) unrelated organizations					•		3a(		
_	(ii) related organizations							3a(		No
	If "Yes" on 3a(II), are the related organiz	•					• •	<u>3</u> 1	<u> </u>	No
ari	Describe in Part XIII the intended uses of Land, Buildings, and Equip	<del>-</del>	endown	nent fü	iius					
eП	Complete if the organization a		Form 9	990, P	art IV, lı	ne 11a.9	See Fo	rm 990, Part X.	line 10	
	Description of property	411511 CT CA T CO T CO		( Cost or c	a) other basis stment)	(b Cost or ot	) ner basıs	Accumulated		ok value
a	and			(mves	100	<del>  `</del>	282,301		+	282,40
	Buildings		_		100		744,905	511,84	1	233,06!
	easehold improvements		`. '\				, 1-1, 203	311,040		200,000
	Equipment		•  -				1,200	1,200	1	
u E	quipment		. ⊢				1,200	1,200	<del>' </del>	

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

550,108

(a) Description of security or categ (including name of security)	ory	<b>(b)</b> Book value	(c)Method of valuation Cost or end-of-year market value
(1)Financial derivatives			Title on your market value
2)Closely-held equity interests 3)Other			
3)0 thei			
5 to 1 (0) ( o o (1) ) o o o o o o o o o o o o o o o o o o	<u> </u>		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12 Part VIII Investments—Program Related			
Complete if the organization answe	red 'Yes' on Form 990,		
(a) Description of investment		(b) Book value	(c) Method of valuation Cost or end-of-year market value
			, , , , , , , , , , , , , , , , , , , ,
Total. (Column (b) must equal Form 990, Part X, col (B) line 13 )	<u>•</u>		
Part IX Other Assets. Complete if the organiz  (a) De	ation answered 'Y es' on F escription	orm 990, Part IV, line	(b) Book value
Part X Other Liabilities. Complete if the of See Form 990, Part X, line 25.	organization answered		
Part X Other Liabilities. Complete if the of See Form 990, Part X, line 25.			
Part X Other Liabilities. Complete if the of See Form 990, Part X, line 25.  (a) Description of liability	organization answered		
Part X Other Liabilities. Complete if the of See Form 990, Part X, line 25.  1. (a) Description of liability  Federal income taxes	(b) Book value	'Yes' on Form 990,	
Part X Other Liabilities. Complete if the of See Form 990, Part X, line 25.  1. (a) Description of liability  Federal income taxes  PAYROLL TAXES PAYABLE	(b) Book value	'Yes' on Form 990,	
Part X Other Liabilities. Complete if the of See Form 990, Part X, line 25.  1. (a) Description of liability  Federal income taxes  PAYROLL TAXES PAYABLE	(b) Book value	'Yes' on Form 990,	
Part X Other Liabilities. Complete if the of See Form 990, Part X, line 25.  1. (a) Description of liability  Federal income taxes  PAYROLL TAXES PAYABLE	(b) Book value	'Yes' on Form 990,	
Part X Other Liabilities. Complete if the of See Form 990, Part X, line 25.  1. (a) Description of liability  Federal income taxes  PAYROLL TAXES PAYABLE	(b) Book value	'Yes' on Form 990,	
Part X Other Liabilities. Complete if the of See Form 990, Part X, line 25.  1. (a) Description of liability  Federal income taxes  PAYROLL TAXES PAYABLE	(b) Book value	'Yes' on Form 990,	
Part X Other Liabilities. Complete if the of See Form 990, Part X, line 25.  1. (a) Description of liability  Federal income taxes  PAYROLL TAXES PAYABLE	(b) Book value	'Yes' on Form 990,	
	(b) Book value	'Yes' on Form 990,	
Part X Other Liabilities. Complete if the of See Form 990, Part X, line 25.  1. (a) Description of liability  Federal income taxes  PAYROLL TAXES PAYABLE	(b) Book value	'Yes' on Form 990,	
Part X Other Liabilities. Complete if the of See Form 990, Part X, line 25.  1. (a) Description of liability  Federal income taxes  PAYROLL TAXES PAYABLE	(b) Book value	'Yes' on Form 990,	
Part X Other Liabilities. Complete if the of See Form 990, Part X, line 25.  1. (a) Description of liability  Federal income taxes  PAYROLL TAXES PAYABLE	(b) Book value	'Yes' on Form 990,	
Part X Other Liabilities. Complete if the of See Form 990, Part X, line 25.  1. (a) Description of liability  Federal income taxes  PAYROLL TAXES PAYABLE	(b) Book value	'Yes' on Form 990,	

Par	Reconciliation of Revenue per Audited Financial Statements With Revenue   Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	per R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	639,611
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		,
а	Net unrealized gains (losses) on investments   2a   -69,334		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIII )		
e	Add lines <b>2a</b> through <b>2d</b>	2e	-64,334
3	Subtract line <b>2e</b> from line <b>1</b>	3	703,945
4	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a 9,125		
b	Other (Describe in Part XIII ) 4b		
C	Add lines <b>4a</b> and <b>4b</b>	4c	9,125
5	Total revenue Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12)	5	713,070
Par	Reconciliation of Expenses per Audited Financial Statements With Expenses Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	s per	Return.
1	Total expenses and losses per audited financial statements	1	721,203
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIII )		
e	Add lines <b>2a</b> through <b>2d</b>	2e	
3	Subtract line <b>2e</b> from line <b>1</b>	3	721,203
4	Amounts 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 9,125		
b	Other (Describe in Part XIII )		
c	Add lines <b>4a</b> and <b>4b</b>	4c	9,125
5	Total expenses Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 18 )	5	730,328

#### Part XIII Supplemental Information

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

Return Reference	Explanation
Part IV, Line 2b Explanation of escrow account liability	The council maintains custodial accounts for individual units operating within the council Amounts are distributed to units upon request
Part V, Line 4 Intended uses of the endowment fund	THE INTENDED USE OF THE ENDOWEMENT FUND IS TO PROVIDE A PERMANENT SOURCE OF INCOME FOR THE COUNCIL
Part X FIN48 Footnote	The Council does not have any uncertain tax positions

Part XIII Supplemental Info	ormation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2015

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DLN: 93493270012106

OMB No 1545-0047

**SCHEDULE G** (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

**Fundraising or Gaming Activities** 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** 

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. Open to Public Inspection

Name of the organization BOY SCOUTS OF AMERICA O	COUNCIL NO 604						Employer ide	ntification number
BLUE MOUNTAIN COUNCIL							91-0575959	)
	ctivities.Compleers are not require		_			on Form	1 990, Part IV	, line 17.
1 Indicate whether the orga	anızatıon raısed fund	ls througl	n any of th	ne follo	wing activities C	heck all t	hat apply	
<b>a</b> Mail solicitations	a							
<b>b</b> Internet and email so	olicitations			f $ abla$	Solicitation of g		=	
<b>c</b> Phone solicitations				g 🔽	Special fundrais	ing event	S	
d In-person solicitatio	ns							
Did the organization have or key employees listed in services?								s√ No
<b>b</b> If "Yes," list the ten high to be compensated at le				ısers)	pursuant to agree	ements un	der which the f	undraiser is
(i) Name and address of Individual or entity (fundraiser)	(ii) Activity	fundrais custo cont contrib	Did ser have ody or rol of outions?		Gross receipts om activity	(or re fundraı	ount paid to tained by) ser listed in tol (i)	(vi) A mount paid to (or retained by) organization
1		Yes	No					
2								
3								
4								
5								
6								
7								
8								
9								
10								
Total	•		<b>&gt;</b>					
3 List all states in which the registration or licensing	organization is regis	stered or	licensed t	to solic	it contributions o	or has bee	n notified it is e	exempt from

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
receints greater than \$5,000

	receipts greater than \$5,000	(a)Event #1	<b>(b)</b> Event #2	(c)O ther events	(d)
		MID-COLUMBIA DUCK RACE (event type)	(event type)	(total number)	Total events (add col <b>(a)</b> through col <b>(c)</b> )
Revenue	1 Gross receipts	15,600			15,600
	3 Gross income (line 1 minus line 2)	15,600			15,600
	4 Cash prizes				
Expenses	<ul><li>5 Noncash prizes</li><li>6 Rent/facility costs</li><li>7 Food and beverages</li></ul>				
<u>ជី</u> ង ២	8 Entertainment				
Direct	10 Direct expense summary Add lines 4	through 9 ın column (d	)		
	11 Net income summary Subtract line 1	0 from line 3, column (d	)		15,600
Par	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>b)</b> P ull tabs/I nstant 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				
Direct Expenses	3 Noncash prizes				
ared.	4 Rent/facility costs				
<u> </u>	5 Other direct expenses				
	6 Volunteerlabor	Yes%_ No	├ Yes %	<ul><li>✓ Yes</li></ul>	
	7 Direct expense summary Add lines 2	2 through 5 ın column (d	)		
	8 Net gaming income summary Subtra-	ct line 7 from line 1, col	umn (d)	<u> ▶</u>	
9 a	Enter the state(s) in which the organizates the organization licensed to conduct				「Yes 「No
b	If "No," explain				<sub>1</sub>
	Were any of the organization's gaming li  If "Yes," explain	censes revoked, suspe	nded or terminated during	the tax year?	「Yes 「No
,	· · · · · · · · · · · · · · · · · · ·				

Schedule	G (Form	990	or 990-EZ)	201

Page	3
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L1	Does the organization conduct gaming	activities with nonmember	ers?	Yes   N	0
12	Is the organization a grantor, beneficia	ry or trustee of a trust or	a member of a partnership or other entit	ty	
	formed to administer charitable gaming	g?		┌Yes ┌N	0
13	Indicate the percentage of gaming acti	ıvıty conducted ın			
а	The organization's facility			13a	%
b	An outside facility			13b	%
<b>L4</b>	Enter the name and address of the pers	son who prepares the orga	anızatıon's gamıng/specıal events books	s and records	
	Name 🟲				
	Address ►				
.5a	Does the organization have a contract				
	revenue?			┌Yes ┌N	0
b	If "Yes," enter the amount of gaming re	evenue received by the or	ganızatıon 🟲 \$ a	and the	
	amount of gaming revenue retained by	the third party 🟲 \$			
c	If "Yes," enter name and address of th	e thırd party			
	Name 🟲				
	Address ►				
L <b>6</b>	Gaming manager information				
	Name 🕨				
	Gaming manager compensation * \$				
	Description of services provided				
	Director/officer	Employee	☐ Independent contractor		
.7	Mandatory distributions				
а	Is the organization required under stat	e law to make charitable o	distributions from the gaming proceeds t	to	
	retain the state gaming license?			ΓYes ΓΝ	0
b	Enter the amount of distributions requi	red under state law distril	buted to other exempt organizations or s	spent	
	in the organization's own exempt activ				
Pai	rt IV Supplemental Information	<b>on.</b> Provide the explar 5b, 15c, 16, and 17b, a	nations required by Part I, line 2b, one applicable. Also complete this pa		); and
	Return Reference		Explanation		
		•			

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#### SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

► 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.

**DLN: 93493270012106**OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
BOY SCOUTS OF AMERICA COUNCIL NO 604
BLUE MOUNTAIN COUNCIL INC

Employer identification number
91-0575959

BLUE MOUNTAIN COUNC	IL INC	91-0575959
990 Schedule O	, Supplemental Information	
Return Reference	Explanation	
Form 990, Part VI, Line 1a Explanation of Delegated Broad Authority to Committee	THE EXECUTIVE BOARD SHALL BE THE GOVERNING BODY OF THE CORPORATION THE EXECUTIVE BOARD SHALL BE THE LOCAL REVIEWING AUTHORITY WITH RESENDUTING MOVEMENT WHICH ARISE IN THE TERRITORY OF THE CORPORATION COMMITTEE CONSISTING OF THE PERSONS AND HAVING THE POWERS SPECIFIED SHALL BE COMPOSED OF THOSE PERSONS WHO ARE THE OFFICERS OF THE COEXECUTIVE (WHO SHALL HAVE NO VOTE), AND MAY INCLUDE OTHERS APPOINT COMMITTEE OF THE EXECUTIVE BOARD SHALL HAVE AND MAY EXERCISE ALL TEXECUTIVE BOARD IN THE MANAGEMENT OF THE CORPORATION DURING THE INTITIE EXECUTIVE BOARD, BUT IN NO EVENT SHALL THE EXECUTIVE COMMITTEE AND THE EXECUTIVE BOARD AT THE ENSUING MEETING OF THE EXECUTIVE BOARD FOR ITS AND REPORTED AT THE ENSUING MEETING OF THE EXECUTIVE BOARD FOR ITS AND REPORTED AT THE ENSUING MEETING OF THE EXECUTIVE BOARD FOR ITS AND SEXECUTIVE COMMITTEE MAY BE CALLED AT ANY TIME BY THE PRESIDENT AND SEXECUTIVE COMMITTEE MAY BE CALLED AT ANY TIME BY THE PRESIDENT AND SEXECUTIVE COMMITTEE MAY BE CALLED AT ANY TIME BY THE PRESIDENT AND SEXECUTIVE COMMITTEE TO MEET IN THOSE MONTHS DOES NOT MEET ALL MEETINGS OF THE EXECUTIVE COMMITTEE SHALL BE HELD NOTICE BY FAX OR ELECTRONIC MAIL A MAJORITY OF THE VOTING MEMBERS OF CONSTITUTE A QUORUM	SPECT TO MATTERS WITHIN THE THERE SHALL BE AN EXECUTIVE D BELOW THE EXECUTIVE COMMITTEE RPORATION, INCLUDING THE SCOUT ED BY THE PRESIDENT THE EXECUTIVE HE NECESSARY POWERS OF THE TERVALS BETWEEN THE MEETINGS OF CT CONTRARY TO ACTION ALL EXECUTIVE COMMITTEE ACTION APPROVAL MEETINGS OF THE SHALL BE CALLED BY THE PRESIDENT ECUTIVE COMMITTEE. IT SHALL BE THE IN WHICH THE EXECUTIVE BOARD OON AT LEAST 3 DAYS WRITTEN
Form 990, Part VI, Line 2 Description of Business or Family Relationship of Officers, Directors, Et	TWO OF THE BOARD MEMBERS CURRENTLY SERVING ARE A MARRIED COUPLE.	
Form 990, Part VI, Line 6 Explanation of Classes of Members or Shareholder	ACTIVE MEMBERS MAY ELECT THE MEMBERS OF THE GOVERNING BODY AND AITHE GOVERNING BODY	PPROVE SIGNIFICANT DECISIONS OF
Form 990, Part VI, Line 7a How Members or Shareholders Elect Governing Body	ACTIVE MEMBERS MAY ELECT MEMBERS AT LARGE, REGULAR MEMBERS OF TH ICERS OF THE CORPORATION OTHER THAN THE SCOUT EXECUTIVE	E EXECUTIVE BOARD, AND OFF
Form 990, Part VI, Line 7b Describe Decisions of Governing Body Approval by Members or Shareholders	ACTIVE MEMBERS MAY VOTE AT THE ANNUAL MEETING TO RECEIVE AND APPROSHOWING THE FINANCIAL POSITION OF THE CORPORATION AS OF THE CLOSE OF ETE FISCAL YEAR AND THE RESULTS OF OPERATIONS DURING SUCH YEAR, AND BUSINESS AS MAY COME BEFORE THE MEETING ACTIVE MEMBERS MAY VOTE IT S AND SPECIAL MEETINGS, INCLUDING PROPOSALS TO MERGE OR CONSOLIDAT	F ITS MOST RECENT COMPL O TRANSACTING SUCH OTHER N OTHER REGULAR MEETING
Form 990, Part VI, Line 11b Form 990 Review Process	THE FORM 990 IS PRESENTED TO THE EXECUTIVE BOARD FOR REVIEW PRIOR TO	SUBMISSION
Form 990, Part VI, Line 12c Explanation of Monitoring and Enforcement of Conflicts	AT LEAST ONCE A YEAR, THE COUNCIL DISTRIBUTES A CONFLICT OF INTEREST OF CLOSURE FORM TO ITS OFFICERS, DIRECTORS AND PROFESSIONAL EMPLOYEES E REQUIRED TO COMPLETE AND SIGN THE CERTIFICATION AND DISCLOSURE FORMS ARE REVIEW ALLY BY THE SCOUT EXECUTIVE AND TREASURER ADDITIONALLY, THE COUNCES A LIST OF POTENTIALLY CONFLICTED ENTITIES AND INDIVIDUALS PROPOSED IN MATCHED AGAINST THE LIST AS A MEANS OF IDENTIFYING POSSIBLE CONFLICION OF INTEREST IF A COVERED PERSON FAILS TO DISCLOSE AN ACTUAL OR POSSIBLE, APPROPRIATE DISCIPLINARY AND CORRECTIVE ACTION IS TAKEN INCLUDION FOR A COVERED EMPLOYEE AND PROHIBITION FROM PARTICIPATING IN THE INVERNING BODY FOR A BOARD MEMBER	THE COVERED PERSONS AR  M, WHICH IS RETAINED I  MED NO LESS THAN ANNU  IL COMPILES AND MAINTAIN  TRANSACTIONS ARE THE  CTS THE SCOUT EXECUTI  OR POSSIBLE CONFLICTS  IBLE CONFLICT OF INTE  NG POSSIBLE TERMINATI
Form 990, Part VI, Line 15b Compensation Review and Approval Process for Officers and Key Employees	The Council uses comparability data and written guidelines provided by the talent meant group of the Boy Scouts of America in consultation with external sources that in pper and lower compensation levels by position and regional variables. Compensative iewed both locally and nationally	iclude u
Form 990, Part VI, Line 19 Other Organization Documents Publicly Available	GOVERNING DOCUMENTS, POLICIES, AND FINANCIAL STATEMENTS ARE AVAILA REQUEST	BLE AT THE COUNCIL OFFICE UPON

DLN: 93493270012106

OMB No 1545-0047

2015

Open to Public Inspection

## SCHEDULE R (Form 990)

Department of the Treasury

Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

► Attach to Form 990.

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

Name of the organization BOY SCOUTS OF AMERICA COUNCIL NO 604 BLUE MOUNTAIN COUNCIL INC Employer identification number

91-0575959

Name, address, and EIN (if applicable) of disregarded entity  Primary activity  Legal domicile (state or foreign country)  Total income  End-of-year assets  Direct controlling entity  Primary activity  Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had or more related tax-exempt organizations during the tax year.  (a)  Name, address, and EIN of related organization  (b)  Primary activity  Legal domicile (state or foreign country)  Exempt Code section  Public charity status (if section 501(c)(3))  Primary activity  Exempt Code section  Public charity status (if section 501(c)(3))  Primary activity  Exempt Code section  Public charity status (if section 501(c)(3))  Primary activity  Exempt Code section  Public charity status (if section 501(c)(3))  Primary activity  Exempt Code section  Public charity status (if section 501(c)(3))  Primary activity  Exempt Code section  Public charity status (if section 501(c)(3))  Primary activity  Exempt Code section  Public charity status (if section 501(c)(3))  Primary activity  Exempt Code section  Public charity status (if section 501(c)(3))  Primary activity  Exempt Code section  Public charity status (if section 501(c)(3))  Primary activity  Exempt Code section  Public charity status (if section 501(c)(3))  Primary activity  Exempt Code section  Public charity status (if section 501(c)(3))  Exempt Code section  Public charity status (if section 501(c)(3))  Exempt Code section  Public charity status (if section 501(c)(3))  Primary activity  Exempt Code section  Public charity status (if section 501(c)(3))  Primary activity  Exempt Code section  Public charity status (if section 501(c)(3))  Exempt Code section  Public charity status (if section 501(c)(3))	(2)	(b)	(c)	(4)	(0)		(f)		
or more related tax-exempt organizations during the tax year.  (a)  Name, address, and EIN of related organization  (b)  Primary activity  Primary activity  Legal domicile (state or foreign country)  WA  ANDALL AND MARIE MARTIN SCOUT CAMP LLC  W Gage Blvd  ewick, WA 99336  (c)  Legal domicile (state or foreign country)  WA  501(c)(3)  9  BSA-Blue Mountain Council	Name, address, and EIN (if applicable) of disregarded entity		Legal domicile (state	Total income	End-of-yea	assets			
or more related tax-exempt organizations during the tax year.  (a) Name, address, and EIN of related organization  (b) Primary activity  (c) Legal domicile (state or foreign country)  (d) Exempt Code section (if section 501(c)(3))  (if section 50									
or more related tax-exempt organizations during the tax year.  (a)  Name, address, and EIN of related organization  (b)  Primary activity  ANDALL AND MARIE MARTIN SCOUT CAMP LLC  W Gage Blvd  ewick, WA 99336  (c)  Legal domicile (state or foreign country)  Exempt Code section  Fixempt Code section  On Direct controlling entity  (f)  Public charity status (if section 501(c)(3))  Public charity status (if section 501(c)(3))  On Direct controlling entity  (g)  (g)  (h)  Fixempt Code section  On Direct controlling entity  (g)  (g)  (h)  Fixempt Code section  (g)  Fixempt Code section  On Direct controlling entity  (g)  (g)  (g)  (h)  Fixempt Code section  (g)  Fixe									
or more related tax-exempt organizations during the tax year.  (a)  Name, address, and EIN of related organization  (b)  Primary activity  Legal domicile (state or foreign country)  Exempt Code section  (f)  Public charity status  (if section 501(c)(3))  Exempt Code section  Output  Exempt Code section  Output  Figure 1  Figure 2  Figure 2  Figure 3  Figure 3  Figure 3  Figure 4  Fig									
or more related tax-exempt organizations during the tax year.  (a)  Name, address, and EIN of related organization  (b)  Primary activity  Legal domicile (state or foreign country)  Exampt Code section  (f)  Public charity status (if section 501(c)(3))  Exampt Code section  Output  Exampt Code section  Output  Exampt Code section  Output  Figure (state or foreign country)  Output  Exampt Code section  Output  Figure (state or foreign country)  Output  Exampt Code section  Output  Figure (state or foreign country)  Output  Exampt Code section  Output  Figure (state or foreign country)  Output  Exampt Code section  Output  Figure (state or foreign country)  Output  Exampt Code section  Output  Figure (state or foreign country)  Figure (state or foreign country)  Output  Figure (state or foreign country)  Figure (state or foreign country)  Output  Figure (state or foreign country)  Fi									
Name, address, and EIN of related organization  RANDALL AND MARIE MARTIN SCOUT CAMP LLC 8 W Gage Blvd  newick, WA 99336  (b) Primary activity Public charity status (if section 501(c)(3)) Portect controlling entity  Status  The primary activity Public charity status (if section 501(c)(3)) Public charity status (if section 501(c)									
or more related tax-exempt organizations during the tax year.  (a)  Name, address, and EIN of related organization  RANDALL AND MARIE MARTIN SCOUT CAMP LLC  8 W Gage Blvd  newick, WA 99336  (b)  Primary activity  Primary activity  Primary activity  Legal domicile (state or foreign country)  Exempt Code section Public charity status (if section 501(c)(3))  RANDALL AND MARIE MARTIN SCOUT CAMP LLC  BSA-Blue Mountain Council (a)  Name, address, and EIN of related organization	rt III Identification of Pelated Tay-Evennt Or	ganizations Complete if	the organization an	swarad "Vas"	on Form 9	990 Part IV	line 34 hecause it h	ad or	
Name, address, and EIN of related organization  Primary activity  Legal domicile (state or foreign country)  Exempt Code section  Public charity status (if section 501(c)(3))  Public charity status (if section 501(c)(3))  Primary activity  Exempt Code section  Public charity status (if section 501(c)(3))  RANDALL AND MARIE MARTIN SCOUT CAMP LLC  8 W Gage Blvd  Inewick, WA 99336	or more related tax-exempt organizations dur	ing the tax year.				750, Taic IV,	, line 34 because it in		
RANDALL AND MARIE MARTIN SCOUT CAMP LLC 78 W Gage Blvd nnewick, WA 99336  CAMP  WA 501(c)(3) 9  BSA-Blue Mountain Council	(a)		Legal domicile (state		ection Publ (if se	c charity status	Direct controlling	Sectio (13) c	(g) on 512(b controlle ntity?
nnewick, WA 99336 -2633352	RANDALL AND MARIE MARTIN SCOUT CAMP LLC B W Gage Blvd	САМР	WA	501(c)(3)	9		BSA-Blue Mountain Council	Yes	No No
									<u> </u>
								1	1

Schedule R (Form 990) 2015											Page <b>2</b>
Part III Identification of Related Organizations Taxable a because it had one or more related organizations treate				ation answ	ered "Yes	s" on l	Form	990, Part I'	V, lın	ie 34	ŀ
(a) Name, address, and EIN of related organization	domicile controlling income(related) (state or entity unrelated), foreign country) tax under	Predominant income(related, unrelated, excluded from	(f) Share of total income		(h Disprop alloca		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	managing partner?		(k) Percentag ownership	
			314)			Yes	No		Yes	No	

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

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

Part V Transactions With Related Organizations Complete if the organization and	swered "Yes" on Form	990, Part IV, line	34, 35b, or 36.			
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or mor	e related organizations lis	sted in Parts II-IV?				
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		No
<b>b</b> Gift, grant, or capital contribution to related organization(s)				1b		No
${f c}$ Gift, grant, or capital contribution from related organization(s)				1c		No
<b>d</b> Loans or loan guarantees to or for related organization(s)				1d		No
e Loans or loan guarantees by related organization(s)				1e		No
<b>f</b> Dividends from related organization(s)				<b>1</b> f		No
g Sale of assets to related organization(s)				1g		No
f h Purchase of assets from related organization(s)				1h		No
i Exchange of assets with related organization(s)				1i		No
j Lease of facilities, equipment, or other assets to related organization(s)				1j		No
${f k}$ Lease of facilities, equipment, or other assets from related organization(s)				1k		No
I Performance of services or membership or fundraising solicitations for related organization(s) .				11	Yes	
$m{m}$ Performance of services or membership or fundraising solicitations by related organization(s) .				1m		No
$oldsymbol{n}$ Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	Yes	
o Sharing of paid employees with related organization(s)				10	Yes	
p Reimbursement paid to related organization(s) for expenses				<b>1</b> p		No
<b>q</b> Reimbursement paid by related organization(s) for expenses				1q	Yes	
r Other transfer of cash or property to related organization(s)				1r		No
<b>s</b> Other transfer of cash or property from related organization(s)				1s		No
2 If the answer to any of the above is "Yes," see the instructions for information on who must compl	ete this line, including co	vered relationships	and transaction thresholds			
(a) Name of related organization	<b>(b)</b> Transaction type (a-s)	(c) Amount involved	( <b>d)</b> Method of determining am	ount in	ivolved	
1)RANDALL AND MARIE MARTIN SCOUT CAMP LLC	q	28	cash value			

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

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

revenue) that was not a related organization. See instructions																								
<b>(a)</b> Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(e) Are all partners section 501(c)(3) organizations?		section total solutions section solutions total solutions income section solutions section total solutions section section solutions section total solutions section sec		total	partners ction (c)(3) izations? (f)  (f) Share of total income	(e)  Ill partners section (1(c)(3) (1(c)(3) (1(c)me)  Inizations?	total	total	Share of total income	total er	total end-of-year	end-of-year	(g) Share of ind-of-year assets  (h) Disproprtional allocations		(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	_	<b>(k)</b> Percentage ownership
			314)	Yes	No			Yes	No		Yes	No												
												1	Ī											

### Part VII Supplemental Information

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

**Explanation** 

Return Reference

Schedule R (Form 990) 2015