

.Fam 990

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

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. And Open to Public

Uspa	erement of ned Reven	the Treasury us Service	▶ Informs	ation about Fo	orm 990 and its instr	ctions is at	www.irs.a	ov/form99	al TUC	Inspec	lion
_			ndar year, or tax yea		September 1		ınd ending		ust 31,	, 20 17	
B		applicable:	C Name of organization			_				er identification n	umber
		ddrese change Doing businese as								23-2500863	
$\bar{\Box}$	Name cf	-	Number and street (or	P.O. box if mail	is not delivered to street	eddress)	Room/suite		E Telephor	ne number	
$\bar{\Box}$	Initial ret	_	1038 Radnor Road				į		215 850 4131		
ñ		m/tenninated		province, country	y, and ZIP or foreign post	d code					
ñ	Amende		Wayne, PA 19087		•				Q Gross re	ceinta S	
ñ		ion pending		principal officer:	John R. Embick, E	sa. P.O. Bo	x 5234	Historia a c		subordrutes? Yes	7 No
			West Chester, PA 19							s included? Ves	
	Taxava	mpt status:	<b>√</b> 501(c)(3)	501(c) (	) ◀ (insert no.) ☐ 4	947(eV1) ~	527			list. (see instruction	
<del></del>	Website		E3 30 (G/S)	301101	1 4 Macriton Car	)	<u> </u>	-{	exemption	•	•
K			✓ Corporation ☐ Trust	Association	on □ Other ▶	I Ve	ar of formation			of legal domicite:	PA
	arti	Summ			W. D. Gorde	1 10,00	u oi tornaud	198/	I my Source	or regar consuctes.	PA
	1			tion's missio	n or most significan	t activities.	Support	of Panli Tr	200 No. 1	Roy Scouts	
•	1	_	•	MON 9 (1839)	in or most significan	t acuviuss.	Support		COD 110. 1	300413	
Governance	,	of Americ	id.				•				
Ĕ	2	Chack th	is how b. Clif the se		iscontinued its opera				050/ 06		
š					ning body (Part VI, III		shosen oi	IIIOIE UIA		is in assets.	
ĕ	3		•	_	of the governing bo	•	· · ·	• • •	3		10
Activities &	4		•	•		• •	•	• • • •	. 4		3
Ę	5				calendar year 2018 (	Part V, une	92 <b>8</b> ) .	• • •	5		0
듄	6		nber of volunteers (		••				6		150
⋖	7a	-			art VIII, column (C), I			• • •	. <u>7a</u>		0
	b	Net unre	lated business taxa	bie income fi	rom Form 990-T, line	34	<del></del>		. 7b		0
	ł _	<b>.</b>			11/100	)	<u> </u>	Prior Y		Current Y	
異	8	Contribu	tions and grants (Pa	art VIII, lice-1	DE CHILL	~\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	· ·  _		1,100		100
Ē	9	riogiani	Sel Alco Levalide (i. s	# L A III'' 1 1 10 5	M	· 101 ·	· ·  _		0		0
Revenue	10				, lines 3, 4 <sub>1</sub> and ?ຢູ່)ໄດ້		· · L				
-	11				5, 6d 8c, 9c, 10c,		· ·  _				
	12				ust equal Part VIII, co		ne 12)		1,100		100
	13				bounny(A) lines 1	9)	· ·  _		12,250		15,069
	14		paid to or for memb				· ·  _				·
2	15				enefits (Part IX, colum	ın (A), lines	5-10)				
룓	16a	Professi	onal fundraising fee	s (Part IX, co	lumn (A), line 11e)						
Expenses	b	Total fur	idralsing expenses (	Part IX, colu	mn (D), line 25) 🕨 _		536	1 4 .			
Ũ	17	Other ex	penses (Part IX, col	umn (A), line:	s 11a-11d, 11f-24e)		[				12,988
	18	Total ex	penses. Add lines 13	317 (must e	qual Part IX, column	(A), line 25	5) . [		12,786		28,057
	19	Revenue	less expenses. Sui	otract line 18	from line 12	<u> </u>	,		(11,686)		(27,957)
- Page 1							Be	ginning of C	urrent Year	End of Ye	
8	20	Total as	sets (Part X, line 16)				[		877,266		952,277
2	21		oilities (Part X, line 2				[	<del></del>	44,803		62,326
Ē,	22	Net asse	its or fund balances	. Subtract lin	e 21 from line 20				832,463		889,951
Р	art II	Signa	ture Block				****			<del></del>	
U	nder pen	alties of peri	ury, I declare yest I have e	pramine this is	turn, leftluding accompan	ring schedule:	s and statem	ents, and to	the best of r	ny knowledge and	belief, it is
trı	JB, COTTO	at, and comp	aleto. Declaration of agent	פוליקונים ליסן יסי	turn, influcting arcompan informia based op all info	mation of whi	ich preparer h	es any know	rledge.		
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Si	ណ	Sig	ngure of officer		2 /			<u>D</u>	ate Z	クリンハ	7 <b>/</b> /
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		Тур	e or print name and title								
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M	y the l			e preparer si	nown above? (see in	structions)		<u></u>	- 1 · ·	ΠVa	B No
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Carrie d'o	0 (20)	7		raye =									
Part	Ш												
	5	Check if Schedule O contains a response or note to any line in this Part III											
1	Briefly describe the organization's mission: Support of Boy Scouts of America, Chester County Council, Pauli Troop No. 1 (a supported unit of the Boy Scouts of America).												
	Znbl												
	*****			********									
2	Did	the organization undertake any significant program services during the year which were not listed on the											
-		r Form 990 or 990-EZ?	Vac i	7) No.									
		/es," describe these new services on Schedule O.	199	<u> </u>									
3		the organization cease conducting, or make significant changes in how it conducts, any program											
			Yes	7 No									
		Yes," describe these changes on Schedule O.											
4		scribe the organization's program service accomplishments for each of its three largest program services, as	measi	ired by									
•		nenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations											
		total expenses, and revenue, if any, for each program service reported.											
4a	(Co	de: ) (Expenses \$ including grants of \$ ) (Revenue \$		1									
	Grai	mts to, and support of, Pacil Troop No. 1, Boy Scouts of America (\$15,069.00)		,									
		***************************************											
	*****												
4h	(Co	de: ) (Expenses \$ including grants of \$ ) (Revenue \$		<del></del>									
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4c	(Co	ode: ) (Expenses \$ including grants of \$ ) (Revenue \$		1									
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4d	Ott	ner program services (Describe in Schedule O.)											
70		penses \$ including grants of \$ ) (Revenue \$ )											
40		tal program service expenses > \$15,069,00											

art l	V Checklist of Required Schedules			
			Yes	No
	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	1	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		1
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		<b>-</b> -
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	-	1
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		1
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		1
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		<b>\</b>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
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	<b>*</b>	
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		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.	, = <sup>3</sup> -{	3. " 2. "	
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		/
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		1
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	110		1
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	110		1
0	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		1
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.	111		1
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	128		1
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14 a		14a		1
ь	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		,
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		1
18	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		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		1
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		1
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		1
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Part	V Checklist of Required Schedules (continued)		'	*898 <b>*4</b>
لتمتيجه			Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		1
b		20Ь		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	✓	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), fine 27 if "Yes," complete Schedule I, Parts I and III	22		1
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? If "Yes," complete Schedule J	23		1
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		/
c b		24b		1
_	to defease any tax-exempt bonds?	24c		<b>/</b>
d 258	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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	24d 25a		1
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		,
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		/
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	_	,
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		:	
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		/
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? If "Yes," complete Schedule L, Part IV	28c		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	29 30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part i	31		1
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		1
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		1
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	1	
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		1
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		1
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	<u> </u>	<u>/</u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38		1
		Fort	n 990	(2016)

Part				
	Check if Schedule O contains a response or note to any line in this Part V	·;		
40	Fates the supplies are add in Play 2 of Form 1006 Feder 0. if not applicable		Yes	No
1a b	Enter the number reported in Box 3 of Form 1098. 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		(	
C	Did the organization comply with backup withholding rules for reportable payments to vendors and		.	
	reportable gaming (gambling) winnings to prize winners?	1c		-
<b>2</b> a	Enter the number of employees reported on Form W-3, Transmittat of Wage and Tax	1.0	. 1	
	Statements, filed for the calendar year ending with or within the year covered by this return 2a o		1	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	<b>2</b> b		Ì
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	L.,_	1
Ь	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b_		<u> </u>
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		<b>V</b>
Ь	If "Yes," enter the name of the foreign country:			1
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			1
5-	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>.</b>		١,
5a b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a 5b		<b>/</b>
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	-		<del> </del>
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		1
b			_	<u> </u>
	gifts were not tax deductible?	6b	l	ļ
7	Organizations that may receive deductible contributions under section 170(c).			
8	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		· 	ŀ.,
	and services provided to the payor?	7a		1
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7</b> b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			١.
	required to file Form 8282?	7c		✓
d	If "Yes," indicate the number of Forms 8282 filed during the year			
•	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	70		<del> </del>
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	71	<u> </u>	1
9 9	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g 7h	_	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	/"		
	sponsoring organization have excess business holdings at any time during the year?	8	- 4	•
9	Sponsoring organizations maintaining donor advised funds.		_	<del>                                     </del>
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9</b> b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			1
ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b]		<u> </u>	
11	Section 501(c)(12) organizations. Enter:			ł
a b	Gross income from members or shareholders	,		ł
•	and the transport of the superstand from the superstand of the sup		i . ' i	ł
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	10-		ŀ
ь	If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b	12a		<del> </del>
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	٠		- 1
8	Is the organization licensed to issue qualified health plans in more than one state?	13a	<del></del>	<del>                                     </del>
	Note. See the instructions for additional information the organization must report on Schedule O.			<del>                                     </del>
Þ	Enter the amount of reserves the organization is required to maintain by the states in which	.		ł
	the organization is licensed to issue qualified health plans	[ :	<u>'</u> ;	
C	Enter the amount of reserves on hand	L		<u> </u>
148	Did the organization receive any payments for indoor tanning services during the tax year?	14a		1
<u> </u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O .	14b		
		Form	n araiu	(2016)

Part \	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S. Check if Schedule O contains a response or note to any line in this Part VI	ee ins					
Section	n A. Governing Body and Management						
			Yes	No			
	Enter the number of voting members of the governing body at the end of the tax year						
ь 2	Enter the number of voting members included in line 1a, above, who are independent . 1b 3  Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		1			
3	3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? .						
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		1			
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		1			
6	Did the organization have members or stockholders?	6		1			
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	✓				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		1			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:						
8	The governing body?	8a	<b>√</b>				
ь	Each committee with authority to act on behalf of the governing body?	86	1				
9	is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		1			
Section	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C		)			
40-	Child the annual resident to the land to be about the second of the seco		Yes	No			
10a b	Old the organization have local chapters, branches, or affiliates?  If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10a		1			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a		1			
ь	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			<del>                                     </del>			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	-	1			
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		1			
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	12c		1			
13	Did the organization have a written whistleblower policy?	13		1			
14	Did the organization have a written document retention and destruction policy?	14		<u> </u>			
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
a	The organization's CEO, Executive Director, or top management official	15a		]			
b	Other officers or key employees of the organization	15b					
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	-	/			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the		· .				
	organization's exempt status with respect to such arrangements?	16b	Ľ.				
	on C. Disclosure						
17 18	List the states with which a copy of this Form 990 is required to be filed PA  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 890, and 990-T (Section collaboration to make its Forms 1023 (or 1024 if applicable), 890, and 990-T (Section collaboration to make its Forms 1023 (or 1024 if applicable), 890, and 990-T (Section collaboration to make its Forms 1023 (or 1024 if applicable), 890, and 990-T (Section collaboration to make its Forms 1023 (or 1024 if applicable), 890, and 990-T (Section collaboration to make its Forms 1023 (or 1024 if applicable), 890, and 990-T (Section collaboration to make its Forms 1023 (or 1024 if applicable), 890, and 990-T (Section collaboration to make its Forms 1023 (or 1024 if applicable), 890, and 990-T (Section collaboration to make its Forms 1023 (or 1024 if applicable), 890, and 990-T (Section collaboration collabo	501(	c)(3)s	only)			
	available for public inspection. Indicate how you made these available. Check all that apply.						
19	Own website Another's website Upon request Other (explain in Schedule O)  Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int financial statements available to the public during the tax year.	erest	policy	, and			
20	State the name, address, and telephone number of the person who possesses the organization's books and re		-				
	Terrence G. Ives, 601 Croton Road, King of Prussis, PA. 19405: (610) 768-1600 (by appointment only)	wrus.					

 oan	(2016)	

Page 7

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 employees."
- 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, and 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 no	any relate	d orga	zu iz	etio	_	ompe	กรส	ted any curren	t officer, director	, or trustee.
(A) Name and Tible	(B) Average hours per week (list any	Position (do not check more than one box, unless person is both an officer and a director/trustee)					an :ee)	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	house for related organizations below dotted line)		Institutional trustee	Officer	Kay amployee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) See attached list (no compensation is paid to any officer, director, employee or trustee)								0	0	0
(2)					-					
(4)					_		_	<b></b>		
(4)		-	<u> </u>	L	-		-			
(6)	<u> </u>		-	_	-		-			
Ø	I	-	┢		-					<u></u>
(8)		-				<u> </u>				
(8)	<u></u>									
(10)	<u> </u>									
(11)		_		_	_		_			
(12)		-	_	L	_		_		<u> </u>	
(14)		-	$\vdash$	_	-		_			
\$\$###0 \$4 \$ 0 8 4 4 1 1 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	T	1	Į.	1	1	i	I			

Part	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)										
	(A) Name and title	hours per officer and a director/trustee) compensation comper		(E) Reportable compensation from related							
		week (list any hours for related organizations ibelow dotted line)		biethutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	resited organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(15)								Γ			
(16)										<del> </del>	
(17)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,										
(18)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,								<del> </del>		
(19)			-					<del> </del>			
(20)			-	$\vdash$	<u> </u>	T	<del> </del>	$\vdash$			<del> </del>
(21)			-		-	T		-		<del> </del>	<del> </del>
(22)			-	┢	$\vdash$	T		-			<del>                                     </del>
(23)	*************************************			十	T	-		一	<del>                                     </del>		
(24)			-	$\vdash$	T	┢	_		<del>                                     </del>		<del> </del>
<u> (25)</u>			-			-			<u> </u>		<del> </del>
1b c	Sub-total	-		•	1 · ·			<b>&gt;</b>			
2	Total (add lines 1b and 1c)	t not limited					abovo	<b>▶</b> 9) W	ho received m		0) 000 of
3	Did the organization list any former of employee on line 1a? If "Yes," complete	Schedule J	i for s	uch	ind	ivid	uel .				. 3 7
4	For any individual listed on line 1a, is the organization and related organizations individual	e sum of regreater the	porta an \$	ble 150,	CON ,000	npe )? <i>(</i>	nsatio	m a s, "	nd other composite School	pensation from sedule J for se	the uch
5	Did any person listed on line 1a receive of for services rendered to the organization	or accrue c	ompe comp	nsa lete	tion Sc!	fro hedi	m any ule J i	un for s	related organi	zation or individ	
Section	on B. Independent Contractors										- 13 14
1	Complete this table for your five highest compensation from the organization. Reyear.										
	(A) Name and business add	iress							(B) Description of a	ervices	(C) Compensation
None								F			
								F			
2	Total number of independent contractor received more than \$100,000 of compens							o ti	nose listed ab	ove) who	
											Form <b>990</b> (2016

Part	VIII	Statement of Revenue				_
	<del></del>	Check if Schedule O contains a response or note t	Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Giffs, Grants and Other Similar Amounts	1a b	Federated campaigns 1a Membership dues 1b		IBAGUTR		312-314
A, G	C	Fundraising events 1c				
돌	d	Related organizations 1d	4			Į
5 E	8	Government grants (contributions) 1e	-			
3 5	1	All other contributions, grits, grants, and similar amounts not included above   11   100.00				}
量を	g	And summar amounts not included above 11 100.00  Noncash contributions included in lines 1a-11: \$	4			
	h	Total. Add lines 1a–1f	100,00			
		Business Code			,	
<b>19</b>	2a					
2	ь					
퉏	C		<del> </del>			<u> </u>
3	d		<del> </del>	<del> </del>		
Program Service Revenue	8	All other program service revenue .	<del> </del>			
Ē	g	Total. Add lines 2a-2f	<del>                                     </del>		, 9	<del></del>
	3	Investment income (including dividends, interest, and other similar amounts) ▶	0			
	4	Income from investment of tax-exempt bond proceeds ▶				
	5	Royalties				
			4			
	6a b	Gross rents Less: rental expenses	4		i	
	C	Rental income or (loss)	-[	Ī		Ī
	d	Net rental income or (loss)	<b>-</b> 1·-	j	49 / -	
	7a	Gross amount from sales of (i) Securities (ii) Other assets other than inventory				
	Ь	Less: cost or other basis and sales expenses .	1			<u>;</u>   
	C d	Gain or (loss)	]			
enue,	8a	Gross income from fundralsing events (not including \$		٠	,	
Other Rev		of contributions reported on line 1c). See Part IV, line 18 a				
5		Less: direct expenses b  Net income or (loss) from fundraising events . ▶	4			<b>[</b> .
		Net income or (loss) from fundraising events .   Gross income from gaming activities.  See Part IV, line 19				,
	b	Less: direct expenses b  Net income or (loss) from gaming activities ▶	<b>-</b>		٠	
		Gross sales of inventory, less returns and allowances a				
	b	Less: cost of goods sold b  Net income or (loss) from sales of inventory ▶	<b>]</b>		~-	
		Miscellaneous Revenue Businesa Code	J	,		
	11a					<u></u>
	b		<del> </del>			
	C d	All other revenue	<del> </del>			
	e	Total. Add lines 11a-11d	<del> </del>	<del></del>		
	12	Total revenue. See instructions.	190,00			
			144144		<del> </del>	Form <b>990</b> (2016)

Farm, 99	0 (2016)				Page 10
Part Sectio	Statement of Functional Expenses n 501(c)(3) and 501(c)(4) organizations must com-	nplete all columns. A	Il other organization	s must complete co	lumn (A).
	Check if Schedule O contains a respon-	se or note to any lir	ne in this Part IX .		
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	15,069	15,069		
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				2
<b>4</b> <b>5</b>	Benefits paid to or for members				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages				
9 10 11	Other employee benefits				
a b c	Management				
d e f	Lobbying		- 4		
9 12	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0.)  Advertising and promotion				<del></del>
13 14 15	Office expenses				
16 17 18	Occupancy				
19 20	Conferences, conventions, and meetings . Interest				
21 22 23	Payments to affiliates				
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in tine 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)	-	(4) = (4) (4)	, <sub>1</sub> ,	My RA
a b	Preparation of 100th Anniversary History Book	12,985	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	12,985	
c d e	All other expenses Banking Fees	3		3	
25 26	Total functional expenses. Add lines 1 through 24e  Jaint costs. Complete this line only if the	28,057	15,069	<del></del>	0
	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				

Pί	art X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Pa			🗆
			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	B,433	1	17,545
Į	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,		4.	
l		trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section		3 - 7	13.4
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and	to have the second of the seco	ē )	
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
\$		organizations (see instructions). Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	
₹	8	Inventories for sale or use		8	
	8	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or		. 1	3.5.
		other basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments-publicly traded securities	868,833	į	934,733
	12	Investments-other securities. See Part IV, line 11		12	<u></u>
	13	Investments-program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	877,266	_	952,278
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.	44,803	21	62,326
8	22	Loans and other payables to current and former officers, directors,	<b>1</b>		3.9
葛		trustees, key employees, highest compensated employees, and			
Liabilities		disqualified persons. Complete Part II of Schedule L		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	ļ
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
	Ì	parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D			{
				25	
	26	Total liabilities. Add lines 17 through 25	44,803	26	62,326
9	ŀ	complete lines 27 through 29, and lines 33 and 34.	, <u>, , , , , , , , , , , , , , , , , , </u>	; <sup>:</sup>	
절	~			حما	
	27	Unrestricted net assets		27	676,645
ă	28 29	Temporarily restricted net assets		28	0
Ē	29	Permanently restricted net assets		29	195,762
Ţ		Organizations that do not follow SFAS 117 (ASC 958), check here ➤ ☐ and complete lines 30 through 34.			
Net Assets or Fund Balances	ا مد	-			
8	30	Capital stock or trust principal, or current funds		30	<del></del>
3	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
at 7	32 33	Retained earnings, endowment, accumulated income, or other funds.  Total net assets or fund balances		32	
ž	34	Total net assets or fund balances	832,463	_	889,951
_	<del></del>	Total liabilities and flot assets/fully paratices		34	Form 990 (2016)

Form 96	80 (2016)		PE	ge 12	
Part	XI Reconciliation of Net Assets				
-	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)			100	
2	Total expenses (must equal Part IX, column (A), line 25)		1	2,988	
3	Revenue less expenses. Subtract line 2 from line 1		(1	2,888)	
4	4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))				
5	Net unrealized gains (losses) on investments			7,489	
6	Donated services and use of facilities				
7	Investment expenses		_		
8	Prior period adjustments				
9	Other changes in net assets or fund balances (explain in Schedule O)				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))		81	19,951	
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
			Yes	No	
1	Accounting method used to prepare the Form 990:		-		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O.	1 . !			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		<b>7</b>	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:	1	· .		
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	1	† .	•	
b	The contract of the contract o	2b	I	1	
	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:	ł	ĺ	ł	
	Separate basis Consolidated basis Both consolidated and separate basis		1	(	
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight	- [	[	•	
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2¢	[		
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O.		'		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in		i	-	
	the Single Audit Act and OMB Circular A-133?	3a	Ì	✓	
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.	3ъ	l	l	
		Fon	n 990	(2016)	

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

Department of the Treasury Internal Revenue Service

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

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

> Attach to Form 990 or Form 990-EZ.

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

2016

Open to Public Inspection

lame	of the organization					Employer Identification	nunuer
aoli	23-250086 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.						
Pai							<u>ns</u>
_	organization is not a private foundat						1
1	A church, convention of church						1/
2	A school described in section ' A hospital or a cooperative hos		•				
3	A medical research organization						III) Enter the
4	hospital's name, city, and state	-	injanadon mara nosp	100, 0000	ipeq iii q	oodon malakiyay	my Line alo
5	An organization operated for the		college or university	owned o	operate	d by a government	al unit described in
•	section 170(b)(1)(A)(iv). (Comp		ounced or distribution,		- po	o o, e goro	
6	☐ A federal, state, or local govern		mental unit described	in sectio	n 170(b)	(1)(A)(v).	
7	An organization that normally						the general public
	described in section 170(b)(1)(				•		
8	A community trust described in	section 170(b)	(1)(A)(VI). (Complete F	art II.)			
9	An agricultural research organiz	zation described	in section 170(b)(1)	A)(bx) ope	erated in	conjunction with a la	and-grant college
	or university or a non-land-gran						
	university:			*********			*******
10	An organization that normally receipts from activities related	eceives: (1) mon	e than 331,5% of its su	ipport fro	m contril	butions, membership	o fees, and gross
	support from gross investment	income and uni	related business taxal	ole incom	epuors, e (less se	and (2) no more that ection 511 tax) from	businesses
	acquired by the organization al		-		•		
11	An organization organized and						
12							
	of one or more publicly support Check the box in lines 12a through						
	C7	-	•		-	•	
•	Type I. A supporting organithe supported organization						
	supporting organization. You					ite directors or trusti	BOS OF THE
Ł		_				unnorted omanizati	on(s) by having
	control or management of t						
	organization(s). You must (						
•	: Type III functionally integr	rated. A support	ting organization oper	ated in c	onnection	n with, and functions	ally integrated with,
	its supported organization(s						
•	Type !!! non-functionally is	ntegrated. A su	pporting organization	operated	in conne	ection with its suppo	orted organization(s)
	that is not functionally integ	grated. The orga	nization generally mus	st satisfy	a distribu	ition requirement an	d an attentiveness
	requirement (see instruction	ns). You must c	omplete Part IV, Sec	tions A a	ınd D, ar	nd Part V.	
•							e II, Type III
	functionally integrated, or T	* -	tionally integrated sur	porting o	organizati	ion.	
1	Enter the number of supported of						Boy Sc
	Provide the following information					1.5.1.	
	(f) Name of supported organization	άΰ EIN	(III) Type of organization (described on lines 1-10)		r governing	(v) Amount of monetary support (see	(vi) Amount of other support (see
			above (see instructions))	docus	nent?	instructions)	instructions)
				Yes	No	<b>(</b>	
			<del></del>				
(A)	lay Scauts of America,	See	Partivi			15,069	
	by Second of Parkettes,	300	<u> </u>	<b></b>		13,003	<del></del>
(B)	cont'd) Chester County Council			<b>\</b>			
_							
(C)	cont'd) Paoti Troop No. 1			[			
(D)						[	
	cont'd) supported organization)						
(E)	1	İ '				]	
	<del></del>	- 200 100		<b></b>	<del>,</del>		
Tot	al U	San Silver	• • • • • • • • • • • • • • • • • • •			15,069	

7	^
2200	2
	•

Part							
	(Complete only if you checked the Part III. If the organization fails to						alify under
Section	on A. Public Support	quality dilde	11 11 10 10313 H3	iteu below, p	lease Comple	Herent III.	<del></del>
	iar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and		,		1-7		
	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						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount				e e e e e e e e e e e e e e e e e e e	· · · · · · · · · · · · · · · · · · ·	
_	shown on line 11, column (f)	بند خياين			201	172	
Sacti	Public support. Subtract line 5 from line 4 on B. Total Support	<u> </u>	<u> </u>	<u> </u>	<u> </u>	ł	L
	dar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4	<u> </u>	/	(0) 20.4	(6) 20.0	10/20.0	W
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10		- 22 -23	41.	4	u ·	
12	Gross receipts from related activities, etc					12	
13	First five years. If the Form 990 is for the						
	organization, check this box and stop he	re	· · · · ·	<u></u>			· · · <b>&gt;</b> 🖸
	on C. Computation of Public Support						
14	Public support percentage for 2016 (line					14	<u>%</u>
15 16a	Public support percentage from 2015 Sci 331/x% support test 2016. If the organ			x on line 13 a		310% or more	check this
,08	box and stop here. The organization qua					3 /3/0 Or IIIO/ 6,	•
b							
17a 10%-facts-and-circumstances test—2016. 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							
18	Private foundation. If the organization di instructions				a, or 17b, chac	ck this box and	
7					80	hedule A (Form 95	0 or 990-EZ) 2016

	e A (Form 990 or 990-EZ) 2016						Page 3
Part	Support Schedule for Organiza (Complete only if you checked th					t to quolify	ador Bort II
	If the organization fails to qualify						noer Part II.
Section	on A. Public Support	411401 410 10	0.0 25.00 50.	on, picase o	orripioto i art	···, //	
	dar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	<u>,,,</u>	(2,23.3	(0/201	,,,,,,,	10,2010	l lo local
2	Gross receipts from admissions, merchandise sold or services performed, or facilities turnshed in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge		/				
6 7a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons .						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
8 	Add lines 7a and 7b	/ .		si is			
	on B. Total Support	/					
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 10a	Amounts from line 6						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b /		<del></del>		<del> </del>	<del> </del>	<del> </del>
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						<del> </del>
14	First five years. If the Form 990 is for the organization, check this box and stop her	re	<u> </u>		h, or fifth tax y		• • • •
	on C./Computation of Public Suppor						
15	Public support percentage for 2016 (line &					15	%
16 Section	Public support percentage from 2015 Sch on D. Computation of Investment Inc			<del></del>	<u> </u>	16	%
17	/Investment income percentage for 2016 (			w line 13 colu		17	
18/	Investment income percentage from 2015	Schedule A,	Part III, line 17	,		18	% %
19a	331n% support tests—2016. If the organi 17 is not more than 331n%, check this box	ization did not and stop here	check the bo . The orosoizat	x on line 14, a ion qualifies se	and line 15 is n	nore than 331/2 Anted Argenize	:%, and line tion . ▶ []
/ b		ation did not o	check a box on	line 14 or line	19a, and line 1	6 is more than	33'n%, and

Part IV **Supporting Organizations** 

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section	A. All	Supporting	<b>Organizations</b>

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		1
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		1
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
C	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
48	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	48	13.	1
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b	,	
C	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	40		
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).	58		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	Ĭ	İ
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	1	<b> </b>
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (I) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		,
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		- 1
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 I of Schedule L. (Form 990 or 990-EZ).	8		1
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 4948 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	93		1
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		,
C	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	90		1
10a	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.	10a		
ь	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			Г

determine whether the organization had excess business holdings.)

Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		·	
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		1
	A family member of a person described in (a) above?	11b		1
	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	<u> </u>	✓
Secti	on B. Type I Supporting Organizations			<del></del> -
	Distance of the standard of the same of th	· · · ·	Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or		٠.	
	controlled the organization's activities. If the organization had more than one supported organization,	-1	; '	
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	1		
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	1	٠.
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.			
Conti	on C. Type II Supporting Organizations	2	Ц	
3000	an at 13ha u athharmal aritmenana		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			<b> </b>
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	4.4	' '	ſ
	or management of the supporting organization was vested in the same persons that controlled or managed			ŀ
	the supported organization(s).	1	<u></u>	
Sect	on D. All Type III Supporting Organizations			
_	Middle and the state of the supplied to a second association by the first day of the 66th week of the	ا	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, (i) a written notice describing the type and amount of support provided during the prior tax	] :	ľ '	l
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			·
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	]	1
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			F
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	1	1	
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	,	1	ł
	supported organizations played in this regard.	1 .	1	<u>.</u> -
Soot	ion E. Type III Functionally Integrated Supporting Organizations	3	<u> </u>	ــــــــــــــــــــــــــــــــــــــ
				<del>.</del>
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	nstru	ction	Sj.
8	The organization satisfied the Activities Test. Complete line 2 below.			
ь С	<ul> <li>☐ The organization is the parent of each of its supported organizations. Complete line 3 below.</li> <li>☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity.</li> </ul>	laaa ia	-t- (-)	llana
·		3CB III		
2	Activities Test. Answer (a) and (b) below.		Yes	No
8	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	1.	. 124	
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes,		n .u.,	
	how the organization was responsive to those supported organizations, and how the organization determined		٠.	1
	that these activities constituted substantially all of its activities.	2a	<del> </del> - `	١.
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	-	<del>                                     </del>	-
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	1.	} ··	ľ
	reasons for the organization's position that its supported organization(s) would have engaged in these		1 .	ł
	activities but for the organization's involvement.	2ъ	]	] -
3	Parent of Supported Organizations. Answer (a) and (b) below.			<u></u>
8		]		۱
	trustees of each of the supported organizations? Provide details in Part VI.	3a		<u></u>
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported grounizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3h	:	١.

_	

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations						
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.						
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)			
1 Net short-term capital gain	1					
2 Recoveries of prior-year distributions	2					
3 Other gross income (see instructions)	3					
4 Add lines 1 through 3.	4					
5 Depreciation and depletion	5					
6 Portion of operating expenses paid or incurred for production or						
collection of gross income or for management, conservation, or	1					
maintenance of property held for production of income (see instructions)	6					
7 Other expenses (see instructions)	7					
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8					
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)			
Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):						
a Average monthly value of securities	1a	<del>                                     </del>	<del></del>			
b Average monthly cash balances	16	<del></del>				
c Fair market value of other non-exempt-use assets	10	<del>}</del>				
d Total (add lines 1a, 1b, and 1c)	10					
e Discount claimed for blockage or other	-	<del>},</del>				
factors (explain in detail in Part VI):	١.	and the state of the state of	م ول دو			
2 Acquisition indebtedness applicable to non-exempt-use assets	2	<u> </u>	<del></del>			
3 Subtract line 2 from line 1d.	3		<del></del>			
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,	┪		i			
see instructions).	4		[			
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5					
6 Multiply line 5 by .035.	6					
7 Recoveries of prior-year distributions	7					
8 Minimum Asset Amount (add line 7 to line 6)	8		<del></del>			
Section C - Distributable Amount		and the	Current Year			
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		]			
2 Enter 85% of line 1.	2					
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	and the same of th				
4 Enter greater of line 2 or line 3.	4					
5 Income tax imposed in prior year	5		l			
6 Distributable Amount. Subtract line 5 from line 4, unless subject to	Γ					
emergency temporary reduction (see instructions).	6		ł			
7 Check here if the current year is the organization's first as a non-functional instructions).	y in	tegrated Type III supporting	g organization (see			

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)							
Secti	on D - Distributions			Current Year			
1	Amounts paid to supported organizations to accomplish	exempt purposes					
2	Amounts paid to perform activity that directly furthers exe	rted					
	organizations, in excess of income from activity						
3	Administrative expenses paid to accomplish exempt purp	nizations					
4	Amounts paid to acquire exempt-use assets						
5_	Qualified set-aside amounts (prior IRS approval required)						
6	Other distributions (describe in Part VI). See instructions.						
7	Total annual distributions. Add lines 1 through 6.	·					
8	Distributions to attentive supported organizations to whic	h the organization is res	ponsive				
	(provide details in Part VI). See Instructions.	· · · · · · · · · · · · · · · · · · ·					
9	Distributable amount for 2016 from Section C, line 6						
10	Line 8 amount divided by Line 9 amount	<del>, , , , , , , , , , , , , , , , , , , </del>					
		m	(U)	(III)			
S	ection E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions	Distributable			
			Pre-2016	Amount for 2016			
1_	Distributable amount for 2016 from Section C, line 6						
	Underdistributions, if any, for years prior to 2016		-	·····			
2	(reasonable cause required-explain in Part VI). See	<u>`</u>		`.`			
	instructions.						
3	Excess distributions carryover, if any, to 2016:	,		٠,			
<u>a</u>							
<u> </u>							
C	From 2013						
đ	From 2014						
<u>e</u>	From 2015	:					
<u>f</u>	Total of lines 3a through e						
9	Applied to underdistributions of prior years						
<u>h</u>	Applied to 2016 distributable amount						
i	Carryover from 2011 not applied (see instructions)						
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.						
4	Distributions for 2016 from						
	Section D, line 7:	-,	,	·			
<u>a</u>	Applied to underdistributions of prior years						
<u> </u>	Applied to 2016 distributable amount						
C	Remainder. Subtract lines 4a and 4b from 4.			ì			
5	Remaining underdistributions for years prior to 2016, if						
	any. Subtract lines 3g and 4a from line 2. For result			,			
	greater than zero, explain in Part Vi. See Instructions.						
6	Remaining underdistributions for 2016. Subtract lines 3h		•				
	and 4b from line 1. For result greater than zero, explain in	1					
	Part VI. See instructions.						
7	Excess distributions carryover to 2017. Add lines 3j and 4c.		Í				
8	Breakdown of line 7:		1.2	1 1			
8				<del></del>			
ь	Excess from 2013						
C	Excess from 2014			<del> </del>			
d	Excess from 2015						
е	Excess from 2016	12		<del></del>			
	······································						

The supporting entity, Pacil 1, Inc., provides support to the Boy Scouts of America, Chester County Council, Pacil Troop No. 1 (supported under the supporting entity understands that the Boy Scouts of America is an entity which has received tax exempt status, under Section 501 (c)(3) of the IRS Code, and meets the public support test. The Boy Scouts of America is organized for religious, charitable and educational purpose. The supporting entity requests information from the supported entity that indicates that the support is used for purposes set forth in section 170(c)(2)(B). The supported entity is a unit of the Boy Scouts of America, existing under a charter issued by the Boy Scouts of America to an
of the IRS Code, and meets the public support test. The Boy Scouts of America is organized for religious, charitable and educational purpose.  The supporting entity requests information from the supported entity that indicates that the support is used for purposes set forth in section
The supporting entity requests information from the supported entity that indicates that the support is used for purposes set forth in section
170(c)(2)(B). The supported entity is a unit of the Boy Scouts of America, existing under a charter issued by the Boy Scouts of America to an
entity known as the Troop Committee. The Troop Committee is an unincorporated, non-profit association of citizens, and is a legal entity
recognized by the Commonwealth of Pennsylvania. The unit resides in territory under the jurisdiction of the Chester County Council, the
latter which exists as an entity under a charter issued by the Boy Scouts of America, and which provides administrative and program services
to Paoli Troop No. 1, B.S.A., as well as other units residing in the territory.
······································

#### SCHEDULE D (Form 990)

## **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.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Paoli 1,	Inc.		23-2500863
Part	Organizations Maintaining Donor Adv		ls or Accounts.
	Complete if the organization answered '		
		(a) Donor advised funds	(b) Funds and other accounts
	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year) .		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor	advisors in writing that the assets he	ld in donor advised
	funds are the organization's property, subject to the	e organization's exclusive legal control	? 🗌 Yes 🗌 No
6	Did the organization inform all grantees, donors, a	and denor advisors in writing that gran	t funds can be used
	only for charitable purposes and not for the bene		
	conferring impermissible private benefit?		· · · · · · · Yes 🔲 No
Part	Conservation Easements.		
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the		
•	Preservation of land for public use (e.g., recrea		a historically important land area
	Protection of natural habitat	·	a certified historic structure
	☐ Preservation of open space	<b>2</b>	
2	Complete lines 2a through 2d if the organization he	eld a qualified conservation contribution	n in the form of a conservation
_	easement on the last day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		. 2a
	Total acreage restricted by conservation easemen	te	
Ь	Number of conservation easements on a certified	historic structure included in (a)	2c
C d	Number of conservation easements included in		
u			2.1
3	Number of conservation easements modified, tran		
3	tax year	sieno, ioloaseu, exanguisneu, or tein	illated by the organization during the
	Number of states where property subject to conse	netion escament is Inceted >	
4 5	Does the organization have a written policy re		paction bandling of
9	violations, and enforcement of the conservation en		
_	•		
6	Staff and volunteer hours devoted to monitoring, inspec	ang, nanding of violations, and emorcing o	conservation easements during the year
_	A second		
7	Amount of expenses incurred in monitoring, inspecti	ng, handling of violations, and enforcing (	conservation easements during the year
_	<b>&gt;</b> \$	Of the street and of the street street at	
8	Does each conservation easement reported on line		
			· · · · · · · · · · · · · · · · · · ·
9	In Part XIII, describe how the organization reports		
	balance sheet, and include, if applicable, the text		ancial statements that describes the
	organization's accounting for conservation easem		
Part	Organizations Maintaining Collection		Other Similar Assets.
	Complete if the organization answered		
1a	If the organization elected, as permitted under SI	•	
	works of art, historical treasures, or other similar		
	public service, provide, in Part XIII, the text of the		
Ь	If the organization elected, as permitted under \$		
	works of art, historical treasures, or other similar	•	lucation, or research in furtherance o
	public service, provide the following amounts rela		
	(i) Revenue included on Form 990, Part VIII, line 1		
	(II) Assets included in Form 990, Part X		
2	If the organization received or held works of ar		
	following amounts required to be reported under		
а	Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
ь			

Page 2
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Part											
3	Using the organization's acquisition,	accession, and oth	ner recon	ds, checl	k any of th	e follow	ing that are a s	ignif	icant us	e of	its
	collection items (check all that apply):										
8	☐ Public exhibition		d (	Loan	or exchang	e progr	ems				
b	☐ Scholarly research		e (	Other							
C	☐ Preservation for future generations										
4	Provide a description of the organizat XIII.	tion's collections a	nd expla	in how th	ney further	the org	anization's exe	mpt į	purpose	in P	art
5	During the year, did the organization assets to be sold to raise funds rather							_	] Yes		No
Part							<del>, , , , , , , , , , , , , , , , , , , </del>				_
	Complete if the organization	answered "Yes"	on For	n 990, F	Part IV, line	e 9, or	reported an a	nou	nt on F	orm	
	990, Part X, line 21.										
18	Is the organization an agent, trustee,			•				_	_	_	
	included on Form 990, Part X7					• • •		Ĺ	Yes	M I	No
b	if "Yes," explain the arrangement in Pr	art XIII and comple	ite the fo	llowing ta	rpie:		<del></del>				
	<b>—</b> • • • • • • • • • • • • • • • • • • •						<del> </del>	/mor	unt		
C	Beginning balance		• • •			10	<del></del>				803
đ	Additions during the year Distributions during the year					1d	<del></del>		<del></del>	17,	<u>523</u>
e 1	Ending balance					11	<del></del>				0
2a	Did the organization include an amoun				ecmworc			v2 [	7] <b>V</b> oe		<u>326</u> No
	If "Yes," explain the arrangement in P							-	_	H'	144
Par						p. 0		<u> </u>	<u> </u>		
	Complete if the organization	answered "Yes"	on For	m 990, F	Part IV, lin	e 10.					
		(a) Current year	(b) Pris	year	(c) Two yes	rs back	(d) Three years bar	* (	e) Four ye	ers ba	ck
1a	Beginning of year balance						·				
þ	Contributions							$\perp$			
C	Net investment earnings, gains, and losses				-						
d	Grants or scholarships							7			
8	Other expenditures for facilities and programs										
f	Administrative expenses							╗			_
8	End of year balance										_
2	Provide the estimated percentage of t		d balanc	e (line 1g	, column (a	i)) held (	35:				
a	Board designated or quasi-endowrne	**********	_%								
b	Permanent endowment	%									
C	Temporarily restricted endowment ► The percentages on lines 2a, 2b, and	%	000/								
3a	Are there endowment funds not in the			ration the	at are held	and ad	ministered for t	ha			
•	organization by:	o peccession or a	o organi		at are riend	W 60		110	Y	a A	lo
	(i) unrelated organizations							- [	3a(i)	<del>"</del>   "	<del></del> -
	(II) related organizations								3a(ii)	$\dashv$	
b	If "Yes" on line 3a(ii), are the related o	rganizations listed	as requi	red on Sc	chedule R?			- 1	3b	$\top$	
4	Describe in Part XIII the intended uses	s of the organization	n's endo	wment fo	unds.						
Par											
	Complete if the organization	answered "Yes"	on For			e 11a.	See Form 990	, Pa	rt X, lin	e 10	١.
	Description of property	(a) Cost or at (investm			or other basis ther)		Accumulated epreciation	(4	f) Book v	alue	
18	Land					, A.F.	1 196				
þ	Buildings	•									
¢	Leasehold improvements	·				<u> </u>					
d	Equipment	·									
E Total	Other	·   C= ~	OA Cont		AD) 8 44	L					
1 OTBL	Add lines 1a through 1e. (Column (d) r	nust equal Form 9:	su, ran )	, count	( <i>b),</i> (ine 10	<i>JC.)</i>	<u> ▶  </u>				

Part VII	Investments - Other Securities.  Complete if the organization answered "Yes" on Fo	rm 990 Part IV line	a 11h See Form 990 Part X line 12
	(a) Description of security or category	(b) Book value	(e) Method of valuation:
	(including name of security)		Cost or end-of-year market value
(1) Financial			
• •	neld equity interests	<u> </u>	
(3) Other (A)	······		
(B)			
(C)			
(D)			
(E)			
(F)	***************************************	<del></del>	
(G) (H)	***************************************	·	
	b) must equal Form 990, Part X, col. (B) (ine 12.) ▶	· <del> </del>	
Part VIII	Investments-Program Related.	<del></del>	<u> </u>
	Complete if the organization answered "Yes" on Fo	orm 990, Part IV, lin	e 11c. See Form 990, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)			
(2)		<del> </del>	
(4)	<del></del>		
(5)			
(6)			
(7)			
(8)			
(9)	(b) must equal Form 990, Part X, col. (8) line 13.) ▶	-	
Part IX	Other Assets.	<u> </u>	
	Complete if the organization answered "Yes" on Fo	orm 990, Part IV, lin	e 11d. See Form 990, Part X. line 15.
	(a) Description		(b) Bock value
(1)			
(2)		<del></del>	
(3)			
(4)	<del></del>		
(6)			
(7)		<del></del>	
(8)			
(8)			
	mn (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities.	· · · · · · ·	•
Part X	Complete if the organization answered "Yes" on Fo	orm 000 Bort IV lin	a 11a ar 11f Saa Form 900 Bart V
	line 25.	5/111 550, F @ E 14, III 1	9 (18 0/ 1/1. 366 / 0/111 850, Fait A,
1.	(a) Description of Rability (b) Book value	Property Control	28 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
(1) Federal i	ncome taxes		
(2)			
(3)			
(4)		The state of the s	
(6)			
(7)			
(8)			
(9)			
	(b) must equal Form 990, Part X, col. (B) line 25.) ▶		
2. Liability (o	r uncertain tax positions. In Part XIII, provide the text of the foot	note to the organization	n's financial statements that reports the
organization	's liability for uncertain tax positions under FIN 48 (ASC 740). Ct	work nere it the text of t	ne rootnote has been provided in Part XIII 🔲

Part			Return.
	Complete if the organization answered "Yes" on Form 990, F		
1	Total revenue, gains, and other support per audited financial statements	<del> </del>	1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	28	<u>.</u>
b	Donated services and use of facilities	2b	1
C	Recoveries of prior year grants	2c	]. ]
d	Other (Describe in Part XIII.)	2d	<u>.</u>
•	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1	<i></i>	3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
8	Investment expenses not included on Form 990, Part VIII, line 7b	48	<u>.</u> 1
b	Other (Describe in Part XIII.)	4b	] . [
C			4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line		5
Part		• •	er Return.
	Complete if the organization answered "Yes" on Form 990, I	Part IV, line 12a.	
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	29	1 1
b	Prior year adjustments	2b	] ]
C	Other losses	20	]·
d	Other (Describe in Part XIII.)	2d	<u> </u>
	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
8	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	<u>]</u>
C	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	e 18.) .   .   .   .   .   .	5
	XIII Supplemental Information.		
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and		
2; Par	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	to provide any additional i	nformation.
-Part I	/, 2b: The supporting entity maintains a custodial account for the supported e	ntity. The account contains	funds provided by the sup-
ported	entity for the replacement and maintenance of a van for the transportation of	Boy Scouts and equipment	used for outdoor activities.
The fu	nds are invested in a publicly-traded security, and the funds are available to th	e supported entity upon rec	juest.
·Form	99, Part IV, Line 12 a and b: Due to the modest amount of revenue earned in FY	/ 2016-2017 (tax year ending	9 8/31/2017), Paoli 1, Inc.
detern	nined that preparation of an independent audited financial statement was not a	ppropriate due to the expen	se that would have been
incurr	ed by an independent audit.		******************************
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SCHEDULE 1

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

2016

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Schedule | (Form 990) (2016) Open to Public Inspection OMB No. 1545-0047 General support of boy Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form (h) Purpose of grant or assistance Employer Identification number Z Yes 23-2500863 scouts Does the organization maintain records to substantlate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and . . . . . . . . . . . . . . 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (g) Description of noncesh assistance ► Information about Schedula I (Form 990) and its instructions is at www.ira.gov/form990. Complete if the organization answered "Yee" on Form 990, Part IV, line 21 or 22. (f) Method of valuation (book, FWV, appraisal, other) Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (a) Amount of non-cash assistance ► Attach to Form 880. Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 15,069 (d) Amount of cash Enter total number of other organizations listed in the line 1 table (c) IRC section (if applicable) the selection criteria used to award the grants or assistance? For Paperwork Reduction Act Notice, see the Instructions for Form 980. General Information on Grants and Assistance (B) EIN (1) Boy Scouts of America, Chester 1 (a) Name and address of organization County Council, Paoli Troop No. 1 or government Department of the Treasury Internal Revenue Bervice Name of the organization (Form 990) Part <u>e</u> ₹ 9 6 2

Cat. No. 50055P

IV Supplemental Information, Provide the information required in Part I, line 2; Part III, column (b); and any other additions  (A. him, receives, receives, from the supercond only), and characteris grammingtion on a regular basis, resembles the part of the gramme, and contributions.		rar III can de ouplicateu II augmonal space	ional space is needed.	1			
al informa		(a) Type of grant of essistance	(b) Number of reciplants	(c) Amount of cash grant	(a) Amount of noncesh essistance	(e) Method of vatation (book, FMV, appraisal, other)	(I) Description of noncash assistance
al information of the state of	<b>-</b> -						
al information in the second s	2						
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al informa	9						
	2				:		
	VI 110	Suppremental mormanon, 170v	vide the information re	equired in Part I, III	ne z; Par III, colum	(b); and any other addition	onal information.
Betinotabe I form		raceives, raports from the supported enti	ity and chaffering organi	zation on a regular ba	isis, regarding the use	of the grams and contribution	<b>v</b>
Behadde I (Fam)							
Schodulo (Form)							
Schadulo I (Form 6							
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Behocks   Form 6							
Behodulo I (Form E							
Schodule I (Form E							
							Behaduto I (Form 9

# SCHEDULE O (Form 990 or 990-EZ)

#### Supplemental Information to Form 990 or 990-EZ

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

20**16** 

Department of the Treasury Internal Revenue Service

➤ 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.

Open to Public Inspection

Name of the organization	Employer Identification number
Paoli 1, Inc.	23-2500863
Part VI., Sec. B. Policies: A copy of draft Form 990 and supporting schedules was circulated to board r	nembers via email.
Part VI., Sec. C. Disclosures: No requests were made. Copies may be supplied upon request.	
Part VII., Sec. A: See attached roster of board members and officers.	
Fait Air age W age grapher land a point indigen and and anneas.	
Part VI., Sec. B. 15. Policies: No compensation is paid to any listed person.	
Part VII., Sec. A: No compensation is paid to any listed person.	
Part XII., Financial Statements and Reporting: Due to the modest level of revenue or income for FY 201	6-2017 (FY ending 8/31/2017),
creation of an independent audited financial statement was not deemed appropriate. Paoli 1, I	nc. has a treasurer, and a finance
and investment committee which reviews, monitors and oversees the organization's finances	and investments.
Part XI., Line 6. Net unrealized gains (losses) on investments: The net loses, if any, on investments we	re not available at the time of filing.
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SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service

Name of the organization

Paoli 1, inc Part

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. Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

Information about Schedula R (Form 880) and its instructions is at www.i/rs.gov/form890.

2016

OMB No. 1545-0047

Open to Public Inspection

Employer identificotion number

23-2500863

Section 512(b)(13) controlled entity? (f) Obsect controlling entity Schedule R (Form 990) 2016 2 Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. Yes Chrect controlling entity (e) End-of-year assets (e) Public charity status (if section 501(c)(3)) (d) Total Income (d) Exempt Code section (c) Legal domicile (state or foreign country) Cat. No. 50135Y (c) Legal domicõe (state or foreign country) (b) Primary activity A (b) Primary activity scouting For Paperwork Reduction Act Notice, see the instructions for Form 990. (1) Boy Scouls of America, Chester County Council, Paoli Troop (#)
Name, address, and EIN (// appticable) of disregarded entity (a) Name, address, and EIN of related organization **(2)** No. 1 (supported unit) E Part II B 2 ₹ • Ē 6 ₹ 9 5

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Name, address, and ElN of rebled organization			COCKERS IN THE STATE OF THE STA		2	א אמווי				}		
£	(b) Primary activity	(c) Legal Compile Gate or foreign	(d) Direct controlling entity	(e) Predominant inzome (related, unselated, excluded from tax under	Sher Rated, ir Irom	Share of total 8 income	(9) Share of end-of- year assers	(N)  - Obspragortonate altocations?	mate Code V – UBI amount in box 20 of Schedule K-1 (Form 1085)	15 28 28 28 28 28 28 28 28 28 28 28 28 28	General or managing partner?	Percentage ownership
				sections 512-514}	2-514			Yes	2	<u> </u>	Yes No	
					_							
<b>Z</b>												
(8)												
( <del>a</del> )	:											
(5)										 		
(6)												
ω												
Partive 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.	bed Organizati one or more re	ions Taxable	as a Corpora ations treated	tion or Tra	ust. Comploration or tr	ete if the ust during	organization the tax ye	on answ ear.	ered "Yes" or	n Form	990, F	art IV,
(a) Name, address, and EIN of related organization	nization	(b) Primary activity	(charte or forester)	ucite Dim	(d) Direct controlling entity	te) Type of entity (C corp. S corp. or hust)	ntity Sha	(f) Share of total income	(g) Share of end-of-yeer assets	(h) Percentage ownership	Mage Se	Section 512(b)(13) controlled
		3									_	Yes No
(1)						_						
Z												_
(6)												
<b>(4)</b>										 		
(9)												
(9)												
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Schedule R (Form 990) 2016				æ	Page
Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.	ered "Yes" on For	n 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	윤
During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	or more related orga	nizations listed in Part	ts II–W		
Receipt of (I) interest, (II) annuities, (III) royatties, or (Iv) rent from a controlled entity	•	•	•	1a	
Giff. grant. or capital contribution to related organization(s)		•		46	
Gift grant or realted contribution from related comeniasion(s)	•	•	•		
The Heavy Company Company of the Com	• • • • • • • •	•		2 ;	
Loans or loan guarantees to or tor related organization(s)	• • • • • • • • •	•		P	
Loans or loan guarantees by related organization(s)	•	•	:	10	
					,
Dividends from related organization(s)	•	•	•	=	
Sale of assets to related organization(s)	•			10	l
Directors of secale from related committed for	•	•	•	4	
Turking a constant and the constant and	· · · · · · · · · · · · · · · · · · ·			= ;	١
Exchange of assets with related organization(s)	• • • • • • • • • • • • • • • • • • • •	•	•	=	
Lease of facilities, equipment, or other assets to related organization(s)	•	•	•	1;	
Lease of facilities, equipment, or other assets from related organization(s)	•	•	•	1k	ı
Performance of services or membership or fundraising solicitations for related organization(s)	•	•	•	- 11	
				E	1
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יייי (ביייייים ליייייייייייייייייייייייייייייי	•	•	•	- =  -	١
Sharing of paid employees with related organization(s)	•		•	<b>\$</b>	
					- ·:
Reimbursement paid to related organization(s) for expenses	•	•		1p	
Reimbursement paid by retated organization(s) for expenses	•	•	•	19	
			<b>F</b>	-	ľ
Other transfer of cash or property to related organization(s)				i	
Other transfer of cash or property from related organization(s)			•	46	
If the answer to any of the above is "Yes" see the instructions for information on who must complete this line including any and tenengation throughts.	forth of the following	seiteden beneuron oniber	Citograph on a selection	- Planska	1.
in the diswer to dry of the discrete stress, see the insurations for information on who must of	Imprete this line, inci	uding covered relation	nsnips and transaction	SDIOUSEUU CH	اي
(pt) Name of related organization	(b) Transaction type (a-c)	(c) Amount involved	(d) Method of determining amount involved	emount Involved	ъ
(1) Boy Scouts of America, Chester County Council, Paoli Troop No. 1 (supported unit)	1b	15,069	cash (see supplemental informa-	ital informa-	
			tlon)		- 1
					1

Schedule R (Form 990) 2016

Schedule R (Form 990) 2016

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

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 newsment that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

Name, address, and EN of entity	Premary activity	(c) Legal domcile (state or foreign country)	(4) Predominant income (related, unrelated, excluded from tex under	Are all partners section 501(c)(3)	Share of total income	(g) Share of end-of-year assetts	(N) Deproperionate abcolone 7	Code V – UBI amount in box 20 of Schedule K-1 (Form 1065)		General or managing partner?	Percentage ownership
			sections 512-514)	Yes No			Yes	No.		Yes No	10
(1)							-			···-	
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(6)										-	
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(91)									-		

Part VII	Supplemental Information.  Provide additional information for responses to questions on Schedule R. See Instructions.
Paoli 1, Inc	provides support to the Boy Scouts of America, Chester County Council, Paoli Troop No. 1 (supported unit). Paoli 1, Inc. provide
grants, and	other support to the unit. Paoli 1, Inc. also provides custodial account services for the unit. The unit is authorized by a charter
granted by	the Boy Scouts of America to the Troop Committee, the latter being the entity which holds the charter issued to the unit by the
Boy Scout	s of America. The unit utilizes vehicles for camping, boating and other outdoor activities, and Paoli 1, Inc. holds and manages
some fund	s raised by the unit for the purposes of replacing or repairing the vehicles, as necessary.
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