

Form **990**

# Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No. 1545-0047

# 2012

Department of the Treasury  
Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

**Open to Public Inspection**

### A For the 2012 calendar year, or tax year beginning and ending

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization BOY SCOUTS OF AMERICA		<b>D</b> Employer identification number 91-0569878
	Doing Business As CHIEF SEATTLE COUNCIL		
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<b>E</b> Telephone number 206-725-5200
	3120 RAINIER AVENUE SOUTH		
City, town, or post office, state, and ZIP code SEATTLE, WA 98144		<b>G</b> Gross receipts \$ 29,650,944.	
<b>F</b> Name and address of principal officer: SHARON M MOULDS SAME AS C ABOVE		<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number ▶ 1761	
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
<b>J</b> Website: ▶ WWW.SEATTLEBSA.ORG			
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation: 1916	<b>M</b> State of legal domicile: WA

### Part I Summary

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: TO PREPARE YOUNG PEOPLE TO MAKE ETHICAL AND MORAL CHOICES OVER THEIR LIFETIMES BY INSTILLING IN THEM	
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	3 65
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	4 65
	<b>5</b> Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5 245
	<b>6</b> Total number of volunteers (estimate if necessary)	6 7532
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	7a 0.
	<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	7b 0.
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year 8,023,395. Current Year 3,655,565.
	<b>9</b> Program service revenue (Part VIII, line 2g)	1,953,057. 1,984,178.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	773,128. 1,466,120.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	591,187. 576,604.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	11,340,767. 7,682,467.
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	130,434. 131,990.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0. 0.
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	3,414,958. 3,458,178.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0. 10,794.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 565,200.	
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,894,745. 3,018,242.
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	6,440,137. 6,619,204.
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	4,900,630. 1,063,263.	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year 32,255,734. End of Year 34,086,007.
	<b>21</b> Total liabilities (Part X, line 26)	774,613. 1,171,717.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	31,481,121. 32,914,290.

### Part II Signature Block

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

<b>Sign Here</b>	▶ Signature of officer	Date			
	▶ SHARON M MOULDS, SCOUT EXECUTIVE/CEO/CORP SECRETARY	Type or print name and title			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name SARA ELIZABETH J. HYRE	Preparer's signature SARA ELIZABETH J. HYRE	Date 09/25/13	Check if self-employed <input type="checkbox"/>	PTIN P00235495
	Firm's name ▶ CLARK NUBER, PS	Firm's EIN ▶ 91-1194016	Firm's address ▶ 10900 NE 4TH STREET, SUITE 1700 BELLEVUE, WA 98004	Phone no. 425-454-4919	

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III [X]

1 Briefly describe the organization's mission: THE COUNCIL'S PRIMARY PURPOSE IS TO ORGANIZE AND SUPERVISE THE SCOUTING PROGRAM. THE SCOUTING PROGRAM PROVIDES EDUCATION FOR YOUTH AND YOUNG ADULTS LED BY TRAINED VOLUNTEERS. THIS IS ACCOMPLISHED THROUGH COMMUNITY SERVICE, CHARACTER BUILDING, CITIZENSHIP TRAINING,

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 2,861,813. including grants of \$ 71,730. ) (Revenue \$ 1,379,028. ) BOY SCOUTING IS A FAMILY- AND COMMUNITY-CENTERED PROGRAM FOR BOYS 11 TO 18 YEARS OF AGE. WITH THE SCOUT OATH AND SCOUT LAW AS GUIDES, AND THE SUPPORT OF PARENTS, COMMUNITY AND RELIGIOUS ORGANIZATIONS, THESE YOUTH DEVELOP AN AWARENESS AND APPRECIATION OF THEIR ROLE IN THE COMMUNITY AND BECOME GOOD CITIZENS. THE PROGRAM TEACHES LEADERSHIP AND CHARACTER DEVELOPMENT THROUGH DIFFERENT METHODS, SUCH AS ADVANCEMENT, CAMPING AND TRAINING. THIS PROGRAM SERVED 8,852 YOUTH IN 2012.

4b (Code: ) (Expenses \$ 2,021,751. including grants of \$ 50,674. ) (Revenue \$ 974,226. ) CUB SCOUTING IS A FAMILY- AND COMMUNITY-CENTERED PROGRAM FOR BOYS 8 TO 10 YEARS OF AGE. CUB SCOUTS LEARN CITIZENSHIP, COMPASSION, AND COURAGE THROUGH SERVICE PROJECTS, CEREMONIES, GAMES, AND OTHER ACTIVITIES PROMOTING CHARACTER DEVELOPMENT AND PHYSICAL FITNESS. THIS PROGRAM SERVED 14,428 YOUTH IN 2012.

4c (Code: ) (Expenses \$ 346,780. including grants of \$ 8,692. ) (Revenue \$ 167,104. ) VENTURING IS A PROGRAM FOR YOUNG MEN AND WOMEN 14 (OR 13 WITH COMPLETION OF THE EIGHTH GRADE) THROUGH 20 YEARS OF AGE. VENTURING PROVIDES EXPERIENCES TO DEVELOP YOUTH TO BECOME MATURE, RESPONSIBLE, CARING ADULTS. EACH PROGRAM IS SPECIFIC TO THE YOUTH PARTICIPATING. THERE ARE ROBOTIC GROUPS, HIGH ADVENTURE GROUPS, COMPUTER GROUPS, AND SHIPS. THE ONE THING THAT IS CONSISTENT WITH VENTURING IS THAT THE YOUTH RUN THE PROGRAM. THIS PROGRAM SERVED 2,668 YOUTH IN 2012.

4d Other program services (Describe in Schedule O.) (Expenses \$ 35,648. including grants of \$ 894. ) (Revenue \$ 17,178. )

4e Total program service expenses 5,265,992.

**Part IV Checklist of Required Schedules**

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> .....	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? .....	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....		X
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> .....		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> .....		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .....		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> .....	X	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> .....	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> .....	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> .....		X
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> .....		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> .....		X
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> .....	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> .....	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		X
14a	Did the organization maintain an office, employees, or agents outside of the United States? .....		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> .....		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> .....		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....		X
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....		

**Part IV Checklist of Required Schedules** (continued)

		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i> .....		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> .....	X	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....	X	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? .....	X	

**Note.** All Form 990 filers are required to complete Schedule O .....

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

Input box for Schedule O response

Main table with columns for question number, description, and Yes/No checkboxes. Includes rows 1a-14b with various tax-related questions.

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

Check if Schedule O contains a response to any question in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included in line 1a, above, who are independent; 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?; 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?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 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?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 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.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b 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?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 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?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 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?; 16b 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?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed WA
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
[X] Own website [ ] Another's website [X] Upon request [ ] Other (explain in Schedule O)
19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization:
SHARON M. MOULDS - 206-725-5200
3120 RAINIER AVENUE SOUTH, SEATTLE, WA 98144

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

Check if Schedule O contains a response to any question in this Part VII

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, 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 nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MILLER ADAMS BOARD MEMBER	2.00 1.00	X						0.	0.	0.
(2) JAMES BACH BOARD MEMBER	2.00 1.00	X						0.	0.	0.
(3) KEVIN BAKER COUNCIL COMMISSIONER	2.00 1.00	X						0.	0.	0.
(4) HUGH BANGASSER BOARD MEMBER	2.00 1.00	X						0.	0.	0.
(5) GREG BATIE BOARD MEMBER	2.00 1.00	X						0.	0.	0.
(6) S CHRISTOPHER BEAN BOARD MEMBER	2.00 1.00	X						0.	0.	0.
(7) IAN BELLOWS ORDER OF THE ARROW LODGE CHIEF	2.00 1.00	X						0.	0.	0.
(8) GUY BENNETT BOARD MEMBER	2.00 1.00	X						0.	0.	0.
(9) DEL BISHOP BOARD MEMBER	2.00 1.00	X						0.	0.	0.
(10) DONALD BLACK BOARD MEMBER	3.00 1.00	X						0.	0.	0.
(11) BRIAN BOGEN VP - DEVELOPMENT	5.00 1.00	X		X				0.	0.	0.
(12) JOHN BURRAGE DISTRICT CHAIR	2.00 1.00	X						0.	0.	0.
(13) CASEY BURT VENTURING OFFICERS ASSOC. PRESIDENT	2.00 1.00	X		X				0.	0.	0.
(14) PHIL BUSSEY BOARD MEMBER	1.00 1.00	X						0.	0.	0.
(15) TOBY CAPPS BOARD MEMBER	2.00 1.00	X						0.	0.	0.
(16) DAVID CARLSON BOARD MEMBER	2.00 1.00	X						0.	0.	0.
(17) JOHN CARLSON BOARD MEMBER	2.00 1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) CORY CARLSON DISTRICT CHAIR	2.00 1.00	X						0.	0.	0.
(19) PHILIP CONDIT BOARD MEMBER	2.00 1.00	X						0.	0.	0.
(20) RICHARD CORDRAY VP - VENTURING	2.00 1.00	X		X				0.	0.	0.
(21) JOHN CREIGHTON, JR. BOARD MEMBER	2.00 1.00	X						0.	0.	0.
(22) DAN DICKEY DISTRICT CHAIR	2.00 1.00	X						0.	0.	0.
(23) WRIGHT DICKINSON BOARD MEMBER	2.00 1.00	X						0.	0.	0.
(24) JOHN DIETZ DISTRICT CHAIR	2.00 1.00	X						0.	0.	0.
(25) ROBERT DONEGAN BOARD MEMBER	2.00 1.00	X						0.	0.	0.
(26) EMILY FERREE VENTRUTING OFFICERS ASSOC. PRESIDENT	2.00 1.00	X		X				0.	0.	0.
<b>1b Sub-total</b>								0.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b>								558,030.	0.	82,552.
<b>d Total (add lines 1b and 1c)</b>								558,030.	0.	82,552.

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 3

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

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) LARRY GARRETT BOARD MEMBER	3.00 1.00	X						0.	0.	0.
(28) TIM GARRIGAN BOARD MEMBER	2.00 1.00	X						0.	0.	0.
(29) J SCOTT GARY BOARD MEMBER	2.00 1.00	X						0.	0.	0.
(30) RICHARD GREAVES ASST. COUNCIL TREASURER	2.00 1.00	X						0.	0.	0.
(31) PATRICK GREEN BOARD MEMBER	2.00 1.00	X						0.	0.	0.
(32) FREDERICK GRIMM BOARD MEMBER	2.00 1.00	X						0.	0.	0.
(33) LYLE HALL BOARD MEMBER	4.00 1.00	X						0.	0.	0.
(34) JIM HAMLIN BOARD MEMBER	2.00 1.00	X						0.	0.	0.
(35) JOHN HANSEN VP - PROGRAM	2.00 1.00	X		X				0.	0.	0.
(36) BRIAN HARRON BOARD MEMBER	15.00 1.00	X						0.	0.	0.
(37) KIM HILLYARD VP - DISTRICT OPERATIONS	3.00 1.00	X		X				0.	0.	0.
(38) BRUCE HOLMS BOARD MEMBER	2.00 1.00	X						0.	0.	0.
(39) CATHY HYLTON COUNCIL TREASURER/ VP - FINANCE	2.00 1.00	X		X				0.	0.	0.
(40) MICHAEL KELLY DISTRICT CHAIR	2.00 1.00	X						0.	0.	0.
(41) WALLY KEMPE DISTRICT CHAIR	2.00 1.00	X						0.	0.	0.
(42) WILLIAM KRIPPAEHNE, JR. VP - ADMINISTRATION	2.00 1.00	X		X				0.	0.	0.
(43) WILLIAM LARSON BOARD MEMBER	2.00 1.00	X						0.	0.	0.
(44) JOHN LEE DISTRICT CHAIR	2.00 1.00	X						0.	0.	0.
(45) MARK LITTLE DISTRICT CHAIR	3.00 1.00	X						0.	0.	0.
(46) KENNETH MARTIN BOARD MEMBER	2.00 1.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c .....										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(47) ROB MCKENNA BOARD MEMBER	2.00 1.00	X						0.	0.	0.
(48) MIKE MCNELLIS BOARD MEMBER	9.00 1.00	X						0.	0.	0.
(49) JOANNE MONTGOMERY BOARD MEMBER	5.00 1.00	X						0.	0.	0.
(50) SCOTT OKI BOARD MEMBER	2.00 1.00	X						0.	0.	0.
(51) GORDON OLSON BOARD MEMBER	6.00 1.00	X						0.	0.	0.
(52) WAYNE PERRY BOARD MEMBER	2.00 1.00	X						0.	0.	0.
(53) LANCE PETERS BOARD MEMBER	2.00 1.00	X						0.	0.	0.
(54) TOM PIGOTT PAST PRESIDENT	1.00 1.00	X						0.	0.	0.
(55) PAUL PINEDA VP - SCOUTREACH	2.00 1.00	X		X				0.	0.	0.
(56) ROBERT RATLIFFE BOARD MEMBER	2.00 1.00	X						0.	0.	0.
(57) HOWARD RUDELLE BOARD MEMBER	2.00 1.00	X						0.	0.	0.
(58) BRIAN SHER ORDER OF THE ARROW LODGE CHIEF	2.00 1.00	X						0.	0.	0.
(59) PHILIP SMART, SR. BOARD MEMBER	2.00 1.00	X						0.	0.	0.
(60) R GARY SMITH BOARD MEMBER	10.00 1.00	X						0.	0.	0.
(61) MICHAEL SOTELO BOARD MEMBER	2.00 1.00	X						0.	0.	0.
(62) EUGENE STRAW DISTRICT CHAIR	2.00 1.00	X						0.	0.	0.
(63) BRUCE TAGGART BOARD MEMBER	2.00 1.00	X						0.	0.	0.
(64) GORDON TANNER BOARD MEMBER	2.00 1.00	X						0.	0.	0.
(65) BRADLEY TILDEN COUNCIL PRESIDENT	3.00 1.00	X		X				0.	0.	0.
(66) JAMES TOWNE BOARD MEMBER	1.00 1.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c .....										



**Part VIII Statement of Revenue**

Check if Schedule O contains a response to any question in this Part VIII

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b> 375,410.					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b> 315,282.					
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1f</b> 2,964,873.					
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ .....	95,373.					
	<b>h Total.</b> Add lines 1a-1f .....	▶	3,655,565.				
	<b>Program Service Revenue</b>			<b>Business Code</b>			
<b>2 a</b> CAMPING PROGRAM .....		900099	1,799,208.	1,799,208.			
<b>b</b> SCOUTING ACTIVITIES .....		900099	180,151.	180,151.			
<b>c</b> SCOUTREACH PROGRAMS .....		900099	4,819.	4,819.			
<b>d</b> .....							
<b>e</b> .....							
<b>f</b> All other program service revenue .....							
<b>g Total.</b> Add lines 2a-2f .....	▶	1,984,178.					
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....	▶	702,696.			702,696.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....	▶					
	<b>5</b> Royalties .....	▶					
	<b>6 a</b> Gross rents .....	(i) Real	144,276.				
		(ii) Personal	0.				
		<b>b</b> Less: rental expenses .....					
		<b>c</b> Rental income or (loss) .....	144,276.				
	<b>d</b> Net rental income or (loss) .....	▶	144,276.			144,276.	
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	(i) Securities	21,498,953.				
		(ii) Other	3,010.				
		<b>b</b> Less: cost or other basis and sales expenses .....	20,734,871.	3,668.			
		<b>c</b> Gain or (loss) .....	764,082.	-658.			
	<b>d</b> Net gain or (loss) .....	▶	763,424.			763,424.	
	<b>8 a</b> Gross income from fundraising events (not including \$ 315,282. of contributions reported on line 1c). See Part IV, line 18 .....	<b>a</b>	111,512.				
		<b>b</b> Less: direct expenses .....	<b>b</b>	239,215.			
<b>c</b> Net income or (loss) from fundraising events .....		▶	-127,703.			-127,703.	
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>a</b>						
	<b>b</b> Less: direct expenses .....	<b>b</b>					
	<b>c</b> Net income or (loss) from gaming activities .....	▶					
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>a</b>	1,544,081.					
	<b>b</b> Less: cost of goods sold .....	<b>b</b>	990,723.				
	<b>c</b> Net income or (loss) from sales of inventory .....	▶	553,358.	553,358.			
<b>Miscellaneous Revenue</b>		<b>Business Code</b>					
<b>11 a</b> TIMBER SALES .....	900099	4,055.			4,055.		
<b>b</b> BAD DEBT RECOVERY .....	900099	1,888.			1,888.		
<b>c</b> MISCELLANEOUS .....	900099	730.			730.		
<b>d</b> All other revenue .....							
<b>e Total.</b> Add lines 11a-11d .....	▶	6,673.					
<b>12 Total revenue.</b> See instructions. .....	▶	7,682,467.	2,537,536.	0.	1,489,366.		

**Part IX Statement of Functional Expenses**

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

Check if Schedule O contains a response to any question in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
<b>2</b> Grants and other assistance to individuals in the United States. See Part IV, line 22	131,990.	131,990.		
<b>3</b> Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	351,338.	268,387.	51,963.	30,988.
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	2,387,960.	1,916,491.	294,977.	176,492.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	180,072.	149,478.	16,755.	13,839.
<b>9</b> Other employee benefits	297,996.	224,864.	48,239.	24,893.
<b>10</b> Payroll taxes	240,812.	200,202.	25,446.	15,164.
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management				
<b>b</b> Legal	15,430.		15,430.	
<b>c</b> Accounting	54,842.		54,842.	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17	10,794.			10,794.
<b>f</b> Investment management fees	97,524.		97,524.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	10,232.	2,003.	8,229.	
<b>12</b> Advertising and promotion	92,718.	14,021.	2,717.	75,980.
<b>13</b> Office expenses	927,882.	779,728.	77,042.	71,112.
<b>14</b> Information technology	14,383.		14,383.	
<b>15</b> Royalties				
<b>16</b> Occupancy	342,770.	317,442.	13,771.	11,557.
<b>17</b> Travel	225,789.	177,370.	27,409.	21,010.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	63,276.	52,184.	6,950.	4,142.
<b>20</b> Interest	29,252.	29,252.		
<b>21</b> Payments to affiliates	77,213.	77,213.		
<b>22</b> Depreciation, depletion, and amortization	655,607.	621,518.	21,360.	12,729.
<b>23</b> Insurance	116,638.	106,663.	6,250.	3,725.
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> RECOGNITION AWARDS	97,223.	86,296.	3,083.	7,844.
<b>b</b> MEMBERSHIP / ADVANCEMENT	87,709.	87,709.		
<b>c</b> BAD DEBT EXPENSE	78,142.			78,142.
<b>d</b>				
<b>e</b> All other expenses	31,612.	23,181.	1,642.	6,789.
<b>25 Total functional expenses.</b> Add lines 1 through 24e	6,619,204.	5,265,992.	788,012.	565,200.
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here  if following SOP 98-2 (ASC 958-720)

**Part X Balance Sheet**

Check if Schedule O contains a response to any question in this Part X

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	1,253,765.	<b>1</b>	647,728.
	<b>2</b> Savings and temporary cash investments .....	3,719,199.	<b>2</b>	2,566,757.
	<b>3</b> Pledges and grants receivable, net .....	5,275,420.	<b>3</b>	497,358.
	<b>4</b> Accounts receivable, net .....	71,967.	<b>4</b>	79,073.
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....	56,000.	<b>5</b>	42,000.
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....	79,902.	<b>8</b>	101,876.
	<b>9</b> Prepaid expenses and deferred charges .....	74,700.	<b>9</b>	310,319.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 17,556,718.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 7,780,371.	9,018,681.	<b>10c</b> 9,776,347.
	<b>11</b> Investments - publicly traded securities .....	12,166,088.	<b>11</b>	19,502,426.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	540,012.	<b>15</b>	562,123.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	32,255,734.	<b>16</b>	34,086,007.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	254,429.	<b>17</b>	381,666.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	171,476.	<b>19</b>	404,827.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....	348,708.	<b>21</b>	385,224.
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	774,613.	<b>26</b>	1,171,717.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets .....	19,173,780.	<b>27</b>	20,507,491.
	<b>28</b> Temporarily restricted net assets .....	7,336,416.	<b>28</b>	7,303,971.
	<b>29</b> Permanently restricted net assets .....	4,970,925.	<b>29</b>	5,102,828.
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>	
	<b>33</b> Total net assets or fund balances .....	31,481,121.	<b>33</b>	32,914,290.
<b>34</b> Total liabilities and net assets/fund balances .....	32,255,734.	<b>34</b>	34,086,007.	

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response to any question in this Part XI

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	7,682,467.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	6,619,204.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	1,063,263.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	31,481,121.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	363,318.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	6,588.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	32,914,290.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
<b>2b</b>	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
<b>2c</b>	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
<b>3b</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		

**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. ▶ See separate instructions.

OMB No. 1545-0047

**2012**

**Open to Public Inspection**

<b>Name of the organization</b> BOY SCOUTS OF AMERICA	<b>Employer identification number</b> 91-0569878
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**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

- The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)
- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
  - 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
  - 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
  - 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
  - 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
  - 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
  - 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
  - 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
  - 9  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
  - 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
  - 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
    - a  Type I      b  Type II      c  Type III - Functionally integrated      d  Type III - Non-functionally integrated
  - e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
  - f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
  - g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? .....	<b>11g(i)</b>	
(ii) A family member of a person described in (i) above? .....	<b>11g(ii)</b>	
(iii) A 35% controlled entity of a person described in (i) or (ii) above? .....	<b>11g(iii)</b>	
  - h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	3,254,295.	5,204,525.	3,431,214.	8,023,395.	3,655,565.	23,568,994.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	3,254,295.	5,204,525.	3,431,214.	8,023,395.	3,655,565.	23,568,994.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						973,032.
<b>6 Public support.</b> Subtract line 5 from line 4.						22,595,962.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>7</b> Amounts from line 4 .....	3,254,295.	5,204,525.	3,431,214.	8,023,395.	3,655,565.	23,568,994.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	632,680.	552,406.	580,218.	639,517.	846,972.	3,251,793.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....	325,000.	5,510.	1,044.	13,753.	4,055.	349,362.
<b>11 Total support.</b> Add lines 7 through 10						27,170,149.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					<b>12</b>	17,877,516.
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	83.16 %
<b>15</b> Public support percentage from 2011 Schedule A, Part II, line 14 .....	<b>15</b>	83.62 %
<b>16a 33 1/3% support test - 2012.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2011.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2012.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2011.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2011 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2011 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2012.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2011.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**Part IV** **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

NONREFUNDABLE DEPOSIT

2008 AMOUNT: \$ 325,000.

BOY'S LIFE AWARD

2009 AMOUNT: \$ 5,510.

INSURANCE SETTLEMENT

2010 AMOUNT: \$ 1,044.

TIMBER SALES

2011 AMOUNT: \$ 13,753.

2012 AMOUNT: \$ 4,055.

**Schedule B**  
**(Form 990, 990-EZ,**  
**or 990-PF)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**

OMB No. 1545-0047

**2012**

**Name of the organization**

BOY SCOUTS OF AMERICA

**Employer identification number**

91-0569878

**Organization type** (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

**Special Rules**

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

Name of organization  BOY SCOUTS OF AMERICA	Employer identification number  91-0569878
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 97,691.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2		\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3		\$ 317,350.	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4		\$ 318,070.	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5		\$ 98,850.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization  BOY SCOUTS OF AMERICA	Employer identification number  91-0569878
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____

<b>Name of organization</b>  BOY SCOUTS OF AMERICA	<b>Employer identification number</b>  91-0569878
--	---

**Part III** Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	

**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2012**

**Open to Public  
Inspection**

Name of the organization

BOY SCOUTS OF AMERICA

Employer identification number

91-0569878

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate contributions to (during year) .....		
3 Aggregate grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part II Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education)       Preservation of an historically important land area

Protection of natural habitat       Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

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

Yes  No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

Yes  No

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

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

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

(i) Revenues included in Form 990, Part VIII, line 1 ..... ▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X ..... ▶ \$ \_\_\_\_\_

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

a Revenues included in Form 990, Part VIII, line 1 ..... ▶ \$ \_\_\_\_\_

b Assets included in Form 990, Part X ..... ▶ \$ \_\_\_\_\_

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange programs
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	16,193,937.	17,329,499.	16,408,375.	14,785,344.	18,791,045.
b Contributions	109,565.	33,839.	177,218.	94,044.	250,392.
c Net investment earnings, gains, and losses	1,558,800.	-501,968.	1,431,381.	1,662,140.	-4,092,026.
d Grants or scholarships					
e Other expenditures for facilities and programs	627,481.	667,433.	687,475.	133,153.	164,067.
f Administrative expenses					
g End of year balance	17,234,821.	16,193,937.	17,329,499.	16,408,375.	14,785,344.

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

- a Board designated or quasi-endowment  60.80 %
- b Permanent endowment  29.60 %
- c Temporarily restricted endowment  9.60 %

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

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)	X	
3a(ii)		X
3b		

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

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

**Part VI Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	114,874.	1,928,922.		2,043,796.
b Buildings		12,597,715.	6,805,893.	5,791,822.
c Leasehold improvements		469,483.	418,539.	50,944.
d Equipment		830,498.	471,744.	358,754.
e Other		1,615,226.	84,195.	1,531,031.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				9,776,347.

**Part VII Investments - Other Securities.** See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely-held equity interests .....		
(3) Other .....		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**Part VIII Investments - Program Related.** See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

**Part X Other Liabilities.** See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	7,876,707.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains on investments	<b>2a</b>	363,318.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	-71,554.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	291,764.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	7,584,943.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	97,524.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	97,524.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	7,682,467.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	6,443,538.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	0.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	6,443,538.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	97,524.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	78,142.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	175,666.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	6,619,204.

**Part XIII Supplemental Information**

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

PART IV, LINE 2B: THE COUNCIL HOLDS FUNDS DEPOSITED BY SCOUT UNITS AND

DISBURSES THEM AS DIRECTED BY UNITS.

PART V, LINE 4: THE COUNCIL HAS A SPENDING POLICY THAT DISTRIBUTES

4.5% ANNUALLY OF THE AVERAGE ENDOWMENT BALANCE OVER THE THREE PRIOR YEARS

TO FUND EXPENDITURES FOR FACILITIES AND PROGRAMS.

PART X, LINE 2: THE COUNCIL IS EXEMPT FROM FEDERAL INCOME TAXES UNDER

Schedule D (Form 990) 2012

**Part XIII** Supplemental Information (continued)

SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AS CHARITABLE ORGANIZATIONS

WHEREBY ONLY UNRELATED BUSINESS INCOME, AS DEFINED BY SECTION 509(A)(1) OF

THE CODE, IS SUBJECT TO FEDERAL INCOME TAX. THE COUNCIL HAS NO UNRELATED

BUSINESS INCOME. ACCORDINGLY, NO PROVISION FOR INCOME TAXES HAS BEEN

RECORDED.

THE COUNCIL IS SUBJECT TO INCOME TAX EXAMINATIONS BY THE U.S. GOVERNMENT

FOR THE CURRENT YEAR AND CERTAIN PRIOR YEARS BASED ON THE APPLICABLE LAWS

AND REGULATIONS OF EACH JURISDICTION. THE COUNCIL'S INFORMATIONAL RETURNS

FOR THE YEARS 2009, 2010, AND 2011 ARE STILL OPEN FOR REVIEW. THE COUNCIL

RECOGNIZES THE FINANCIAL STATEMENT EFFECTS OF A TAX POSITION WHEN IT IS

MORE LIKELY THAN NOT, BASED ON TECHNICAL MERITS, THAT THE POSITION WILL BE

SUSTAINED UPON EXAMINATION. THE COUNCIL AND FOUNDATION DO NOT BELIEVE

THERE ARE ANY MATERIAL UNCERTAIN TAX POSITIONS AND, ACCORDINGLY, HAVE NOT

RECOGNIZED ANY LIABILITY FOR UNRECOGNIZED TAX BENEFITS. FOR THE YEARS

ENDED DECEMBER 31, 2012 AND 2011, THERE WERE NO INTEREST OR PENALTIES

RECORDED OR INCLUDED IN THE CONSOLIDATED FINANCIAL STATEMENTS.

## PART XI, LINE 2D - OTHER ADJUSTMENTS:

UNCOLLECTIBLE ACCOUNTS EXPENSE	-78,142.
CHANGE IN VALUE OF BENEFICIAL INTEREST	22,338.
UNREALIZED REVALUATION LOSS	-15,750.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	-71,554.

## PART XII, LINE 4B - OTHER ADJUSTMENTS:

UNCOLLECTIBLE ACCOUNTS EXPENSE	78,142.
--------------------------------	---------



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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		AUCTION (event type)	EAGLE BANQUET (event type)	11 (total number)	
Revenue	<b>1</b> Gross receipts .....	146,530.	54,010.	226,254.	426,794.
	<b>2</b> Less: Contributions .....	61,868.	32,710.	220,704.	315,282.
	<b>3</b> Gross income (line 1 minus line 2) .....	84,662.	21,300.	5,550.	111,512.
Direct Expenses	<b>4</b> Cash prizes .....				
	<b>5</b> Noncash prizes .....				
	<b>6</b> Rent/facility costs .....	2,100.		54,632.	56,732.
	<b>7</b> Food and beverages .....	10,236.	19,843.	37,609.	67,688.
	<b>8</b> Entertainment .....	5,541.	6,500.	14,212.	26,253.
	<b>9</b> Other direct expenses .....	80,342.		8,200.	88,542.
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) .....				( 239,215 )
<b>11</b> Net income summary. Combine line 3, column (d), and line 10 .....				-127,703.	

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		<b>1</b> Gross revenue .....			
Direct Expenses	<b>2</b> Cash prizes .....				
	<b>3</b> Noncash prizes .....				
	<b>4</b> Rent/facility costs .....				
	<b>5</b> Other direct expenses .....				
	<b>6</b> Volunteer labor .....	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) .....				( )	
<b>8</b> Net gaming income summary. Combine line 1, column d, and line 7 .....					

**9** Enter the state(s) in which the organization operates gaming activities: \_\_\_\_\_  
**a** Is the organization licensed to operate gaming activities in each of these states?  Yes  No  
**b** If "No," explain: \_\_\_\_\_

**10a** Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  Yes  No  
**b** If "Yes," explain: \_\_\_\_\_



**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

OMB No. 1545-0047

**2012**

**Open to Public  
Inspection**

Name of the organization

BOY SCOUTS OF AMERICA

**Employer identification number**

91-0569878

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  **Yes**  **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ \_\_\_\_\_
- 3** Enter total number of other organizations listed in the line 1 table ▶ \_\_\_\_\_

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

Schedule I (Form 990) (2012)

**Part III** **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
COLLEGE SCHOLARSHIP	4	0.	14,000.	FMV	SCHOLARSHIPS FOR HIGHER EDUCATION
CAMPERSHIPS	301	0.	28,992.	FMV	REDUCED CAMP FEES
SCOUTREACH MEMBERSHIPS	5830	0.	88,998.	FMV	FREE SCOUTREACH MEMBERSHIP FEES

**Part IV** **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

SCHEDULE I, PART I, LINE 2: A SELECTION COMMITTEE OF VOLUNTEERS REVIEWS

SCHOLARSHIP APPLICATIONS AND AWARDS SCHOLARSHIPS.

NEED BASED CAMPERSHIPS ARE GRANTED BY THE CAMPING DIRECTOR. SCOUTS COMPLETE

AN APPLICATION STATING THEIR NEED AND AWARDS ARE IN THE FORM OF REDUCED

CAMP FEES. A TYPICAL CAMPERSHIP IS 50% OFF THE COST OF CAMP.

SCOUTREACH MEMBERSHIP ASSISTANCE IS PAID FOR ALL MEMBERS OF SCOUTREACH

UNITS. SCOUTREACH UNITS ARE LED BY PAID COUNCIL STAFF MEMBERS SPONSORED



**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2012**

Open to Public Inspection

Name of the organization

BOY SCOUTS OF AMERICA

Employer identification number

91-0569878

**Part I Questions Regarding Compensation**

	Yes	No								
<p><b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<p><b>b</b> If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....</p>	<b>1b</b>									
<p><b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? .....</p>	<b>2</b>									
<p><b>3</b> Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input checked="" type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input checked="" type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
<p><b>4</b> During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p><b>a</b> Receive a severance payment or change-of-control payment? .....</p> <p><b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....</p> <p><b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? .....</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	<b>4a</b>	X								
	<b>4b</b>	X								
	<b>4c</b>	X								
<p><b>Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.</b></p> <p><b>5</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p><b>a</b> The organization? .....</p> <p><b>b</b> Any related organization? .....</p> <p>If "Yes" to line 5a or 5b, describe in Part III.</p>	<b>5a</b>	X								
	<b>5b</b>	X								
<p><b>6</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p><b>a</b> The organization? .....</p> <p><b>b</b> Any related organization? .....</p> <p>If "Yes" to line 6a or 6b, describe in Part III.</p>	<b>6a</b>	X								
	<b>6b</b>	X								
<p><b>7</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III .....</p>	<b>7</b>	X								
<p><b>8</b> Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....</p>	<b>8</b>	X								
<p><b>9</b> If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....</p>	<b>9</b>									

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

Schedule J (Form 990) 2012

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) SHARON MOULDS SCOUT EXECUTIVE/CEO/SECRETARY	(i)	209,608.	0.	14,000.	14,175.	16,533.	254,316.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) BRIAN REDMOND DIRECTOR OF FINANCE SERVICES	(i)	141,285.	0.	0.	9,517.	15,180.	165,982.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							





**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2012**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organizations answered "Yes" on Form  
990, Part IV, lines 29 or 30.  
▶ Attach to Form 990.**

Name of the organization **BOY SCOUTS OF AMERICA** Employer identification number **91-0569878**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art .....				
2 Art - Historical treasures .....				
3 Art - Fractional interests .....				
4 Books and publications .....				
5 Clothing and household goods .....				
6 Cars and other vehicles .....	X	14	3,821.	FAIR MARKET VALUE
7 Boats and planes .....	X	1	3,010.	FAIR MARKET VALUE
8 Intellectual property .....				
9 Securities - Publicly traded .....				
10 Securities - Closely held stock .....				
11 Securities - Partnership, LLC, or trust interests .....				
12 Securities - Miscellaneous .....				
13 Qualified conservation contribution - Historic structures .....				
14 Qualified conservation contribution - Other .....				
15 Real estate - Residential .....				
16 Real estate - Commercial .....				
17 Real estate - Other .....				
18 Collectibles .....				
19 Food inventory .....				
20 Drugs and medical supplies .....				
21 Taxidermy .....				
22 Historical artifacts .....				
23 Scientific specimens .....				
24 Archeological artifacts .....				
25 Other ▶ ( AUCTION ITEMS )	X	174	88,542.	FAIR MARKET VALUE
26 Other ▶ ( )				
27 Other ▶ ( )				
28 Other ▶ ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement ..... **29** 0

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? .....		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? .....	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? .....	X	
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) (2012)

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

SCHEDULE M, PART I, COLUMN (B): NUMBER OF CONTRIBUTIONS RECEIVED.

SCHEDULE M, LINE 32B: AUTOS AND BOATS ARE SOLD BY DEALERS.

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

Department of the Treasury  
Internal Revenue Service

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

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

OMB No. 1545-0047

**2012**

Open to Public  
Inspection

Name of the organization

BOY SCOUTS OF AMERICA

Employer identification number

91-0569878

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THE VALUES OF THE SCOUT OATH AND LAW.

FORM 990, PART I, LINE 6

7,532 IS THE NUMBER OF ADULT VOLUNTEERS REGISTERED WITH THE COUNCIL AS

OF DECEMBER 31, 2012. VOLUNTEERS ARE LEADERS FOR SCOUT UNITS, MERIT

BADGE COUNSELORS, FUNDRAISERS, BOARD MEMBERS, TRAINERS, AND ASSIST IN

ALL ASPECTS OF DELIVERING THE SCOUTING PROGRAM TO YOUTH.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

CAREER EXPLORATION AND HIGH ADVENTURE PROGRAMS.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

OTHER SCOUTING PROGRAMS INCLUDE:

-EXPLORING, A PROGRAM FOR 14 TO 21 YEAR OLD BOYS & GIRLS WHICH FOCUSES

ON CAREER & HOBBY INTERESTS.

-LEARNING FOR LIFE IS A PROGRAM FOR BOTH BOYS & GIRLS AGE 5 YEARS

THROUGH HIGH SCHOOL. IT FOCUSES ON "AT RISK" ELEMENTARY CHILDREN & ON

CAREER EXPLORATION FOR OLDER YOUTH. THESE TWO PROGRAMS SERVED 617

YOUTH IN 2012.

-CHILDREN OF INCARCERATED PARENTS IS ANOTHER PROGRAM BOY SCOUTS FOCUSES

ON.

Name of the organization BOY SCOUTS OF AMERICA	Employer identification number 91-0569878
---	--

EXPENSES \$ 35,648. INCLUDING GRANTS OF \$ 894. REVENUE \$ 17,178.

FORM 990, PART VI, SECTION A, LINE 2: BOB DONEGAN AND PHIL BUSSEY HAVE A

BUSINESS RELATIONSHIP. CATHY HYLTON AND RICK GREAVES HAVE A BUSINESS

RELATIONSHIP. JAMES TOWNE AND PHIL SMART, SR. HAD A BUSINESS RELATIONSHIP.

FORM 990, PART VI, SECTION A, LINE 6: CORPORATE MEMBERSHIP IS COMPRISED

OF NOT FEWER THAN 100 ACTIVE MEMBERS, WHO CONSIST OF CHARTERED ORGANIZATION

REPRESENTATIVES AND MEMBERS AT LARGE, AND MAY ALSO INCLUDE ASSOCIATE AND

HONORARY MEMBERS. ACTIVE MEMBERS ARE VOTING MEMBERS WHEREAS ASSOCIATE AND

HONORARY MEMBERS ARE NON-VOTING MEMBERS.

FORM 990, PART VI, SECTION A, LINE 7A: MEMBERS AT LARGE, ASSOCIATE MEMBERS

AND HONORARY MEMBERS ARE ALL ELECTED BY CURRENT ACTIVE MEMBERS EACH YEAR AT

THE COUNCIL'S ANNUAL BUSINESS MEETING. ALL OFFICERS, CHAIRS OF COMMITTEES

OF THE BOARD, DISTRICT CHAIRS AND EXECUTIVE BOARD MEMBERS ARE ALL ELECTED

BY CURRENT ACTIVE MEMBERS. A NOMINATING COMMITTEE OF THE BOARD PRESENTS A

SLATE OF CANDIDATES FOR ELECTION. INTERMITENT VACANCIES ARE FILLED BY THE

EXECUTIVE BOARD.

FORM 990, PART VI, SECTION A, LINE 7B: ACTIVE MEMBERS MAY VOTE AT THE

ANNUAL MEETING TO RECEIVE AND APPROVE FINANCIAL STATEMENTS AS OF THE CLOSE

OF ITS MOST RECENT COMPLETE FISCAL YEAR AND OTHER SUCH BUSINESS AS MAY COME

BEFORE THE MEETING.

FORM 990, PART VI, SECTION B, LINE 11: COPIES OF THE FORM 990 WERE

PROVIDED ELECTRONICALLY TO ALL MEMBERS OF THE BOARD OF DIRECTORS WITH

VOTING AUTHORITY PRIOR TO FILING. THE FORM WAS REVIEWED IN DETAIL BY THE

Name of the organization BOY SCOUTS OF AMERICA	Employer identification number 91-0569878
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COUNCIL'S AUDIT COMMITTEE AND PRESENTED TO THE EXECUTIVE COMMITTEE OF THE BOARD.

FORM 990, PART VI, SECTION B, LINE 12C: THE CONFLICT OF INTEREST POLICY APPLIES TO EXECUTIVE BOARD MEMBERS, COMMITTEE MEMBERS, OFFICERS, AND EMPLOYEES OF THE CORPORATION. THERE IS AN ANNUAL REVIEW OF THE CONFLICT OF INTEREST STATEMENTS COMPLETED BY ALL BOARD MEMBERS AND OFFICERS THAT ARE KEPT ON FILE. OFFICERS AND BOARD MEMBERS ARE ALSO EXPECTED TO DISCLOSE CONFLICTS TO THE BOARD CHAIR AS THEY ARISE ON THE HONOR SYSTEM WITH THE OVERSIGHT OF THE GOVERNANCE COMMITTEE. IF A CONFLICT EXISTS OR ARISES DURING THE COURSE OF BUSINESS, THE GOVERNANCE COMMITTEE INVESTIGATES AND DETERMINES ANY ACTION TO TAKE IN ACCORDANCE WITH THE POLICY. ANY PERSON COVERED BY THE POLICY THAT HAS A CONFLICT OF INTEREST MAY NOT PARTICIPATE BY DISCUSSION, VOTING, OR ANY OTHER ACTION ON A MOTION WHICH RELATES TO A TRANSACTION WITH RESPECT TO WHICH HE OR SHE HAS A CONFLICT OF INTEREST. AT THE DISCRETION OF THE DISINTERESTED MEMBERS OF THE BOARD, HE OR SHE MAY BE REQUIRED TO LEAVE THE MEETING DURING THE DISCUSSION AND VOTING.

FORM 990, PART VI, SECTION B, LINE 15: USING A COMPENSATION SURVEY AND A WRITTEN EMPLOYMENT CONTRACT WHERE APPLICABLE, THE COMPENSATION COMMITTEE REVIEWS AND APPROVES EVERY EMPLOYEE'S COMPENSATION IN JANUARY EACH YEAR. THE LAST REVIEW WAS JANUARY 2012. COMPENSATION IS BASED ON JOB PERFORMANCE.

FORM 990, PART VI, SECTION C, LINE 19: UPON WRITTEN REQUEST, THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE PROVIDED BY MAIL.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:



**Related Organizations and Unrelated Partnerships**

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.  
▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization **BOY SCOUTS OF AMERICA** Employer identification number **91-0569878**

**Part I Identification of Disregarded Entities** (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
CHIEF SEATTLE COUNCIL SCOUTREACH FOUNDATION - 47-0944493, 3120 RAINIER AVENUE SOUTH, SEATTLE, WA 98144	SUPPORTING ORGANIZATION	WASHINGTON	501(C)(3)	11E - 509(A)(3)	BOY SCOUTS OF AMERICA	X	



**Part V Transactions With Related Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35b, or 36.)

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
<b>a</b> Receipt of <b>(i)</b> interest <b>(ii)</b> annuities <b>(iii)</b> royalties or <b>(iv)</b> rent from a controlled entity .....		X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....		X
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....		X
<b>d</b> Loans or loan guarantees to or for related organization(s) .....		X
<b>e</b> Loans or loan guarantees by related organization(s) .....		X
<b>f</b> Dividends from related organization(s) .....		X
<b>g</b> Sale of assets to related organization(s) .....		X
<b>h</b> Purchase of assets from related organization(s) .....		X
<b>i</b> Exchange of assets with related organization(s) .....		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....		X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....	X	
<b>o</b> Sharing of paid employees with related organization(s) .....	X	
<b>p</b> Reimbursement paid to related organization(s) for expenses .....		X
<b>q</b> Reimbursement paid by related organization(s) for expenses .....		X
<b>r</b> Other transfer of cash or property to related organization(s) .....		X
<b>s</b> Other transfer of cash or property from related organization(s) .....		X

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			



