RECEIVED JUL 0 6 2007

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)

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

OMB No. 1545-0047

Department of the Treasury

		106 calendar year, or tax year beginning and ending		
100 FO 100	of the 20	C Name of proportation	ver ld	entification number
	heck if oplicable:	Und IRS BOY SCOUTS OF AMERICA 560	<b>≠</b> 0510151	naconstituturunaanat di mattamiili
	Address	label or MIDDLE TENNESSEE 62	-04	77729
	Name	type. Number and street for P.O. hox if mail is not delivered to street address) Boom/suite. E Telepl	_	
Ī	Initial return		15)	383-9724
	Final			od: Cash X Accrual
	Amende	NASHVILLE, TN 37215	her eaity)	
	Applicati pending	II dilo I di Citto I applicable il	sect	ion 527 organizations.
		must attach a completed Schedule A (Form 990 or 990-EZ).  H(a) Is this a group return for	affiliat	es? Yes X No
		►WWW.MTCBSA.ORG H(b) If Yes, enter number of		107 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -
_		tion type (theck only one) X 501(c) (3 ) (insert no.) 4947(a)(1) or 527 H(c) Are all affiliates included?	, I	I/A Yes No
		e ▶ ☐ If the organization is not a 509(a)(3) supporting organization and its gross H(d) is this a separate return t	iled by	an or-
	The second secon	re normally not more than \$25,000. A return is not required, but if the organization ganization covered by a g		
	chooses t	o file a return, be sure to file a complete return.  1 Group Exemption Number		
				ion is not required to attach
	Gross rec	eipts: Add lines 6b, 8b, 9b, and 10b to line 12 \ 13, 200, 905. Sch. B (Form 990, 990-E	Z, 01 5	990-PF).
P	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances		
	1	Contributions, gifts, grants, and similar amounts received:  Contributions to donor advised funds		
	100	2 74 5 24 6	- 1	
	р	222 455		
	d		- 1	
	8	Total (add lines 1a through 1d) (cash \$ 3,995,911 noncash\$ 52,361.)	te	4,048,272.
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2	1,449,258.
	3	Membership dues and assessments	3	
	4	Interest on savings and temporary cash investments	4	66,396.
	5	Dividends and interest from securities	5	331,132.
	6 a	Gross rents 6a		
	b	Less; rental expenses 6b	i tr	
9	c	Net rental income or (loss). Subtract line 6b from line 6a	6c	
nus	7	Other investment income (describe > )	7	
Revenue	8 a	Gross amount from sales of assets other (A) Securities (B) Other		
ш		than inventory 6 , 290 , 216 . 8a		
		Less: cost or other basis and sales expenses 5,982,076.8b		
		Gain or (loss) (attach schedule) 308,140. Bc		8 8 8 8 8 8 8
		Net gain or (loss), Combine line 8c, columns (A) and (B) STMT 1 STMT 2	8d	308,140.
	9	Special events and activities (attach schedule), If any amount is from gaming, check here	151	
		Gross revenue (not including \$ of contributions reported on line 1b) 9a		
	b	Less: direct expenses other than fundraising expenses 9b	2	
	10 a	Net income or (loss) from special events. Subtract line 9b from line 9a  Gross sales of inventory, less returns and allowances 10a 957,049.	90	
	to a	600 000		
	6	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a STMT 3	10c	276,269.
	11	Other revenue (from Part VII, line 103)	11	58,582.
	12	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12	6,538,049.
_	13	Program services (from line 44, column (B))	13	4,865,914.
Expenses	14	Management and general (from line 44, column (C))	14	385,928.
Sen	15		15	369,970.
EX	16	Fundraising (from line 44, column (D))  Payments to affiliates (attach schedule)  SEE STATEMENT 4	16	60,181.
	17	Total expenses. Add lines 16 and 44, column (A)	17	5,681,993.
	18	Excess or (deficit) for the year. Subtract line 17 from line 12	18	856,056.
Net	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	19,080,336.
-		Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 5	20.	966,555.
	21	Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21	20,902,947.

Form 990 (2006)

MIDDLE TENNESSEE All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3)

Part II Statement of All org	anizatior ) organiz	ns must complete column ( rations and section 4947(a	A). Columns (B), (C), and (1) nonexempt charitable	(D) are required for section 5 trusts but optional for others	501(c)(3)
Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds					
(attach schedule)					
cosh \$ 0 • noncash \$ 0 •					
If this amount includes foreign grants, check have	223				
22b Other grants and allocations (attach schedule					
[cash s 0 · moncash s 0 ·					
7.5	22b				
23 Specific assistance to individuals (attach		4.5.5.5.5.5	455 500		
schedule) STATEMENT 8	23	155,587.	155,587.		
24 Benefits paid to or for members (attach	-50				
schedule)	24				
25a Compensation of current officers, directors, key		005 550	005 000	20 045	20 607
employees, etc. listed in Part V-A STMT 6	25a	285,550.	235,008.	20,845.	29,697.
b Compensation of former officers, directors, key		60 000	E4 620		C F2F
employees, etc. listed in Part V-B STMT 7	25b	62,737.	51,632.	4,580.	6,525.
<ul> <li>Compensation and other distributions, not included</li> </ul>					
above, to disqualified persons (as defined under					
section 4958(f)(1)) and persons described in					
section 4958(c)(3)(B)	25c				
26 Salaries and wages of employees not		20 12 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			Carrier Sec. (ex. center sec.)
included on lines 25a, b, and c	26	2,117,316.	1,817,323.	123,726.	176,267.
27 Pension plan contributions not included on		212 214 2		6 4 5 6	
lines 25a, b, and c	27	98,842.	83,862.	6,178.	8,802.
28 Employee benefits not included on lines		8 275 1511112	727252 - 27272		
25a - 27	28	309,242.	262,373.	19,330.	27,539.
29 Payroll taxes	29	207,466.	176,562.	12,746.	18,158.
30 Professional fundraising fees	30				
31 Accounting fees	31				
32 Legal fees	32				
33 Supplies	33	702,835.	690,573.	5,057.	7,205.
34 Telephone	34	43,399.	37,442.	2,457.	3,500.
35 Postage and shipping	35	68,699.	59,093.	3,962.	5,644.
36 Occupancy	36	366,208.	346,016.	8,328.	11,864.
37 Equipment rental and maintenance	37	88,673.	73,812.	6,129.	8,732.
38 Printing and publications	38	27,100.	25,473.	671.	956.
39 Travel		244,754.	206,788.	15,658.	22,308.
40 Conferences, conventions, and meetings	40	45,928.	38,906.	2,896.	4,126.
41 Interest	41	17,271.	14,214.	1,261.	1,796.
42 Depreciation, depletion, etc. (attach schedule)	42	338,210.	321,136.	7,042.	10,032.
43 Other expenses not covered above (itemize):					
a INSURANCE	43a	137,003.	123,765.	5,460.	7,778.
MISCELLANEOUS EXPENSES	43b	76,394.	59,930.	6,790.	9,674.
RECOGNITION AWARDS	43c	42,604.	37,240.	2,212.	3,152.
d PROFESSIONAL FEES	43d	95,853.	49,179.	40,459.	6,215.
eBAD DEBT EXPENSE	43e	18,000.	0.	18,000.	0.
INVESTMENT EXPENSES	43f	72,141.	0.	72,141.	0.
9	43g				
44 Total functional expenses. Add lines 22a through					
43g. (Organizations completing columns (B)-(D),					
carry these totals to lines 13-15)	44	5,621,812.	4,865,914.	385,928.	369,970.
Joint Costs. Check ▶ ☐ if you are following		98-2.			
Are any joint costs from a combined educational campa			orted in (B) Program serv	ices?	Yes X No
It "Yes," enter (i) the aggregate amount of these joint co		N/A :	(ii) the amount allocated to	Program services \$	N/A ;
(iii) the amount allocated to Management and general	_		iv) the amount allocated to		N/A
623011					Form 990 (2006

Form 990 (2006)

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Wh	at is the organization's prin	nary exempt purpose?	▶ SEE	STATEMENT 10		Program Service Expenses
clie	nts served, publications is:	sued, etc. Discuss achie	evements tha	ts in a clear and concise manner. State the num it are not measurable. (Section 501(c)(3) and (4) o enter the amount of grants and allocations to		(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
а	SEE STATEMEN	т 9				
	(Grants and allocations	s	) If	this amount includes foreign grants, check here	•	4,865,914.
b						
С	(Grants and allocations	s	) (f	this amount includes foreign grants, check here	•	
d	(Grants and allocations	\$	) If	this amount includes foreign grants, check here	· <b>&gt;</b>	
, u						
_	(Grants and allocations Other program services (a	\$	) If	this amount includes foreign grants, check here	. >	
	(Grants and allocations	\$		this amount includes foreign grants, check here	. >	4,865,914

	alance Sheets (See the instructions.)		- 25 m/H2 m 2 m 2 m/2 m 2 m 2 m 4	200		416.4
	equired, attached schedules and amounts wit se for end-of-year amounts only.	hin the des	cription column	(A) Beginning of year		(B) End of year
1.72 8	8 90 94 9			790,850.	45	459,335
	sh - non-interest-bearing			1,059,236.	46	869,146
45 Sa	vings and temporary cash investments			1,000,200.	40	609,140
47 a Ac	counts receivable	47a	56,536.	20.000	0.000	56 526
b Les	ss: allowance for doubtful accounts	47b		38,822.	47c	56,536
48 a Ple	edges receivable	48a	999,488.			
	ss: allowance for doubtful accounts	48b	93,515.	1,203,108.	48c	905,973
	ants receivable		- Table 1		49	
	ceivables from current and former officers, d		stees, and			
	y employees				50a	
b Re	ceivables from other disqualified persons (as	defined un	der section		H1540.1	
	58(f)(1)) and persons described in section 49				50b	
51 a Ot	her notes and loans receivable		2,101.	A 2 4 4 4		0.464
D Les	ss; allowance for doubtful accounts			2,101.		2,101
	ventories for sale or use			264,471.	52	331,581
	epaid expenses and deferred charges			86,854.		79,643
54 a Inv	vestments - publicly-traded securities STM	r 12▶	Cost X FMV	9,859,449.		11,817,449
b Inv	vestments - other securities STM	r 17▶	Cost X FMV	409,806.	54b	430,168
55 a In	vestments - land, buildings, and STM	r 11	T.			
eq	juipment: basis	55a				
200		***			55c	
b Le	ess: accumulated depreciation settlements - other SI	250 0003	mpMpNm 12	42,500.		204,00
		LL SIA	11 220 E00	42,300.	30	204,000
	and, buildings, and equipment: basis		11,329,509.	6,080,589.	57c	6,656,97
	ess: accumulated depreciation STMT 14	57b	4,072,333.	0,000,303.	3/6	0,030,31
1170000	her assets, including program-related investments escribe > DEPOSITS		· .	31,261.	58	i i
117.12	POPOLITY OF THE POPULATION OF	three role CC		19,869,047	59	21,812,90
1207. 172	otal assets (must equal line 74). Add lines 45		the state of the s	476,331.		257,16
	counts payable and accrued expenses		1	4/0,331	61	237710
	rants payable			2,979.		22,95
62 De	eferred revenue			4,313.	63	44,75
63 Lo	oans from officers, directors, trustees, and ke	y employee	!\$		64a	
63 Lo 64 a Te 6 M	ax-exempt bond liabilities lortgages and other notes payable		cmum 1E			370,00
111		त्याच्या चाच	TEMENT 16 )	309,401	64b	259,84
65 Ot	ther liabilities (describe >S	EE SIR	(TEMENT 10)	303,401	00	233,04
66 Te	otal liabilities. Add lines 60 through 65			788,711	66	909,96
Organiz	zations that follow SFAS 117, check here	X and	l complete lines			
67	7 through 69 and lines 73 and 74.			1924 - 52010 - 83 - 1225223323		21 992 01 52 52
67 U 68 T <sub>1</sub> 69 P 0rganiz 70 C 71 P 72 R 73 T <sub>1</sub>	nrestricted			8,911,709		9,424,08
68 Te	emporarily restricted			1,113,215		1,087,25
69 P	ermanently restricted		<u> </u>	9,055,412	69	10,391,60
Organia	zations that do not follow SFAS 117, check	here 🕨	and			
C	omplete lines 70 through 74.				12000	
70 C	apital stock, trust principal, or current funds				70	
71 P	aid-in or capital surplus, or land, building, and	d equipmen	t fund		71	
72 R	etained earnings, endowment, accumulated	income, or	other funds		72	
73 T	otal net assets or fund balances. Add lines 67 thro	ough 69 or li	nes 70 through 72.	po sa Agramatica salventes		
(0	Column (A) must equal line 19 and column (B) mus			19,080,336		20,902,94
74 T	otal liabilities and net assets/fund balance	s. Add lines	66 and 73	19,869,047	. 74	21,812,90

Form 990 (2006)

MIDDLE TENNESSEE 62-0477729
Inciliation of Revenue per Audited Financial Statements With Revenue per Return (See the

ě	instructions.)  Total revenue, gains, and other support per audited financial statement	ts				a	7,4	68,	300.
1	Amounts included on line a but not on Part I, line 12:	· · · · · · · · · · · · · · · · · · ·							
:0:			b1	966,55	55.				
1	Net unrealized gains on investments		b2	35,83					
2			b3	20,00					
	Recoveries of prior year grants		b4		-	- 1			
4	Other (specify):		26.07			ь	1 (	102	392.
	Add lines b1 through b4				100	0			908.
C	Subtract line b from line a				52555	6	0,	100,	500.
d.	Amounts included on Part I, line 12, but not on line a:	Ý	1 221						
1	The second states of the second states and the second states are second states as the second states are second states are second states as the second states are s		d1	72,1	11				
2	Other (specify): SEE STATEMENT 18		d2					77	1 / 1
	Add lines d1 and d2					d	7		141.
8	Total revenue (Part I, line 12). Add lines c and d	1.1.81-1	VX7:1		<b>&gt;</b>	e	Ь,	38,	049.
Pi			_						600
3	Total expenses and losses per audited financial statements		*****		5555%	а	5,	645,	689.
b	Amounts included on line a but not on Part I, line 17:								
1	Donated services and use of facilities		b1	35,8	37.				
2									
3	Losses reported on Part I, line 20		b3						
4	Other (specify):		b4						
	Add lines b1 through b4				retuli	b		35,	837.
c	Subtract line b from line a					c	5,	609,	852.
ď	Amounts included on Part I, line 17, but not on line a:				100000				
1	The state of the s		d1			H			
	Other (specify): SEE STATEMENT 19		d2	72,1	41.	1			
- 7	Add lines d1 and d2					d		72.	141.
p.		+ +							
	Total expenses (Part Lline 17), Add lines c and d				<b>D</b>	e	5.	681.	993.
	Total expenses (Part I, line 17). Add lines c and d art V-A   Current Officers, Directors, Trustees, and Ke		0.5310.0	***********	an o	e			
	Total expenses (Part I, line 17). Add lines c and d art V-A  Current Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we	ey Employees (List e	each	person who was	an o	fficer	, direc	ctor, tru	stee,
	art V-A Current Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we	ey Employees (List e	each	person who was	an o	fficer	, direc	ctor, tru	
	art V-A Current Officers, Directors, Trustees, and Ke	y Employees (List o	each	person who was	an o	fficer	, direc	ctor, tru	xpense unt and
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P	art V-A Current Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we (A) Name and address	ey Employees (List e	each	person who was he instructions.) C) Compensation (If not paid, enter -0)	(D)Co empl plans compe	ntribut oyee b s & det engatio	directions to enefit erred in plans	(E) E acco other a	stee, xpense unt and llowances
P	art V-A Current Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we (A) Name and address	ey Employees (List e	each	person who was he instructions.) C) Compensation (If not paid, enter -0)	(D)Co empl plans compe	ntribut oyee b s & det engatio	directions to enefit erred in plans	(E) E acco other a	stee, xpense unt and llowances
P	art V-A Current Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we (A) Name and address	ey Employees (List e	each	person who was he instructions.) C) Compensation (If not paid, enter -0)	(D)Co empl plans compe	ntribut oyee b s & det engatio	directions to enefit erred in plans	(E) E acco other a	stee, xpense unt and llowances
P	art V-A Current Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we (A) Name and address	ey Employees (List e	each	person who was he instructions.) C) Compensation (If not paid, enter -0)	(D)Co empl plans compe	ntribut oyee b s & det engatio	directions to enefit erred in plans	(E) E acco other a	stee, xpense unt and llowances

Form 990 (2006)			
	Form	COO	IONNA!

MIDDLE	TENNESSEE	į

62-0477729

Page 6

Part V-A Current Officers, Directors, Trustees, and Key	y Employees (continue	d)			Yes	No
75 a Enter the total number of officers, directors, and trustees permitted to					7	
meetings		<b>.</b>	35			
b Are any officers, directors, trustees, or key employees fisted in Form 9		omnensated emn	OVERS			
listed in Schedule A, Part I, or highest compensated professional and	other independent contra	ctors listed in Sch	nedule A,			
Part II-A or II-B, related to each other through family or business relati	onships? If "Yes," attach a	statement that is	dentifies			
				75b		X
c Do any officers, directors, trustees, or key employees listed in Form 9						
listed in Schedule A, Part I, or highest compensated professional and	other independent contra	ctors listed in Sci	nedule A,			
Part II-A or II-B, receive compensation from any other organizations, v	whether tax exempt or taxa	able, that are relat	ed to the			
organization? See the instructions for the definition of "related organi	C. C	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		75c		X
If "Yes," attach a statement that includes the information described i	n the instructions.					
d Does the organization have a written conflict of interest policy?				75d	X	
Part V-B Former Officers, Directors, Trustees, and Key	y Employees That R	eceived Com	pensation	or O	ther	0803702
Benefits (If any former officer, director, trustee, or key en the year, list that person below and enter the amount of cor	ployee received compens	ation or other ben	ate column Se	e the i	ow) au netructi	nng
the year, list that person below and enter the amount of cor	inperisation of other benefit	(C) Compensation			E) Expt	
(A) Name and address	(B) Loans and Advances	(if not paid,	employee benef	t a	ccount	and
		enter -0-)	compensation pla		er allov	vances
E L TOLBERT						
3414 HILLSBORO ROAD	Cont. 1	(ela)				
NASHVILLE, TN 37215-0409	0.	58,592.	4,145			0.
				_		
<del></del>						
				_		
					$\approx$	
			<b> </b>	-		_
			1	-		
Part VI Other Information (See the instructions.)				l_	Yes	No
	advetice activities 2.16 *Va	s * attack a datall	S.1	1	168	140
76 Did the organization make a change in its activities or methods of co statement of each change	57.0			70		Х
statement of each change  77 Were any changes made in the organizing or governing documents				76	-	X
If "Yes," attach a conformed copy of the changes.	out not reported to the inc	97		77		Δ.
	A was according to be a set of the control of	and over a set the overtaken and	1111111111	700		v
78 a Did the organization have unrelated business gross income of \$1,00				78a	_	X
	notion during the uses II !		N/A	78b		7
				79		X
80 a Is the organization related (other than by association with a statewish membership, governing bodies, trustees, officers, etc., to any other				00-		X
b If "Yes," enter the name of the organization N/A	evenific or nonexembroid	anteaugnt		80a		1
w ii rest differ the halfe of the organization 147 A	and check whether it is	exempt or	nonexempt			1
81 a Enter direct or indirect political expenditures. (See line 81 instruction		exempt or	nonexempt 0			
b Did the organization file Form 1120-POL for this year?				811	,	x
The state of the s	The state of the s					(2000

Form	990 (2006) MIDDLE TENNESSEE 62-0477			ige /
Par	tyl Other Information (continued)		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially			
	less than fair rental value?	82a	Х	
b	If "Yes," you may indicate the value of these items here. Do not include this			
	amount as revenue in Part I or as an expense in Part II.			
	(See instructions in Part III.) 826 35,837	1		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	833	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	835	X	**
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	B4a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not			
	tax deductible? N/A	845		
85	501(c)(4), (5), or (6) organizations, a Were substantially all dues nondeductible by members?  N/A	85a	<u> </u>	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b		
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a		1	
	waiver for proxy tax owed for the prior year.			
C	Dues, assessments, and similar amounts from members 85c N/A	4		
d	Section 162(e) lobbying and political expenditures 85d N/A	1		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/A			
1	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f N/A			
9	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? N/A	85g		<u></u>
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f			
	to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the			
	following tax year? N/A	85h		
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on			
	line 12 86a N/A		1	
b				
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders 87a N/A		1	-
b	Gross income from other sources. (Do not net amounts due or paid to other sources			
	against amounts due or received from them.) 876 N/A			
88 a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership,			
	or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3?			
	If "Yes," complete Part IX	88a	į .	X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of			
		881	1	X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under:	4		
	section 4911▶ 0 · ; section 4912 ▶ 0 · ; section 4955 ▶ 0 ·			
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit			1/2
	transaction during the year or did it become aware of an excess benefit transaction from a prior year?			1
	If "Yes," attach a statement explaining each transaction	891	1	X
C	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under			
	sections 4912, 4955, and 4958			
d	The Control of the Co	<u>}</u>		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89	8	X
Ŧ	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89	1	X
9	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization	-	1 22	
	or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89	3	X
	List the states with which a copy of this return is filed TN			
	Number of employees employed in the pay period that includes March 12, 2006 90b			59
91 a	The books are in care of ▶ MIDDLE TENNESEE COUNCIL BOY SCOUTS Telephone no. ▶ 615-3			4
	Located at ▶ 3414 HILLSBORO ROAD , NASHVILLE, TN ZIP+4 ▶	372		1
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Ye	-
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	91	b	X
	If "Yes," enter the name of the foreign country ▶ N/A	- 3		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			

and Financial Accounts.

BOY SCOUTS OF AMERICA 560 MIDDLE TENNESSEE

Part VI Other Information (continued)					Yes No
c At any time during the calendar year, did the or	nanization maintai	n an office outside of	the United	States?	91c X
If "Yes," enter the name of the foreign country	▶ N/	'A			
2 Section 4947(a)(1) nonexempt charitable trusts	filina Form 990 in I	ieu of Form 1041- Ch	eck here		<b>&gt;</b>
and enter the amount of tax-exempt interest rec	ceived or accrued	during the tax year		▶ 92	N/A
Part VII   Analysis of Income-Producing	g Activities (Se	e the instructions.)			
Note: Enter gross amounts unless otherwise	Unrelated	business income		section 512, 513, or 514	(E)
indicated.	(A) Business	(B)	(C) E≆clu-	(D)	Related or exempt
93 Program service revenue:	code	Amount	sicn code	Amount	function income
a CAMPING FEES					684,517.
b TRADING POST SALES					16,646.
activity fees					237,928.
d POPCORN SALES					510,167.
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	66,396.	
96 Dividends and interest from securities			14	331,132.	
97 Net rental income or (loss) from real estate:		271 pm	12 ~		
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal prope					
99 Other investment income					
100 Gain or (loss) from sales of assets	2726				
5 5			18	308,140.	
other than inventory  101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					276,269.
103 Other revenue:					
a REFUND - ACCIDENT INS.					27.597.
REFUND - LIABILITY PREM	_				27,597. 9,355.
MISCELLANEOUS INCOME			-		21,630.
6 MISCERDANEOUS INCOME	= = = =				22,000.
-	= = = =				
10.4 Cultivated (add columns (D) (D) and (D)		0		705,668.	1,784,109.
104 Subtotal (add columns (B), (D), and (E))		1760			2,489,777.
105 Total (add line 104, columns (B), (D), and (E)) Note: Line 105 plus line 1e, Part I, should equal the	amount on line 12	Part I			2,403,111.
Part VIII Relationship of Activities to	STATE OF THE PARTY		nt Purne	See (See the instruction	## 1
Explain how each activity for which income is exempt purposes (other than by providing fu	1.2	(* ( ) * ) )	шпропан	ly to the accomplishment o	i ine organization s
SEE STATEMENT 21	nus for saun purpos	usj.			
SEE STATEMENT ZI					
Dort IV Information Departing Taxo	ble Cubaidiari	as and Diseases	lad Enti	line or the transfer	aut.
Part IX Information Regarding Taxa	bie Subsidiani	(C)	Jea Enti	(U)	(E)
Name, address, and EIN of corporation, Percentage	ge of	Nature of activities		Total income	End-of-year
partnership, or disregarded entity ownership i	270	TO SECURITION OF THE PARTY OF T		- Proposition of the Control of the	assels
	%				
N/A	%				
	%				
	%				
Part X   Information Regarding Trans	ALLES BUILT-US-S-S-SING				
(a) Did the organization, during the year, receive any fu	nds, directly or indire	ectly, to pay premiums o	n a persona	l benefit contract?	
(b) Did the organization, during the year, pay premium:			contract?		Yes X No
Note: If "Yes" to (b), file Form 8870 and Form 472	0 (see instructions	i).			
					Form 990 (2006)

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Page 8

BOY SCOUTS OF AMERICA 56	0	62-04	77729 Page 9
Form 990 (2006) MIDDLE TENNESSEE  Part XI Information Regarding Transfers To and From C	ontrolled Entities	. Complete only if the organ	ization is a
controlling organization as defined in section 512(b)(13).	N/A		ly I v
	s defined in section 5	12(b)(13) of the Code7 if *Yes	Yes No
(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a			
p			
C ====================================			
Totals			Yes No
107 Did the reporting organization receive any transfers from a controlled er complete the schedule below for each controlled entity.	ntity as defined in sect	ion 512(b)(13) of the Code?	
(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a			
ь			
c			
Totals			
annuities described in question 107 above?			
Did the reporting organization make any transfers to a controlled entity as defined in section \$12(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.  (A)  Name, address, of each controlled entity  Did the reporting organization receive any transfers from a controlled entity as defined in section \$12(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.  (A)  Name, address, of each controlled entity  (A)  Name, address, of each controlled entity  Description of transfer  (B) (C)  Employer (B) (C)  Employer (C)  Employ		d belief, it is true, correct,	
JOSEPH A. LONG CORPORATE SECRE	TARY	75/75	
Preparers signature 800 4. Hudson CF	A 6/25/07	sell-	SSN or PTIN (See Gen. Inst.
Use Only Self-employed 5250 VIRGINIA WAY, P.O. B	OX 1869		51377-4600
		Transfer F 101	2/2//-4000

Form 990 (2006)

## SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

## Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k).

501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information-(See separate instructions.)

MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

2006

OMB No. 1545-0047

Internal Revenue Service Name of the organization BOY

SCOUTS OF AMERICA 560 MIDDLE TENNESSEE

Employer identification number 62 0477729

Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees Part I (See page 2 of the instructions. List each one. If there are none, enter "None.") (b) Title and average hours (e)Expense (a) Name and address of each employee paid employee benefit plans & deferred compensation (c) Compensation per week devoted to count and other more than \$50,000 position allowances ASSISTANNT EXECUTIVE RONNIE D. TURPIN 13,370. 9,738. 60.00 100,000 2256 RIVERWAY DRIVE, OLD HICKORY, TN CARL ADKINS DIR OF SUPPORT SER 87,000 13,269 7,272. 2711 BOXWOOD LANE, MURFREESBORO, 60.00 DEVELOPMENT DIRECTOR DONALD MCKINNEY 149 ELMHURST, MURFREESBORO, NT37129 60.00 76.334 12.222 5.648. FIELD DIRECTOR JIM RUSSNOGLE 1406 DUBLIN CT., MURFREESBORO, TN 371 60.00 72,000 12,109. 4,665. OFFICE MANAGER KATHY ROSS 66,821 11,389 4,543. 2223 SAWMILL STREET, MURFREESBORO TIN 60.00 Total number of other employees paid 3 over \$50,000 Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services (See page 2 of the instructions, List each one (whether individuals or firms). If there are none, enter "None.") (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation NONE Total number of others receiving over \$50,000 for professional services 0 Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services (List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.) (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation NONE Total number of other contractors receiving over \$50,000 for other services 0

L.	Part III Statements About Activities (See page 2 of	A Community Country Co		Yes	No
1	During the year, has the organization attempted to influence national	사용 하는 사용하는 이 가입에 가입되는 것이다. 그는 사용하는 사람들이 되었다면 보다 있다면 보다 없다면 보다 되었다면 보다 되었다면 보다 되었다면 보다 되었다면 보다 되었다면 보다 되었다면 보다 보다 되었다면			
	public opinion on a legislative matter or referendum? If "Yes," enter t	The state of the s			
	lobbying activities ► \$\$	(Must equal amounts on line 38, Part VI-A, or			
	line i of Part VI-B.)	March 201 March	_1		Х
	Organizations that made an election under section 501(h) by filing F	orm 5768 must complete Part VI-A. Other organizations			
	checking "Yes" must complete Part VI-B AND attach a statement givi	ng a detailed description of the lobbying activities.			
2	During the year, has the organization, either directly or indirectly, en trustees, directors, officers, creators, key employees, or members o person is affiliated as an officer, director, trustee, majority owner, or attach a detailed statement explaining the transactions.)	their families, or with any taxable organization with which any such			
			2a		X
	b Lending of money or other extension of credit?		2b		X
	c Furnishing of goods, services, or facilities?		2c		Х
	d Payment of compensation (or payment or reimbursement of expens	ses if more than \$1,000)? SEE PART V-A, FORM 990	2d	X	
	e Transfer of any part of its income or assets?		2 e		X
3	3 a Did the organization make grants for scholarships, fellowships, studenthe organization determines that recipients qualify to receive payme	ent leans, etc.? (If "Yes," attach an explanation of how nts.)	3a		Х
	b Dd the organization have a section 403(b) annuity plan for its emplo	yees?	3b		X
	c Did the organization receive or hold an easement for conservation p	urposes, including easements to preserve open space, attach a detailed statement	30		Х
		redit repair, or debt negotiation services?	3d		X
	4 a Did the organization maintain any donor advised funds? If "Yes," co-	mplete lines 4b through 4g. If "No," complete lines 4f			-
	and 4g		4a		X
	b Did the organization make any taxable distributions under section 4	966?	46	-	X
	e Did the organization make a distribution to a donor, donor advisor,	or related person?	40	J	X
	d Enter the total number of donor advised funds owned at the end of	the tax year			^
		owned at the end of the tax year	-		0
	I Enter the total number of separate funds or accounts owned at the				0
	line 4d) where donors have the right to provide advice on the distrit	Proceduration for the process of the			0
	g Enter the aggregate value of assets in all funds or accounts include	d on line 4f at the end of the tax year			0

Schedule A (Form 990 or 990-EZ) 2006

Schedi	ule A (F	orm 990 or 990-EZ) 2006 MIDDLE TENNES	SEE			62-04	77729	Page 3
Par	t IV	Reason for Non-Private Foundation S	tatus (See pages 4 th	rough 7 of the instruction	s.)			
Certif	y that th	he organization is not a private foundation because it is: (F	Please check only ONE ap	plicable box.)				
5		A church, convention of churches, or association of ch						
6		A school. Section 170(b)(1)(A)(ii). (Also complete Part	V.)					
7		A hospital or a cooperative hospital service organization	n. Section 170(b)(1)(A)(iii	).				
8		A federal, state, or local government or governmental u	nit. Section 170(b)(1)(A)	(v).				
9		A medical research organization operated in conjunction	n with a hospital. Section	170(b)(1)(A)(iii). Enter th	ne hospital's	name, city,		
		and state >		- 1.000 1.410				
10		An organization operated for the benefit of a college or	university owned or oper	ated by a governmental u	nit. Section	70(b)(1)(A)(ii	/).	
		(Also complete the Support Schedule in Part IV-A.)						
11a		An organization that normally receives a substantial pa	art of its support from a g	overnmental unit or from	the general p	ublic.		
		Section 170(b)(1)(A)(vi), (Also complete the Support	Schedule in Parl IV-A.)					
11b		A community trust. Section 170(b)(1)(A)(vi). (Also con	nplete the Support Sched	tule in Part IV-A.)				
12	X	An organization that normally receives; (1) more than	33 1/3% of its support fro	m contributions, membe	rship fees, ar	nd gross		
		receipts from activities related to its charitable, etc., fur	nctions - subject to certain	exceptions, and (2) no r	nore than 33	1/3% of		
		its support from gross investment income and unrelati	ed business taxable incom	ne (less section 511 tax) t	rom busines	ses acquired		
		by the organization after June 30, 1975. See section 5	ua(a)(2). (Also complete	the Support Schedule in	Part IV-A.J			
13		An organization that is not controlled by any disqualifie	ed persons (other than for	undation managers) and o	otherwise me	ets the require	ements of sec	ction
		509(a)(3). Check the box that describes the type of su	pporting organization;					
		Type I Type II	Type III-Fu	nctionally Integrated		Type III-	Other	
		342 San						
		Provide the following information a	bout the supported organ	nizations. (See page 7 of	the instruction	ins.)		
		(a)	(b)	(c)	(d	)	(e)	
		Name(s) of supported organization(s)	Employer	Type of organization		pported	Amour	
			identification number (EIN)	(described in lines 5 through 12 above		on listed in oporting	supp	ort
			(initial (city)	or IRC section)		zation's		
					governing	documents?		
					Yes	No		
			1					
	-							
						1		

Schedule A (Form 990 or 990-EZ) 2006

Total

14

An organization organized and operated to test for public safety. Section 509(a)(4), (See page 7 of the instructions.)

Schedule A (Form 990 or 990-EZ) 2006 MIDDLE TENNESSEE

Par	Note: You may use the	omplete only if you che a worksheet in the instr	cked a box on line 10 uctions for converting	, 11, or 12.) Use cash from the accrual to the	method of accounting e cash method of acco	ng. ounting.
Calen	dar year (or fiscal year	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
15	Gifts, grants, and contributions received. (Do not include unusual					12 3
	grants. See line 28.)	3,844,325.	4,792,130.	3,295,203.	3,074,543.	15,006,201.
16	Membership fees received					
17	Gross receipts from admissions,					
	merchandise sold or services performed, or furnishing of			1.		
	facilities in any activity that is			'		
	related to the organization's charitable, etc., purpose	2 690 131	2 223 524	2,198,979.	2 187 812.	9,300,446.
18	Gross income from interest.	2,030,131.	2,223,324.	2,20,000.	2,10,,010.	2,000,110
10	dividends, amounts received from					
	payments on securities loans (section 512(a)(5)), rents, royalties, and					
	unrelated business taxable income					
	(less section 511 taxes) from businesses acquired by the					
	organization after June 30, 1975	311,858.	218,225.	231,873.	225,965.	987,921.
19	Net income from unrelated business	i i				
	activities not included in line 18 Tax revenues levied for the					
20	organization's benefit and either					
-	paid to it or expended on its behalf					
21	The value of services or facilities furnished to the organization by a			1		
	governmental unit without charge.					
	Do not include the value of services or facilities generally furnished to					
	the public without charge					
22	Other income, Attach a schedule, Do not include gain or (loss) from					
-	sale of capital assets	6 016 011			5 100 000	
23	Total of lines 15 through 22 Line 23 minus line 17			5,726,055.		
25	Enter 1% of line 23	68,463.		3,527,076. 57,261.		
26	Organizations described on lines 1					2272
	Prepare a list for your records to sh					14/14
	unit or publicly supported organizat		The second secon			
	Do not file this list with your return	. Enter the total of all the	se excess amounts		<b>▶</b> 26b	N/A
C	Total support for section 509(a)(1)	test Enter line 24, column	n (e)		▶ 26c	N/A
d	Add: Amounts from column (e) for	lines: 18	19			
	An experience of the action of the control of the c	22	26b		26d	
e	Public support (line 26c minus line	26d total)			≥ 26e	
27	Public support percentage (line 26					
41	Organizations described on line 12 records to show the name of, and to					
	such amounts for each year:	san amooms received in c	acti year tront, each ass	dramica herzaur. na unt	ine ans ust with your re	iuin, Emer nie suni di
	(2005) 208,191	L. (2004)	156,426.	2003) 108	3.811. (2002)	82,776.
b	For any amount included in line 17	that was received from ea	ch person (other than "di	squalified persons"), prep	pare a list for your record	s to show the name of.
	and amount received for each year,					
	described in lines 5 through 11b, as	s well as individuals.) Do i	not file this list with your	return. After computing	the difference between the	he amount received and
	the larger amount described in (1) of		STATE OF THE SECOND STATE	the state of the s		
		0 • (2004)	0. (	2003)	0 . (2002)	0.
C	Add: Amounts from column (e) for	ines: 15 _	15,006,201.	16		1 24 200 542
ď	Add; Line 27a total	300,446. 20 556,204. aa	nd Fon 975 total	21	O ▶ 27c	
e e	Public support (line 27c total minus	A 2 1 1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2	no line 270 (CE)	/III	0 . ► 27d ► 27e	
1	Total support for section 509(a)(2)		23, column (e)	►   27t   25	,294,568.	23,730,943.
9	Public support percentage (lin				<b>▶</b> 27g	93.8954%
_	Investment income percentag	ge (line 18, column (e)	(numerator) divided	by line 27f (denomina	ator)) > 27h	3.9057%
28 1	Jnusual Grants: For an organizatio	on described in line 10, 11	or 12 that received any	unusual grants during 20	02 through 2005, prepa	re a list for your records to

Private School Questionnaire (See page 9 of the instructions.) Part V (To be completed ONLY by schools that checked the box on line 6 in Part IV)

29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing		Yes	No
50.5	instrument, or in a resolution of its governing body?	29		
0	Does the organization include a statement of its racially nondiscriminatory policy loward students in all its brochures, catalogues,			
	and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
1	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of			
	solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known			
	to all parts of the general community it serves?	31		
	If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)			
		_   _		
12	Does the organization maintain the following:			
	Records indicating the racial composition of the student body, faculty, and administrative staff?	-		_
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		_
C	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student			
	admissions, programs, and scholarships?	320		
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
	If you answered "No" to any of the above, please explain. (If you need more space, affach a separate statement.)	_		
33	Does the organization discriminate by race in any way with respect to:	-		
9	Students' rights or privileges?			_
þ	Admissions policies?	33b		
C	Employment of faculty or administrative staff?	330		
d	Scholarships or other financial assistance?			
e	Educational policies?			
4	Use of facilities?	331		
9	Athletic programs?	33g		
h	Other extracurricular activities?	33h		
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)	-		
		_		
34 a	Does the organization receive any financial aid or assistance from a governmental agency?			
b	Has the organization's right to such aid ever been revoked or suspended?	34b		
	If you answered "Yes" to either 34a or b, please explain using an attached statement.			
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50,			
	1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35		

Schedule A (Form 990 or 990-EZ) 2006

62-0477729 Schedule As(Form 990 or 990-EZ) 2006 MIDDLE TENNESSEE Part VI-A Lobbying Expenditures by Electing Public Charities (See page 10 of the instructions.) (To be completed ONLY by an eligible organization that filed Form 5768) if you checked "a" and "limited control" provisions apply. if the organization belongs to an affiliated group. Check ▶ a (a) Limits on Lobbying Expenditures To be completed for all Attiliated group electing organizations totals (The term "expenditures" means amounts paid or incurred.) N/A 36 Total lobbying expenditures to influence public opinion (grassroots lobbying) 36 37 37 Total lobbying expenditures to influence a legislative body (direct lobbying) 38 Total lobbying expenditures (add lines 36 and 37) 38 39 39 Other exempt purpose expenditures 40 40 Total exempt purpose expenditures (add lines 38 and 39) 41 Lobbying nontaxable amount. Enter the amount from the following table -The lobbying nontaxable amount is -If the amount on line 40 is -Not over \$500,000 20% of the amount on line 40 Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000 41 Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000 Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000 \$1,000,000 42 42 Grassroots nontaxable amount (enter 25% of line 41) 43 43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36 44 44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38 Caution: If there is an amount on either line 43 or line 44, you must file Form 4720. 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 13 of the instructions.) Lobbying Expenditures During 4-Year Averaging Period N/A(e) Calendar year (or (a) (c) 2004 2003 Intal 2006 2005 fiscal year beginning in) 45 Lobbying nontaxable 0. amount 46 Lobbying ceiling amount (150% of line 45(e)) 47 Total lobbying 0. expenditures 48 Grassroots nontaxable 0. amount ..... 49 Grassroots ceiling amount 0. (150% of line 48(e)).... 50 Grassroots lobbying expenditures 0. Part VI-B | Lobbying Activity by Nonelecting Public Charities (For reporting only by organizations that did not complete Part VI-A) (See page 13 of the instructions.) N/A During the year, did the organization attempt to influence national, state or local legislation, including any attempt to Yes No Amount influence public opinion on a legislative matter or referendum, through the use of: b Paid staff or management (Include compensation in expenses reported on lines c through h.) c Media advertisements d Mailings to members, legislators, or the public e Publications, or published or broadcast statements f Grants to other organizations for lobbying purposes

Direct contact with legislators, their staffs, government officials, or a legislative body
 Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Total lobbying expenditures (Add lines c through h.)

Û.

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable

Schedule A (Form 990 or 990-EZ) 2006

	Exempt Organiza	ations (See page 13 of the instru	rctions.)			
51	Did the reporting organization dire	ctly or indirectly engage in any of the	he following with any other	organization described in section		
	501(c) of the Code (other than sec	ction 501(c)(3) organizations) or in	section 527, relating to po	litical organizations?		
a	Fransfers from the reporting organ	nization to a noncharitable exempt o	organization of:		Ye	
	(i) Cash			WALLE CONSTRUCTION OF THE STREET	51a(i)	X
	(ii) Other assets	We you will be to an our			a(ii)	X
b	Other transactions:					
	(i) Sales or exchanges of assets	with a noncharitable exempt organ	ization		b(i)	X
	(ii) Purchases of assets from a no	oncharitable exempt organization			b(ii)	X
	(iii) Rental of facilities, equipment,	, or other assets			b(iii)	X
				8-111-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1		X
				0(14)   [c1-150   1000H   024H   200 H   100 H   100 H   100 H		X
						X
					C	X
			21.2	always show the fair market value of the		
	P 0 0 0 0 0 0	iven by the reporting organization.	140	/-	59,90	/2
2.5	1	nt, show in column (d) the value of	the goods, other assets, o	1000	N,	/A
(a) Line n	(b) Amount involved	(c) Name of noncharitable exe	mnt ornanization	(d) Description of transfers, transactions, as	nd sharing arran	nements
Cittle II	o. Amount involves	name of nonenament exc	in prorganization	accompliant of transfers, transactions, at	io sharing arrain	gumenta
_						
	-					
_						
_						_
-						-
-						
_	-					
_						_
	Code (other than section 501(c)(3 If "Yes," complete the following sci	3)) or in section 527?		ganizations described in section 501(c) of t	Administration of the Control of the	X No
	(a) Name of orga	nization	(b) Type of organization	(c) Description of relation	nship	
_						
823152 01-18-0	7		L	Schedule A (	Form 990 or 99	0-EZ) 200

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Gurrent Year Deduction
1	AMPITHEATRE-BOXWELL	080506	SL	30.00	16	90,661.			90,661.	34,779.		2,715
2	AUTOMOBILES	102997	SL	5.00	16	237,107.		~	237,107.	153,956.		25,526
3	BUILDING-BOXWELL POOL	061504	SL	20.00	16	692,427.			692,427.	54,411.		34,621
4	BUILDING-CAMP/BOAT HARBO	121905	SL	30.00	16	50,305.			50,305.	26,410.		2,515
	BUILDING-CAMP/PARISH RES	121995	SL	30.00	16	145,479.			145,479.	42,909.		4,849
	BUILDING- CAMP/PERCY DEMP	053195	SL	30.00	16	19,813.			19,813.	8,544.		1,082
		030196	SL	30.00	16	1187991.			1187991.	399,731.		41,062
8		093095	SL	30.00	16	135,345.			135,345.	46,103.		4,511
	BUILDING- CAMP/BROWN SEA	073199	SL	30.00	16	25,555.			25,555.	11,542.		1,790
10	BUILDING- CAMP/VENTURE	053103	SL	30.00	16	25,000.			25,000.	2,153.		833
		010164	SL	30.00	16	2804156.			2804156.	1594049.		54,402
12		010176	SL	45.00	16	2989238.			2989238.	694,595.		60,134
	BUILDING- SHOOTER SHACK	013103	SL	30.00	16	72,514.			72,514.	7,050.		2,417
14	EQUIP-COUNCIL HIGH ADV	010195	SL	10.00	16	65,277.			65,277.	59,972.		1,428
15	F&F- COUNCIL-BJ VAUGHN	110801	SL	10.00	16	25,588.			25,588.	10,243.		2,559
	FURN & FIX- CUB WORLD	072596	SL	10.00	16	28,756.			28,756.	26,329.		1,865
	FURN & FIXT- BOXWELL RES	013105	SL	5.00	16	6,430.			6,430.	1,179.		1,286
18	FURN & FIX- SCOUT SHOP	012106	EL	7.00	16	6,427.			6,427.			765

### FORM 990 PAGE 2

Asset No.	Description	Date Acquired	Method	Life	Line Na.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
19	FURN & FIX- CANOE BASE	0115928	SL I	10.00	16	19,673.		٥	19,673.	18,253.		294.
	FURN & FIX- COUNCIL FURN & FIX- STAHMAN	0320898	SL I	10.00	16	369,514.			369,514.	112,359.		36,325
	STAFF	0612035	EL :	10.00	16	8,623.			8,623.	2,228.		862
	FURN & FIX- BOXWELL FURN & FIX- VENTURE	0714875	SL S	10.00	16	579,044.			579,044.	418,475.		33,403
		0129035	r j	10.00	16	17,272.			17,272.	5,038.		1,727
24		0101025	IL 1	10.00	16	505,808.			505,808.	505,808.		0.
25	LAND- BOXWELL	010164L				421,864.			421,864.			0.
	LAND- COUNCIL SERVICE LAND IMPROVEMENTS-	0101641				375,690.			375,690.			0.
		113002s	L 2	20.00	16	422,357.			422,357.	96,733.		21,118.
		093096S	L 1	10.00	16	1,595.			1,595.	1,475.		120
	* TOTAL 990 PAGE 2 DEPR				1	11329509.		0.	11329509.	4334324.	0.	338,209.
	0	4			:::							

FORM 990	GAIN (LOSS	) FROM PUBLICLY	TRADED SECURIT	TES	STATEMENT 1
DESCRIPTION		GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
STOCK/SECURI SUNTRUST ACC	OUNT (PROPERTY	2,280,841.	2,219,561.	0.	61,280.
MAINTENANCE) STOCK/SECURI	TIES	152,404.	148,723.	0.	3,681.
STOCK/SECURI		3,673,852.	3,489,844.	0.	184,008.
MERRILL LYNC STOCK/SECURI	TIES	81,955.	83,328.	0.	-1,373.
OF STOCK/SEC	S ACCOUNT-SALE URITIES	101,164.	40,620.	0.	60,544.
TO FORM 990,	PART I, LINE	8 6,290,216.	5,982,076.	0.	308,140.

FORM 990 GAI	IN	(LOSS	) FROM	SALE	OF	OTHE	ER A	ASSETS		STA	TEME	NT 2
DESCRIPTION						DATE QUIRE	ED	DATE		METH ACQUI		
AUTOMOBILES					04	/27/0	00	01/01/	06	PURCH	ASED	
NAME OF BUYER	2	GRO SALES		COS!	74			PENSE SALE	DEP	REC		GAIN (LOSS)
SCRAPPED/ABANDONED			0.		1,6	00.		0.	1	,600.		0.
DESCRIPTION						DATE QUIRI	ED	DATE		METH		
COMPRESSORS/CARPET					01	/01/9	95	01/01/	06	PURCH	ASED	•
NAME OF BUYER	5	GRO SALES	100	COS				PENSE SALE	DEP	REC		GAIN (LOSS)
SCRAPPED/ABANDONED	_		0.	1	3,9	24.		0.	13	,924.		0.
DESCRIPTION	-					DATE QUIR	ED	DATE		METH		
FURNITURE & FIXTURES COUNCIL	<u>~</u>				01	/01/	0.0	01/01/	06	PURCH	IASED	()
NAME OF BUYER	2	GRO SALES		COS				PENSE SALE	DEF	REC		GAIN
SCRAPPED/ABANDONED	9		0.	3	8,2	29.		0.	38	,229.		0.
TO FM 990, PART I, LN	8				3 7	53.		0.	5.2	753.		0.

FORM 990	INCOME AND COST OF GOODS SOLD INCLUDED ON PART I, LINE 10	STATEMENT 3
INCOME		
1. GROSS RECEIPTS 2. RETURNS AND ALLOWA	NCES	957,049
3. LINE 1 LESS LINE 2		957,049
4. COST OF GOODS SOLD 5. GROSS PROFIT (LINE		680,780 276,269
COST OF GOODS SOLD		
7. MERCHANDISE PURCHA		264,471
9. MATERIALS AND SUPP 10. OTHER COSTS		747,890
11. ADD LINES 6 THROUGH	H 10	1,012,361
12. INVENTORY AT END O	F YEAR	331,581 680,780

FORM 990	PAYMENTS TO	AFFILIATES	STATEMENT	4
AFFILIATE'S NAME		AFFILIATE'S ADDRESS		
BOY SCOUTS OF AMERICA ORGANIZATION	NATIONAL	1325 WEST WALNUT LANE		
ORGANIZATION		IRVING, TX 75015-2079		
PURPOSE OF PAYMENT			AMOUNT	
NATIONAL SERVICE FEE			60,1	81.
TOTAL TO FORM 990, PA	RT I, LINE 16		60,1	81.
FORM 990 OTHER	CHANGES IN NET AS	SETS OR FUND BALANCES	STATEMENT	5
DESCRIPTION			AMOUNT	
UNREALIZED GAIN ON IN	VESTMENTS		966,5	55.
				_

FORM 990 OFFIC	CER COMPENSATIO PART II, LIN		STATEMENT		
NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS	
JOSEPH A. LONG	245,333.	25,956.	14,261.	285,550.	
A. PROGRAM SERVICES	201,909.	21,362.	11,737.	235,008.	
B. MANAGEMENT AND GENERAL	17,909.	1,895.	1,041.	20,845.	
C. FUNDRAISING	25,515.	2,699.	1,483.	29,697.	
TOTAL PROGRAM SERVICES				235,008.	
TOTAL MANAGEMENT AND GENERA	AL			20,845.	
TOTAL FUNDRAISING				29,697.	
TOTAL OFFICER, ETC., COMPE	NSATION INCLUDE	D ON PART II	, LINE 25A	285,550.	

FORM 990 FORMER OFF	ICER COMPENSAT PART II, LINE		ON	STATEMENT	7
NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS	
E L TOLBERT	58,592.	4,145.		62,73	37.
A. PROGRAM SERVICES	48,221.	3,411.		51,63	32.
B. MANAGEMENT AND GENERAL	4,277.	303.		4,58	30.
C. FUNDRAISING	6,094.	431.		6,52	25.
TOTAL MANAGEMENT AND GENERATOTAL FUNDRAISING TOTAL OFFICER, ETC., COMPEN		ED ON PART II	, LINE 25B	4,58 6,52 62,7	25.
FORM 990 SPEC	CIFIC ASSISTANC	CE TO INDIVID	UALS	STATEMENT	8
DESCRIPTION				AMOUNT	
CAMPING FEES, UNIFORMS, ETC INDIGENT FAMILIES.	FOR SCOUTS WE	HO ARE MEMBER	S OF	155,5	87.
TOTAL TO FORM 990, PART II	, LINE 23			155,5	87

FORM 990

STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS STATEMENT

#### DESCRIPTION OF PROGRAM SERVICE ONE

OUR YOUTH PARTICIPATE IN EXCITING INDOOR/OUTDOOR ACTIVITIES FOR BOYS (AGES 6-14) AND FOR YOUNG MEN AND WOMEN (AGES 14-20). THEY ARE UNDER THE GUIDANCE OF TRAINED VOLUNTEERS. WHO HELP THEM DEVELOP THE LIFE SKILLS THEY NEED TO BECOME FUTURE LEADERS AND ACTIVE CITIZENS IN THEIR COMMUNITIES. THESE SKILLS INCLUDE INTERDEPENDANCE, ETHICAL DECISIONS MAKING, CONFLICT RESOLUTION, SELF-ESTEEM, LITERACY SKILLS, VALUES SYSTEM, PERSONAL GROWTH, LEADERSHIP DEVELOPMENT, SEXUAL RESPONSIBILITY, POSITIVE PEER RELATIONSHIPS, SERVICE TO OTHERS, MENTORING SKILLS, DRUG AWARENESS EDUCATION, TEAMWORK, FITNESS, POSITIVE TEEN-ADULT RELATIONSHIPS, SCHOOL-TO-WORK SKILLS, EMERGENCY PREPAREDNESS, CHARACTER EDUCATION, AND MANY MORE.

IN 2006, THE MIDDLE TENNESSEE COUNCIL CAMPED OVER 3.800 YOUTH AT BOXWELL RESERVATION SCOUT CAMP AND HAD OVER 4.100 FLOAT DAYS AT GRIMES CANOE BASE. THROUGHOUT OUR PROGRAMS COMMUNITY SERVICE IS AN IMPORTANT STEP.

					GR	ANTS	EXPENSES	3
TO FO	ORM 99	O, PART III,	, L	INE A			4,865,9	14.
FORM	990	STATEMENT	OF	ORGANIZATION PART	EXEMPT	PURPOSE	STATEMENT	10

#### EXPLANATION

THE BOY SCOUTS OF AMERICA WAS FOUNDED IN 1910 AND EXISTS TODAY TO SERVE OTHERS BY HELPING INSTILL VALUES IN YOUNG PEOPLE AND PREPARE THEM TO MAKE ETHICAL CHOICES DURING THEIR LIFETIME AND ACHIEVE THEIR FULL POTENTIAL. COMMUNITY-BASED ORGANIZATIONS RECEIVE NATIONAL CHARTERS TO USE THE SCOUTING PROGRAM AS PART OF THEIR OWN YOUTH WORK IN THE MIDDLE TENNESSEE COUNCIL. THESE 1,276 UNITS IN OUR COUNCIL HAVE GOALS COMPATIBLE WITH THOSE OF THE BSA AND INCLUDE RELIGIOUS, EDUCATIONAL, CIVIC, FRATERNAL, BUSINESS AND LABOR GROUPS, GOVERNMENTS, CORPORATIONS, PROFESSIONAL ASSOCIATIONS AND CITIZENS' GROUPS.

FORM 990	NON-G	OVERNMENT SE	STATEMENT 11		
SECURITY DESCRIPTION	COST/FMV	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	TOTAL NON-GOV'T SECURITIES
SUNTRUST BANK	FMV	-		<del></del>	7 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
INVESTMENT ACCOUNT		1,867,033.			1,867,033.
KEMPKAU TRUST (ONE-THIRD INTEREST)	FMV	239,468.			220 460
SUNTRUST BANK - PROPERTY MAINTENANCE	FMV	239,400.			239,468.
TRUST		134,834.			134,834.
AMSOUTH INVESTMENTS	FMV	3,792,659.			3,792,659.
AMSOUTH INVESTMENTS	FMV		1,250,094.		1,250,094.
AMSOUTH INVESTMENTS SUNTRUST BANK	FMV FMV			232,906.	232,906.
INVESTMENT ACCOUNT	PHV			1,739,377.	1,739,377.
RAYMOND JAMES	FMV			a prosego no.	1 1111111111111
INVESTMENT ACCOUNT		599,546.			599,546.
RAYMOND JAMES	FMV				
INVESTMENT ACCOUNT	TO CT			170,943.	170,943.
KEMPKAU TRUST (ONE-THIRD INTEREST)	FMV			200 225	200 225
SUNTRUST BANK -	FMV			290,335.	290,335.
PROPERTY MAINTENANCE	150				
TRUST				149,578.	149,578.
MERRILL LYNCH	FMV				
INVESTMENT ACCOUNT	733.67			0.	<u>)</u>
MERRILL LYNCH INVESTMENT ACCOUNT	FMV			211 471	211 471
RAYMOND JAMES	FMV			311,471.	311,471.
INVESTMENT ACCOUNT				67,250.	67,250.
SUNTRUST BANK	FMV			5237 W. H. H. H. (4)	
INVESTMENT ACCOUNT				11,250.	11,250.
AMSOUTH INVESTMENT	FMV			المستحيد والمستحدد المستحدد ال	en e
ACCOUNT SMITH BARNEY -	FMV			11,250.	11,250.
DEFERRED COMP	r P V			100,904.	100,904.
TO FORM 990, LINE 54	A, COL B	6,633,540.	1,250,094.	3,085,264	10,968,898.
					= = = = = = = = = = = = = = = = = = = =

FORM 990 GOVERNMI	ENT SEC	CURITIES		STATEMENT 12
DESCRIPTION COS'	r/FMV	U.S. GOVERNME	STATE AND NT LOCAL GOV'T	TOTAL GOV'T SECURITIES
AMSOUTH INVESTMENTS FI	ΔΛ	848,55	1.	848,551
TOTAL TO FORM 990, LINE 54A, COL	В	848,55	1.	848,551
FORM 990 OTH	ER INVI	ESTMENTS		STATEMENT 1
DESCRIPTION		V	ALUATION METHOD	AMOUNT
KEMPKAU TRUST (ONE-THIRD INTEREST ESTATE	)-REAL	М	ARKET VALUE	204,000
TOTAL TO FORM 990, PART IV, LINE	56, CO	LUMN B	· •	204,000
FORM 990 DEPRECIATION OF ASS	ETS NO	T HELD FOR	INVESTMENT	STATEMENT 1
DESCRIPTION			ACCUMULATED DEPRECIATION	BOOK VALUE
AMPITHEATRE-BOXWELL AUTOMOBILES BUILDING-BOXWELL POOL BUILDING-CAMP/BOAT HARBO BUILDING-CAMP/PARISH RES BUILDING- CAMP/PERCY DEMP BUILDING- CUB WORLD BUILDING- TRAINING CENTER BUILDING- CAMP/BROWN SEA BUILDING- CAMP/VENTURE BUILDING- CAMP/VENTURE BUILDINGS-BOXWELL BUILDING- SHOOTER SHACK EQUIP-COUNCIL HIGH ADV F&F- COUNCIL-BJ VAUGHN FURN & FIX- CUB WORLD FURN & FIXT- BOXWELL RES FURN & FIX- SCOUT SHOP FURN & FIX- CANOE BASE	2	90,661. 237,107. 692,427. 50,305. 145,479. 19,813. ,187,991. 135,345. 25,555. 25,000. ,804,156. ,989,238. 72,514. 65,277. 25,588. 28,756. 6,427. 19,673.	37,494. 179,482. 89,032. 28,925. 47,758. 9,626. 440,793. 50,614. 13,332. 2,986. 1,648,451. 754,729. 9,467. 61,400. 12,802. 28,194. 2,465. 765. 18,547.	53,167 57,625 603,395 21,380 97,721 10,187 747,198 84,731 12,223 22,014 1,155,705 2,234,509 63,047 3,877 12,786 562 3,965 5,662 1,126

BOY SCOUTS OF AMERICA 560 MIDDLE	TENNESS		62-0477729
FURN & FIX- BOXWELL	579,044.	451,878.	127,166.
FURN & FIX- VENTURE CAMP	17,272.	6,765.	10,507.
LAND IMPROVEMENTS- BOXWELL	505,808.	505,808.	0.
LAND- BOXWELL	421,864.	0.	421,864.
LAND- COUNCIL SERVICE	375,690.	0.	375,690.
LAND IMPROVEMENTS- BOXWELL	422,357.	117,851.	304,506.
LAND- BOXWELL	1,595.	1,595.	0.
TOTAL TO FORM 990, PART IV, LN 57	11,329,509.	4,672,533.	6,656,976.

FORM 990 OTHER NOT	ES AND LOANS PAY	ABLE	STATEMENT	15
LENDER'S NAME TERMS	OF REPAYMENT			
PINNACLE NATIONAL BANK MONTH	LY INTEREST PAYM	ENTS		
DATE OF MATURITY ORIGINAL NOTE DATE LOAN AMOUN				
03/24/05 03/24/09 370,0	00. 4.38%			
SECURITY PROVIDED BY BORROWER	PURPOSE OF LOAN			
INCOME AND ASSETS	LINE OF CREDIT			
RELATIONSHIP OF LENDER				
NONE DESCRIPTION OF CONSIDERATION		FMV OF CONSIDERATION	BALANCE DU	E
		0.	370,0	00.
TOTAL INCLUDED ON FORM 990, PART	IV, LINE 64, CO		370,0	
TOTAL INCLUDED ON FORM 990, PART FORM 990 OTH	IV, LINE 64, CO			00.
			370,0	00.
FORM 990 OTH			370,0	16
FORM 990 OTH  DESCRIPTION  ACTIVITY & REGISTRATION FEES FUNDS HELD FOR OTHERS	ER LIABILITIES		370,0 STATEMENT AMOUNT 153,1	16 42. 07.
FORM 990 OTH  DESCRIPTION  ACTIVITY & REGISTRATION FEES FUNDS HELD FOR OTHERS  TOTAL TO FORM 990, PART IV, LINE	ER LIABILITIES		370,0 STATEMENT AMOUNT 153,1 106,7	16 42. 07.
FORM 990 OTH  DESCRIPTION  ACTIVITY & REGISTRATION FEES FUNDS HELD FOR OTHERS  TOTAL TO FORM 990, PART IV, LINE	ER LIABILITIES  65, COLUMN B		370,0 STATEMENT AMOUNT 153,1 106,7	16 42. 07. 49.
FORM 990 OTH  DESCRIPTION  ACTIVITY & REGISTRATION FEES FUNDS HELD FOR OTHERS  TOTAL TO FORM 990, PART IV, LINE  FORM 990 OTHE	ER LIABILITIES  65, COLUMN B	LUMN B	370,0 STATEMENT AMOUNT 153,1 106,7 259,8 STATEMENT	00. 16 42. 07. 49.

FORM 990	OTHER REVENU	JE INCLUDED ON FORM	1 990	STATE	MENT	18
DESCRIPTION				AM	T'NUOI	
INVESTMENT INCOME (	GROSSED UP FOR	R INVESTMENT EXPENS	SES NETTED		72,1	41.
TOTAL TO FORM 990,	PART IV-A				72,1	41.
FORM 990	OTHER EXPENSI	ES INCLUDED ON FORM	4 990	STATE	EMENT	19
DESCRIPTION				AM	MOUNT	
INVESTMENT EXPENSE RECLASSED TO EXPEN		NST INVESTMENT INC	OME		72,1	41.
TOTAL TO FORM 990,	PART IV-B				72,1	41.
PART NAME AND ADDRESS		CURRENT OFFICERS, S AND KEY EMPLOYEE  TITLE AND AVRG HRS/WK	S COMPEN-	EMPLOYEE BEN PLAN	EMENT	20
222200 2 22004				CONTRIB		
JOSEPH A. LONG 3414 HILLSBORO ROA NASHVILLE, TN 3721		SCOUT EXECUTIV		25,956.	ACCOU	TNI
3414 HILLSBORO ROA NASHVILLE, TN 3721 HARRY R. JACOBSON 3414 HILLSBORO ROA	5-0409 .D			25,956.	14,2	TNI
3414 HILLSBORO ROA NASHVILLE, TN 3721 HARRY R. JACOBSON 3414 HILLSBORO ROA	5-0409 .D .5-0409	40.00 PRESIDENT	245,333.	25,956.	14,2	NT 261.
3414 HILLSBORO ROA NASHVILLE, TN 3721 HARRY R. JACOBSON 3414 HILLSBORO ROA NASHVILLE, TN 3721 HILL MCALISTER 3414 HILLSBORO ROA	D 5-0409 D 5-0409	40.00 PRESIDENT 1.00 PRESIDENT-ELEC	245,333. 0. T	25,956.	14,2	261. 0.

BOY SCOUTS OF AMERICA 560 MIDDL	E TENNESS		62-04	77729
ROBERT A. MCCABE, JR.  3414 HILLSBORO ROAD NASHVILLE, TN 37215-0409	CHAIRMAN OF THE BOARD, TRUSTEE 1.00	0.	0.	0.
ANDREW W. BYRD 3414 HILLSBORO ROAD NASHVILLE, TN 37215-0409	TREASURER 1.00	0.	0.	0.
LATTIE NOEL BROWN 3414 HILLSBORO ROAD NASHVILLE, TN 37215-0409	ASSISTANT TREASURER 1.00	0.	0.	0.
RUSS DAWSON 3414 HILLSBORO ROAD NASHVILLE, TN 37215-0409	ASSISTANT TREASURER 1.00	0.	0.	0.
DR.ROBERT BELL 3414 HILLSBORO ROAD NASHVILLE, TN 37215-0409	TRADITIONAL PROGRAM VI	P 0.	0.	0.
DR.GARVIN MAFFETT 3414 HILLSBORO ROAD NASHVILLE, TN 37215-0409	SCOUTREACH VP 1.00	0.	0.	0.
STEVE BLACKMON 3414 HILLSBORO ROAD NASHVILLE, TN 37215-0409	CAMPING VP 1.00	0.	0.	0.
JOE N. STEAKLEY 3414 HILLSBORO ROAD NASHVILLE, TN 37215-0409	FINANCE VP 1.00	0.	0.	0.
JOHN FINCH 3414 HILLSBORO ROAD NASHVILLE, TN 37215-0409	MEMBERSHIP/RELATIONS 1.00		0.	0.
DEVAN D. ARD, JR 3414 HILLSBORO ROAD NASHVILLE, TN 37215-0409	ADMINISTRATION VP	0.	0.	0.
RUSTY SIEBERT 3414 HILLSBORO ROAD NASHVILLE, TN 37215-0409	MANPOWER VP 1.00	0.	0.	0.
JEFF LIPSCOMB 3414 HILLSBORO ROAD NASHVILLE, TN 37215-0409	MARKETING VP 1.00	0.	0.	0.
HUGH TANNER 3414 HILLSBORO ROAD NASHVILLE, TN 37215-0409	ACTIVITIES CHAIRMAN 1.00	0.	0.	0.

BOY SCOUTS OF AMERICA 560 MIDDLE	TENNESS			62-0477	7729
JOHN S. BRYANT 3414 HILLSBORO ROAD NASHVILLE, TN 37215-0409	TRAINING 1.00	CHAIRMANT	0.	0.	0.
JACK L. WOOD 3414 HILLSBORO ROAD NASHVILLE, TN 37215-0409	ADVANCEM 1.00	ENT CHAIRMAN	0.	0,	0.
BOB BOSTON 3414 HILLSBORO ROAD NASHVILLE, TN 37215-0409	HEALTH & 1.00	SAFETY CHAIRM	AN 0.	0.	0.
JAMES G. WHITE, II 3414 HILLSBORO ROAD NASHVILLE, TN 37215-0409	DISTRICT 1.00	OPERATION VP	0.	0.	0.
J.B. BAKER 3414 HILLSBORO ROAD NASHVILLE, TN 37215-0409	DISTRICT 1.00	OPERATION VP	0.	0.	0.
JOHN HARNEY 3414 HILLSBORO ROAD NASHVILLE, TN 37215-0409	DISTRICT 1.00	OPERATION VP	0.	0.	0.
ANDREW BENEDICT 3414 HILLSBORO ROAD NASHVILLE, TN 37215-0409	TRUSTEE 1.00		0.	0.	0.
SAM O. FRANKLIN, III 3414 HILLSBORO ROAD NASHVILLE, TN 37215-0409	TRUSTEE 1.00		0.	0.	0.
AUBREY HARWELL, JR. 3414 HILLSBORO ROAD NASHVILLE, TN 37215-0409	TRUSTEE 1.00	;;	0.	0.	0.
MACK S. LINEBAUGH, JR. 3414 HILLSBORO ROAD NASHVILLE, TN 37215-0409	TRUSTEE 1.00		0.	0.	0.
CLAYTON MCWHORTER 3414 HILLSBORO ROAD NASHVILLE, TN 37215-0409	TRUSTEE 1.00		0.	0.	0.
KENNETH L. ROBERTS 3414 HILLSBORO ROAD NASHVILLE, TN 37215-0409	TRUSTEE 1.00		0.	0.	0.
JAMES E. 'JIMMIE' STEVENS, JR. 3414 HILLSBORO ROAD NASHVILLE, TN 37215-0409	TRUSTEE 1.00		0.	0.	0.

BQY	SCOUTS OF AMERICA 560 MID	DLE TENNESS		62	-0477729
3414 H	B. TURNER HILLSBORO ROAD LLE, TN 37215-0409	TRUSTEE 1.00	0.	0.	0.
3414 H	WILSON HILLSBORO ROAD ILLE, TN 37215-0409	TRUSTEE 1.00	0.	0.	0.
3414 H	K. WILSON HILLSBORO ROAD ILLE, TN 37215-0409	TRUSTEE 1.00	0.	0.	0.
TOTALS	S INCLUDED ON FORM 990, PA	RT V-A	245,333.	25,956.	14,261.
FORM 9		ATIONSHIP OF ACTI		STATE	MENT 21
LINE	EXPLANATION OF RELATIONS	HIP OF ACTIVITIES			
93 96 100 102 103	REVENUE GENERATED FROM TAND SUPPORT FOR SCOUTING AND PERSONAL DEVELOPMENT	ACTIVITIES WHICH	CONTRIBUTED	70	

# 4562

Department of the Treasury Internal Revenue Service Names) shown on return

# Depreciation and Amortization

(Including Information on Listed Property)

eparate instructions. ► Attach to your tax return.

990

2006

62-0477729

OMB No. 1545-0172

➤ See separate instructions. ➤ Attach to your tax return.

Business or activity to which this form relates

BOY SCOUTS OF AMERICA 560 MIDDLE TENNESSEE

Commence and the state of the s

FORM 990 PAGE 2

Identifying number

Pari	Lection to Expense Certain Prope	rty Under Section 17	9 Note: If you have any list	ted property, co	omplete Part	/ before yo	u complete Part I.
1 M	aximum amount. See the instructions	s for a higher limit to	or certain businesses		m. Harrista	1	108,000.
2 To	ital cost of section 179 property place	ed in service (see i					
3 Tr	reshold cost of section 179 property	before reduction i	n limitation			3	430,000.
4 R	eduction in limitation. Subtract line 3	from line 2. If zero	or less, enter -0			4	
5 00	liar limitation for tax year. Subtract line 4 from lin	e 1. If zero or less, enter -	0-, If married filing separately, see	instructions		5	
6	(a) Description of pr	roperty	(b) Cost (busine	ess use only)	(c) Elected	cost	
7 Li	sted property. Enter the amount from	n line 29		7			
8 To	ital elected cost of section 179 prop	erty. Add amounts	in column (c), lines 6 and	7		8	
9 Te	entative deduction. Enter the smaller	of line 5 or line 8				9	
10 C	Carryover of disallowed deduction from line 13 of your 2005 Form 4562						
	usiness income limitation. Enter the s					11	
12 S	ection 179 expense deduction. Add I	ines 9 and 10, but	do not enter more than lir	ne 11		12	
	arryover of disallowed deduction to 2			▶ 13			
Note:	Do not use Part II or Part III below for	or listed property. In	stead, use Part V.				
Par	II Special Depreciation Allows	ance and Other De	preciation (Do not inclu	de listed prope	rty.)		
14 S	ecial allowance for qualified New York Life	perty or Gulf Opportur	nity Zone property (other than	n listed property)	<u> </u>		
pl	aced in service during the tax year					14	
	operty subject to section 168(f)(1) e						
16 0	ther depreciation (including ACRS)	***************************************			e de la constanció de la c	16	338,210
Par	III MACRS Depreciation (Do n	ot include listed pro	operty.) (See instructions.	)			
			Section A				
17 M	AGRS deductions for assets placed	in service in tax ye	ars beginning before 200	6		17	
18 If	ou are electing to group any assets placed in se	rvice during the tax year i	nto one or more general asset acc	counts, check here	<b>&gt;</b>		
	Section B - Asset	s Placed in Service	e During 2006 Tax Year	Using the Gen	eral Deprecia	ation Syste	em
	(a) Classification of property	(b) Month and year placed in service	<ul><li>(c) Basis for depreciation (business/investment use only - see instructions)</li></ul>	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property						
b	5-year property						
c	7-year property						
d	10-year property						
е	15-year property						
f	20-year property						
g	25-year property			25 yrs.		S/L	
_		1		27.5 yrs.	MM	S/L	
h	Residential rental property	1		27.5 yrs.	MM	S/L	
	50 10 80 10 5	1		39 yrs.	MM	S/L	
i	Nonresidential real property	1			MM	S/L	
	Section C - Assets	Placed in Service	During 2006 Tax Year U	Ising the Alter	native Depre	ciation Sys	stem
20a	Class life					S/L	
b	12-year			12 yrs.		S/L	

23 For assets shown above and placed in service during the current year, enter the

22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21.

Enter here and on the appropriate lines of your return, Partnerships and S corporations - see instr

40-year

Part IV Summary (see instructions)

21 Listed property. Enter amount from line 28

portion of the basis attributable to section 263A costs

338,210.

40 yrs.

23

MM

S/L

21

22

Form 4562 (2006)	MID	DLE TENN	ESSEE					62-0477	729	Page 2
recreation, o	or amusement.) ny vehicle for wh of Section A, all	iich you are usin of Section B, an	g the standard i d Section C if a	mileage rate opticable.	or dedu	cting lease	expense, comp	property used to plete only 24a, 24		
24a Do you have evidence	to support the bus	iness/investment	use claimed?	Yes	No	24b If "Ye	s,* is the evide	nce written?	Yes	No
(a) Type of property	(b) Date	(c) Business/	(d) Cost or	Basis for de	preciation	(f) Recovery	(g) Method/	(h) Depreciation		(i) lected

24a Do you have evidence to	support the bu	siness/investment u	se claimed?	Yes No	24b If "Ye	es," is the evider	nce written?	Yes N
(a) Type of property (list vehicles first )	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special allowance for qua	lified New York	Liberty or Gulf Oppo	ortunity Zone pro	perty placed in service	during the t	ax year		
and used more than 50%	in a qualified b	usiness use				25		
26 Property used more th	ian 50% in a c	qualified business	use:					
	в 4	96						
	R 8	96						
		%						
27 Property used 50% or	less in a qual	ified business use	1					
		%				S/L -		
		96				S/L -		
		%				S/L -		]
28 Add amounts in colum	nn (h), lines 25	through 27. Ente	r here and on li	ne 21, page 1		28		
29 Add amounts in colum	nn (i), line 26. I	Enter here and on	line 7, page 1				29	

#### Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

30	Total business/investment miles driven during the	(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
	year (do not include commuting miles)  Total commuting miles driven during the year  Total other personal (noncommuting) miles  driven												
33	Total miles driven during the year. Add lines 30 through 32												
34	Was the vehicle available for personal use during off-duty hours?	Yes	No										
35	Was the vehicle used primarily by a more than 5% owner or related person?												
36	Is another vehicle available for personal use?												

#### Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.

37	Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your	Yes	No	
	employees?			
38	Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your			
	employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners			
39	Do you treat all use of vehicles by employees as personal use?			
	Do you provide more than five vehicles to your employees, obtain information from your employees about			
	the use of the vehicles, and retain the information received?			
41	Do you meet the requirements concerning qualified automobile demonstration use?			
	Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.			

(a) Description of costs	Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Americalio period or perce		(f) Amortization for this year
42 Amortization of costs that begins duri	ng your 2006 tax year:		#!		200	
	#E_#					
43 Amortization of costs that began before	43					
44 Total, Add amounts in column (f), See	the instructions for whe	ere to report		1990 1022 1001 1000	44	