

Form **990**Department of the Treasury  
Internal Revenue Service**Return of Organization Exempt From Income Tax**

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

**2011**Open to Public  
Inspection**A** For the 2011 calendar year, or tax year beginning

and ending

**B** Check if applicable:

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Terminated  
☐ Amended return  
☐ Application pending

**C** Name of organization**BOY SCOUTS OF AMERICA 560  
MIDDLE TENNESSEE**

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address)

**3414 HILLSBORO ROAD**

Room/suite

City or town, state or country, and ZIP + 4

**NASHVILLE, TN 37215****F** Name and address of principal officer: **HUGH TRAVIS****SAME AS C ABOVE****D** Employer identification number**62-0477729****E** Telephone number**(615) 383-9724****G** Gross receipts \$**9,745,784.****H(a)** Is this a group return

for affiliates?

☐ Yes☒ No**H(b)** Are all affiliates included?☐ Yes☐ No

If "No," attach a list. (see instructions)

**H(c)** Group exemption number ▶ **1761****I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) (Insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ **WWW.MTCBSA.ORG****K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation: **1920****M** State of legal domicile: **TN****Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <b>THE BOY SCOUTS OF AMERICA WAS FOUNDED IN 1920 AND EXISTS TODAY TO SERVE OTHERS BY HELPING INSTILL</b>		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	241
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	240
	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	261
	6	Total number of volunteers (estimate if necessary)	6	9356
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 4,203,772.	Current Year 3,730,814.
	9	Program service revenue (Part VIII, line 2g)	2,259,961.	1,935,844.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	570,812.	735,871.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	575,582.	539,966.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	7,610,127.	6,942,495.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	156,830.	172,628.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	3,391,220.	3,471,856.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	16b	Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>905,202.</b>		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	3,001,007.	2,690,547.
Net Assets or Fund Balances	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	6,549,057.	6,335,031.
	19	Revenue less expenses. Subtract line 18 from line 12	1,061,070.	607,464.
	20	Total assets (Part X, line 16)	Beginning of Current Year 28,937,001.	End of Year 28,908,234.
	21	Total liabilities (Part X, line 26)	727,409.	644,326.
	22	Net assets or fund balances. Subtract line 21 from line 20	28,209,592.	28,263,908.

**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.

Sign Here	Signature of officer	<i>Hugh M. Travis</i>	Date	<b>6/25/12</b>
	Type or print name and title <b>HUGH TRAVIS, CORPORATE SECRETARY</b>			
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> PTIN
	Firm's name ▶ <b>LATTIMORE BLACK MORGAN &amp; CAIN, P.C.</b>	<i>Jill Hudson</i>	<b>6/22/12</b>	<input checked="" type="checkbox"/> Not employed
	Firm's address ▶ <b>P.O. BOX 1869 BRENTWOOD, TN 37024-1869</b>	Firm's EIN ▶ <b>62-1199757</b>	Phone no. <b>(615) 377-4600</b>	

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

132001 01-23-12 LHA For Paperwork Reduction Act Notice, see the separate instructions.

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**SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION**

**Part III** Statement of Program Service AccomplishmentsCheck if Schedule O contains a response to any question in this Part III ☒**1** Briefly describe the organization's mission:

THE MIDDLE TENNESSEE COUNCIL BOY SCOUTS OF AMERICA WAS FOUNDED IN 1920 AND EXISTS TODAY TO SERVE OTHERS BY HELPING TO INSTILL VALUES IN YOUNG PEOPLE AND PREPARE THEM TO MAKE ETHICAL CHOICES DURING THEIR LIFETIME AND ACHIEVE THEIR FULL POTENTIAL. COMMUNITY-BASED ORGANIZATIONS

**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 ☒ 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 ☒ 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 and section 4947(a)(1) trusts 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 \$ 5,075,192. Including grants of \$ 172,628. ) (Revenue \$ 2,711,134. )  
 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 ADULT 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 DECISION 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.

**4b** (Code: ) (Expenses \$ Including grants of \$ ) (Revenue \$ )

**4c** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**4d** Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses **5,075,192.**

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**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> 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>	<b>1</b> X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	<b>2</b> X	
<b>3</b> 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>	<b>3</b>	X
<b>4</b> <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>	<b>4</b>	X
<b>5</b> 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>	<b>5</b>	X
<b>6</b> 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>	<b>6</b>	X
<b>7</b> 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>	<b>7</b>	X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	<b>8</b>	X
<b>9</b> Did the organization report an amount in Part X, line 21; 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>	<b>9</b>	X
<b>10</b> 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>	<b>10</b> X	
<b>11</b> 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.		
<b>a</b> 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>	<b>11a</b> X	
<b>b</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>	<b>11b</b> X	
<b>c</b> 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>	<b>11c</b>	X
<b>d</b> 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>	<b>11d</b>	X
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	<b>11e</b> X	
<b>f</b> 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>	<b>11f</b> X	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	<b>12a</b> X	
<b>b</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, XII, and XIII is optional</i>	<b>12b</b>	X
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	<b>13</b>	X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?	<b>14a</b>	X
<b>b</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>	<b>14b</b>	X
<b>15</b> 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>	<b>15</b>	X
<b>16</b> 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>	<b>16</b>	X
<b>17</b> 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>	<b>17</b>	X
<b>18</b> 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>	<b>18</b> X	
<b>19</b> 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>	<b>19</b>	X
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	<b>20a</b>	X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<b>20b</b>	

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

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

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

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**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

		Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	10		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		X	
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	261		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?			X
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			X
b If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			X
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X	
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		X	
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?		X	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			X
d If "Yes," indicate the number of Forms 8282 filed during the year			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			X
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			X
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			
9 Sponsoring organizations maintaining donor advised funds.			
a Did the organization make any taxable distributions under section 4966?			
b Did the organization make a distribution to a donor, donor advisor, or related person?			
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12			
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.			
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c Enter the amount of reserves on hand			
14a Did the organization receive any payments for indoor tanning services during the tax year?			X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O			

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**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

☒**Section A. Governing Body and Management**

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year ..... <b>1a</b> 241		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
b Enter the number of voting members included in line 1a, above, who are independent ..... <b>1b</b> 240		
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? ..... <b>2</b>	X	
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? ..... <b>3</b>		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? ..... <b>4</b>		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets? ..... <b>5</b>		X
6 Did the organization have members or stockholders? ..... <b>6</b>		X
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? ..... <b>7a</b>		X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? ..... <b>7b</b>		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body? ..... <b>8a</b>	X	
b Each committee with authority to act on behalf of the governing body? ..... <b>8b</b>	X	
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 ..... <b>9</b>		X

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

	Yes	No
10a Did the organization have local chapters, branches, or affiliates? ..... <b>10a</b>	X	
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? ..... <b>10b</b>	X	
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? ..... <b>11a</b>	X	
b 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 ..... <b>12a</b>	X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? ..... <b>12b</b>	X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done ..... <b>12c</b>	X	
13 Did the organization have a written whistleblower policy? ..... <b>13</b>	X	
14 Did the organization have a written document retention and destruction policy? ..... <b>14</b>	X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official ..... <b>15a</b>	X	
b Other officers or key employees of the organization ..... <b>15b</b>	X	
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? ..... <b>16a</b>		X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? ..... <b>16b</b>		

**Section C. Disclosure**

17 List the states with which a copy of this Form 990 is required to be filed **TN**

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.  
☐ Own website ☐ Another's website ☒ Upon request

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: **NHU NGUYEN - 615-383-9724**  
**3414 HILLSBORO ROAD, NASHVILLE, TN 37215**

**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 (describe hours for related organizations in Schedule O)	(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) ROY D. ALEXANDER COUNCIL BOXWELL CHAIR	1.00	X						0.	0.	0.
(2) DEVAN D. ARD, JR. ASSISTANT COUNCIL TREASURE	1.00	X		X				0.	0.	0.
(3) J. B. BAKER COUNCIL ADVANCEMENT CHAIR	1.00	X						0.	0.	0.
(4) ROBERT BELL COUNCIL LATIMER PROGRAM CH	1.00	X						0.	0.	0.
(5) LATTIE N. BROWN COUNCIL ACTIVITIES CHAIR	1.00	X						0.	0.	0.
(6) ANDREW W. BYRD COUNCIL PRESIDENT-ELECT	1.00	X		X				0.	0.	0.
(7) JOHN BRIGHT CAGE COUNCIL RELIGIOUS RELATION	1.00	X						0.	0.	0.
(8) RAY CAPP COUNCIL VP DISTRICT OPERAT	1.00	X		X				0.	0.	0.
(9) PENNY CARROLL AREA III VICE PRESIDENT	1.00	X		X				0.	0.	0.
(10) J. B. COX COUNCIL SILVER BEAVER CHAI	1.00	X						0.	0.	0.
(11) DAVID DAVIDSON COUNCIL VP CAMPING	1.00	X		X				0.	0.	0.
(12) WILLIAM R. DEBERRY COUNCIL VP FINANCE	1.00	X		X				0.	0.	0.
(13) MARK EMKES COUNCIL PRESIDENT	1.00	X		X				0.	0.	0.
(14) JIM FELCH COUNCIL HEALTH & SAFETY CH	1.00	X						0.	0.	0.
(15) JOHN FINCH AREA PRESIDENT	1.00	X		X				0.	0.	0.
(16) ROBERT FLACK COUNCIL CUB SCOUT CHAIR	1.00	X						0.	0.	0.
(17) SAM O. FRANKLIN, III COUNCIL TRUSTEE	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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) HOWARD GENTRY NATIONAL COUNCIL REP	1.00	X						0.	0.	0.
(19) BOB GESSLER ASSISTANT COUNCIL TREASURE	1.00	X		X				0.	0.	0.
(20) MARK GILL COUNCIL BOY SCOUT CHAIR	1.00	X						0.	0.	0.
(21) TIM GREENHOUSE COUNCIL STRATEGIC PLAN REV	1.00	X						0.	0.	0.
(22) LUKE GREGORY COUNCIL HIGH ADVENTURE CHA	1.00	X						0.	0.	0.
(23) JOHN HARNEY COUNCIL VP PROPERTIES	1.00	X		X				0.	0.	0.
(24) ROBB HARVEY COUNCIL YOUTH PROTECTION C	1.00	X						0.	0.	0.
(25) AUBREY B. HARWELL, JR. COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(26) WAYMON L. HICKMAN COUNCIL TRUSTEES CHAIRMAN	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>								752,385.	0.	113,326.
<b>d Total (add lines 1b and 1c)</b>								752,385.	0.	113,326.

**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 1

	Yes	No
<b>3</b> Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		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? If "Yes," complete Schedule J for such individual	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? If "Yes," complete Schedule J for such person		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

**SEE PART VII, SECTION A CONTINUATION SHEETS**

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## BOY SCOUTS OF AMERICA 560

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

(A) Name and title	(B) Average hours per week	(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) DAN HOGAN COUNCIL VP ADMINISTRATION	1.00	X		X				0.	0.	0.
(28) ORRIN INGRAM COUNCIL CHAIRMAN OF BOARD	1.00	X		X				0.	0.	0.
(29) JOHN W. LEA COUNCIL COMMISSIONER	1.00	X						0.	0.	0.
(30) MACK LINEBAUGH COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(31) JEFF LIPSCOMB COUNCIL LATIMER MARKETING	1.00	X						0.	0.	0.
(32) KELLEY MAIER COUNCIL VP MARKETING	1.00	X		X				0.	0.	0.
(33) HILL MCALISTER COUNCIL COMPENSATION CHAIR	1.00	X						0.	0.	0.
(34) ROBERT A. MCCABE, JR. COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(35) ROBERT E. MCNEILLY III COUNCIL TREASURER	1.00	X		X				0.	0.	0.
(36) DAVID MCQUIDDY COUNCIL 100TH ANNIVERSARY	1.00	X						0.	0.	0.
(37) CLAYTON MCWHORTER COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(38) DON MILLER COUNCIL TRAINING CHAIRMAN	1.00	X						0.	0.	0.
(39) STEVE MORRIS COUNCIL VP MEMBERSHIP	1.00	X		X				0.	0.	0.
(40) WALTER OVERTON COUNCIL POPCORN CHAIR	1.00	X						0.	0.	0.
(41) LUKE OWNBY VENTURING PRESIDENT	1.00	X		X				0.	0.	0.
(42) PHIL PACSI COUNCIL VP MARKETING	1.00	X		X				0.	0.	0.
(43) JOHN PEARCE COUNCIL AUDIT CHAIR	1.00	X						0.	0.	0.
(44) TIM PETTUS AREA II VICE PRESIDENT	1.00	X		X				0.	0.	0.
(45) JOHN H. ROE, JR. COUNCIL ENDOWMENT CHAIR	1.00	X		X				0.	0.	0.
(46) IAN ROMAINE OA LODGE ADVISER	1.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

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

(A) Name and title	(B) Average hours per week	(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) JIM SCHMITZ COUNCIL MEMBERSHIP AUDIT C	1.00	X						0.	0.	0.
(48) JAMES E. "JIMMIE" STEVENS, JR. COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(49) JACK STRINGHAM COUNCIL LEGAL CHAIR	1.00	X						0.	0.	0.
(50) CHARLES SUEING COUNCIL VP SCOUTREACH	1.00	X		X				0.	0.	0.
(51) HUGH C. TANNER COUNCIL VENTURING CHAIR	1.00	X						0.	0.	0.
(52) JAMES R. TUERFF COUNCIL INSURANCE CHAIR	1.00	X						0.	0.	0.
(53) JACK B. TURNER COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(54) TONY TURNER COUNCIL PARISH CHAIR	1.00	X						0.	0.	0.
(55) SCOTT TURNER AREA I VICE PRESIDENT	1.00	X		X				0.	0.	0.
(56) TIM ACREE COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(57) K. S. "BUD" ADAMS, JR. COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(58) TOM ADKINSON COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(59) MICHAEL BARON COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(60) LEE BEAMAN COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(61) CRAIG BECKER COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(62) JEFF BECKMAN COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(63) SAM BELK COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(64) PAUL BELL COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(65) GEORGE W. BISHOP III COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(66) STEVE BLACKMON COUNCIL TRUSTEE	1.00	X						0.	0.	0.
<b>Total to Part VII, Section A, line 1c</b>										

**BOY SCOUTS OF AMERICA 560  
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**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week	(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			
(67) MITCHEL BONE COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(68) W. P. BONE, III COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(69) DREW BORDAS COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(70) JOHN BOUCHARD III COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(71) WILLIAM BRADY III COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(72) CLAY BRIGHT COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(73) TED BROWN COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(74) ROSS BROWNER COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(75) STUART BRUNSON COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(76) CHARLES J. BRYAN COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(77) SUMMER BRYAN COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(78) JOHN S. BRYANT COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(79) ELLEN BRYSON COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(80) CRAIG BURFORD COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(81) JIM BURTON COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(82) BRAD BUSH COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(83) BRIAN CALLAHAN COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(84) JIM CARDEN COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(85) BOB CARPENTER COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(86) GREG CASHION COUNCIL TRUSTEE	1.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

## BOY SCOUTS OF AMERICA 560

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

(A) Name and title	(B) Average hours per week	(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			
(87) HARVEY CHURCH COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(88) DAN COOK COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(89) STEVE COOK COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(90) JIM COOPER COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(91) ROBERT E. CORLEW, III COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(92) BETH COURTNEY COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(93) JUSTIN D. CROSSLIN COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(94) HAROLD CRYE COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(95) JOHN DANIELEY COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(96) DAVID B. DEATHRIDGE, JR. COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(97) WILLIAM (PETE) DELAY COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(98) RICHARD E. DIX COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(99) STEVE DIX COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(100) TOM DUBOIS COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(101) JIM DYER COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(102) JOHN EAKIN COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(103) MIKE EASLEY COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(104) HARVILL EATON COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(105) J. D. ELLIOTT COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(106) PETE EZELL COUNCIL TRUSTEE	1.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

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

(A) Name and title	(B) Average hours per week	(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			
(107) JOHN FERGUSON COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(108) JOHN FRAME COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(109) JOHN C. PRIST COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(110) GIL FUQUA, JR. COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(111) GARY GARFIELD COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(112) MICHAEL W. GARFIELD COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(113) JOHN GARLAND COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(114) DAVID GARRETT COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(115) EDDIE GEORGE COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(116) TONY GIARRATANA COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(117) MIKE GREENE COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(118) NATE GREENE COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(119) ROBERT GUISINGER COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(120) JOHN HARDING COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(121) KEN HARMS COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(122) AUBREY B. "TREY" HARWELL, III COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(123) HARRIS HASTON COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(124) TERRY "MAX" HASTON COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(125) DAMON T. HININGER COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(126) JAY HOLLOMON COUNCIL TRUSTEE	1.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

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

(A) Name and title	(B) Average hours per week	(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			
(127) JEFF HOLMES COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(128) BOB HERRAR COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(129) JIM HERRAR COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(130) STEVE HORRELL COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(131) STEVE HOUGH COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(132) JOHN HOWARD COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(133) KEEL HUNT COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(134) MIKE INGRAM COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(135) SARAH INGRAM COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(136) HARRY R. JACOBSON COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(137) JOHN JEWELL, III COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(138) STEPHEN JOHNS COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(139) DAVID JOHNSON COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(140) JULIUS JOHNSON COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(141) HUNTER JONES COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(142) KELVIN JONES COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(143) A. J. KAZIMI COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(144) WILLIAM A. (TINKER) KELLY COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(145) TERESA KINGERY COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(146) TAB KIRKLAND COUNCIL TRUSTEE	1.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c .....										

**BOY SCOUTS OF AMERICA 560  
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**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week	(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			
(147) HOWARD KIRKSEY, III COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(148) ED LANCASTER COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(149) JIMMY LANGSDON COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(150) CHUCK LASSING COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(151) DAN LAWSON COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(152) JIM LEHMAN COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(153) JOE L. LESTER COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(154) DAVID W. LEVY COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(155) CAROL LONG COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(156) HANEY A. LONG, JR. COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(157) HAROLD LOVE COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(158) RANDY LOWRY COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(159) JAMES MANN COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(160) ROBERT D. MASSEY COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(161) WALKER MATHEWS COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(162) SHERRY MCGUGIN COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(163) JIM MCKINNEY COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(164) ALBERT MENEFFEE III COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(165) DENNIS MILLER COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(166) EDDIE MILLER COUNCIL TRUSTEE	1.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

**BOY SCOUTS OF AMERICA 560  
MIDDLE TENNESSEE**

Form 990 (2011)

62-0477729

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

(A) Name and title	(B) Average hours per week	(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			
(167) ALAN MORRISON COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(168) GREGG MORTON COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(169) REGGIE MUDD COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(170) JEFF NOBLIN COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(171) RICHARD OLSZEWSKI COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(172) MIKE O'MALLEY COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(173) ROBERT OTWELL COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(174) TRACY PACK COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(175) MELISSA PARIS COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(176) JOE PEARSON COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(177) JOHN C. PEARSON COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(178) M. LEE PETERSEIM COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(179) CLAY PETREY COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(180) JOHN PETTY COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(181) PHIL PFEFFER COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(182) PAUL PLANT COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(183) GREG POPE COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(184) CARY W. PULLIAM COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(185) GUS PURYEAR COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(186) AJITA RAJENDRA COUNCIL TRUSTEE	1.00	X						0.	0.	0.
<b>Total to Part VII, Section A, line 1c</b>										



**BOY SCOUTS OF AMERICA 560  
MIDDLE TENNESSEE**

Form 990 (2011)

62-0477729

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

(A) Name and title	(B) Average hours per week	(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			
(207) BUZZ SPIVEY COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(208) JAMES (JIMMY) W. SPRADLEY, JR. COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(209) GEORGE STADLER COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(210) LELAN STATOM COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(211) JOE N. STEAKLEY COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(212) MARK STEWART COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(213) BOBBY F. SULLIVAN COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(214) HOOVER SUTHERLAND COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(215) DIOGO TAVARES COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(216) BARBI TAYLOR COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(217) OVERTON THOMPSON COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(218) TONY THOMPSON COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(219) K. GREGORY TUCKER COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(220) LESTER TURNER, JR. COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(221) DAVID VAUGHN COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(222) LARRY VICKERS COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(223) CORY WALKER COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(224) KEN WEAVER COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(225) PETE WEIEN COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(226) WILLIAM WENZLER COUNCIL TRUSTEE	1.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

**BOY SCOUTS OF AMERICA 560**  
**MIDDLE TENNESSEE**

Form 990 (2011)

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**Part VIII Statement of Revenue**

				(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>	1 a Federated campaigns	1a	181,142.				
	b Membership dues	1b					
	c Fundraising events	1c	132,985.				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	3416687.				
	g Noncash contributions included in lines 1a-1f: \$		268,241.				
	<b>h Total. Add lines 1a-1f</b>			3730814.			
<b>Program Service Revenue</b>	2 a <b>CAMPING FEES</b>	Business Code	713990	1054962.	1054962.		
	b <b>POPCORN SALES</b>		713990	530,900.	530,900.		
	c <b>ACTIVITY FEES</b>		713990	291,871.	291,871.		
	d <b>TRADING POST SALES</b>		713990	58,111.	58,111.		
	e						
	f All other program service revenue						
	<b>g Total. Add lines 2a-2f</b>			1935844.			
<b>Other Revenue</b>	3 Investment income (including dividends, interest, and other similar amounts)			458,437.			458,437.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real	(ii) Personal				
	b Less: rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	b Less: cost or other basis and sales expenses						
	c Gain or (loss)						
	d Net gain or (loss)			277,434.	277,434.		
	8 a Gross income from fundraising events (not including \$ 132,985. of contributions reported on line 1c). See Part IV, line 18	a		103911.			
	b Less: direct expenses	b		61,801.			
	c Net income or (loss) from fundraising events			42,110.			42,110.
	9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a		1,300,739.				
b Less: cost of goods sold	b		849230.				
c Net income or (loss) from sales of inventory			451,509.	451,509.			
<b>Miscellaneous Revenue</b>			<b>Business Code</b>				
11 a <b>REFUND - ACCIDENT INSU</b>		713990	23,099.	23,099.			
b <b>MISCELLANEOUS INCOME</b>		713990	12,689.	12,689.			
c <b>REFUND - LIABILITY PRE</b>		713990	10,559.	10,559.			
d All other revenue							
e <b>Total. Add lines 11a-11d</b>			46,347.				
<b>12 Total revenue. See instructions.</b>			6942495.	2711134.	0.	500,547.	

**BOY SCOUTS OF AMERICA 560  
MIDDLE TENNESSEE**

Form 990 (2011)

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**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) but are not required to complete columns (B), (C), and (D).

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
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	172,628.	172,628.		
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	367,428.	264,548.	22,046.	80,834.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	2,371,005.	1,707,124.	142,260.	521,621.
8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)	131,250.	108,423.	5,096.	17,731.
9 Other employee benefits	402,376.	332,394.	15,624.	54,358.
10 Payroll taxes	199,797.	165,563.	7,643.	26,591.
11 Fees for services (non-employees):				
a Management				
b Legal	6,529.		6,529.	
c Accounting	38,375.	13,294.	22,253.	2,828.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	79,825.		79,825.	
g Other	27,460.	25,076.	-2,951.	5,335.
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	422,621.	389,739.	7,341.	25,541.
17 Travel	263,560.	217,778.	10,221.	35,561.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	36,738.	29,261.	1,669.	5,808.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	412,436.	323,762.	19,797.	68,877.
23 Insurance	127,861.	111,216.	3,716.	12,929.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <b>SUPPLIES</b>	840,803.	825,207.	3,482.	12,114.
b <b>EQUIPMENT RENTAL</b>	108,136.	92,013.	3,600.	12,523.
c <b>NATIONAL DUES</b>	68,930.	68,930.	0.	0.
d <b>RECOGNITION AWARDS</b>	56,392.	48,146.	1,841.	6,405.
e All other expenses	200,881.	180,090.	4,645.	16,146.
25 Total functional expenses. Add lines 1 through 24e	6,335,031.	5,075,192.	354,637.	905,202.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

**BOY SCOUTS OF AMERICA 560  
MIDDLE TENNESSEE**

Form 990 (2011)

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**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	6,942,495.
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,335,031.
3	Revenue less expenses. Subtract line 2 from line 1	3	607,464.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	28,209,592.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-553,148.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	28,263,908.

**Part XII Financial Statements and Reporting**

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

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

Form 990 (2011)

**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

**2011**

**Open to Public  
Inspection**

Name of the organization **BOY SCOUTS OF AMERICA 560  
MIDDLE TENNESSEE**

Employer identification number  
**62-0477729**

**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 - Other
- 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?
- (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? ☐
- (ii) A family member of a person described in (i) above? ☐
- (iii) A 35% controlled entity of a person described in (i) or (ii) above? ☐
- h Provide the following information about the supported organization(s).

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(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 support
			Yes	No	Yes	No	Yes	No	
Total									

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

Schedule A (Form 990 or 990-EZ) 2011

132021  
01-24-12

**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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	9,670,556.	3,897,524.	3,776,358.	3,987,367.	3,730,814.	25,062,619.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
3 The value of services or facilities furnished by a governmental unit to the organization without charge .....						
4 Total. Add lines 1 through 3 .....	9,670,556.	3,897,524.	3,776,358.	3,987,367.	3,730,814.	25,062,619.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						
6 Public support. Subtract line 5 from line 4.						25,062,619.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4 .....	9,670,556.	3,897,524.	3,776,358.	3,987,367.	3,730,814.	25,062,619.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	616,075.	263,809.	343,818.	380,188.	458,437.	2,062,327.
9 Net income from unrelated business activities, whether or not the business is regularly carried on .....						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
11 Total support. Add lines 7 through 10 .....						27,124,946.
12 Gross receipts from related activities, etc. (see instructions) .....					12 15,558,561.	
13 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 .....						<input type="checkbox"/>

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

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f)) .....	14	92.40	%
15 Public support percentage from 2010 Schedule A, Part II, line 14 .....	15	92.69	%
16a 33 1/3% support test - 2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization .....			<input checked="" type="checkbox"/>
b 33 1/3% support test - 2010. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
18 Private foundation. 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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.)						
<b>14</b> 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 <input type="checkbox"/>						

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

<b>15</b> Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2010 Schedule A, Part III, line 15	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2010 Schedule A, Part III, line 17	<b>18</b>	%

**19a** 33 1/3% support tests - 2011. 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 - 2010. 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 ☐

**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

**2011**

Open to Public  
Inspection

Name of the organization **BOY SCOUTS OF AMERICA 560  
MIDDLE TENNESSEE**

Employer identification number  
**62-0477729**

**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).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> 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 XIV, 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 XIV, 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 exhibitiond ☐ Loan or exchange programsb ☐ Scholarly researche ☐ Other \_\_\_\_\_c ☐ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

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 XIV 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 XIV.

**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	10,913,987.	10,302,723.	8,574,856.	11,775,150.	
b Contributions	231,403.	15,685.	346,910.	69,727.	
c Net investment earnings, gains, and losses	-520,487.	595,579.	1,380,957.	-3,270,021.	
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	10,624,903.	10,913,987.	10,302,723.	8,574,856.	

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

a Board designated or quasi-endowment ☐ .00 %b Permanent endowment ☐ 94.18 %c Temporarily restricted endowment ☐ 5.82 %

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 XIV 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		5,403,981.		5,403,981.
b Buildings		12,011,863.	4,426,218.	7,585,645.
c Leasehold improvements				
d Equipment		1,499,709.	1,202,036.	297,673.
e Other		929,760.	733,981.	195,779.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				13,483,078.

**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 .....	5,145,457.	END-OF-YEAR MARKET VALUE
(3) Other		
(A) KEMPKAU TRUST (ONE-THIRD		
(B) INTEREST) - REAL ESTATE	336,570.	END-OF-YEAR MARKET VALUE
(C) PINNACLE NATIONAL		
(D) BANK-LONG TERM CD	204,343.	END-OF-YEAR MARKET VALUE
(E)		
(F)		
(G)		
(H)		
(I)		
<b>Total.</b> (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶	5,686,370.	

**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) ACTIVITY & REGISTRATION FEES	186,655.
(3) FUNDS HELD FOR OTHERS	203,228.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	389,883.

2. FIN 48 (ASC 740) provisions. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under

## BOY SCOUTS OF AMERICA 560

MIDDLE TENNESSEE

62-0477729 Page 4

Schedule D (Form 990) 2011

**Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements**

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	6,942,495.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	6,335,031.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	607,464.
4	Net unrealized gains (losses) on investments	4	-553,148.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	-553,148.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	54,316.

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

1	Total revenue, gains, and other support per audited financial statements	1	6,269,440.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	-553,148.
b	Donated services and use of facilities	2b	38,400.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	-514,748.
3	Subtract line 2e from line 1	3	6,784,188.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	158,307.
c	Add lines 4a and 4b	4c	158,307.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	6,942,495.

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

1	Total expenses and losses per audited financial statements	1	6,215,124.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	38,400.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	38,400.
3	Subtract line 2e from line 1	3	6,176,724.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	158,307.
c	Add lines 4a and 4b	4c	158,307.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	6,335,031.

**Part XIV 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, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART V, LINE 4: THE ENDOWMENT FUNDS ARE TO BE USED FOR SCHOLARSHIP**

**PROGRAMS, PROPERTY MAINTENANCE, AND ANY OTHER ACTIVITIES OF THE COUNCIL.**

**PART X, LINE 2: THE COUNCIL IS A NOT-FOR-PROFIT ORGANIZATION THAT IS EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND COMPARABLE STATE LAW AS A CHARITABLE ORGANIZATION WHEREBY ONLY UNRELATED BUSINESS INCOME, AS DEFINED BY SECTION 509(A)(1) OF THE CODE IS SUBJECT TO FEDERAL INCOME TAX. THE COUNCIL CURRENTLY HAS NO UNRELATED**

**Part XIV** Supplemental Information (continued)

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

A TAX POSITION IS RECOGNIZED AS A BENEFIT ONLY IF IT IS MORE LIKELY THAN NOT THAT THE TAX POSITION WOULD BE SUSTAINED IN A TAX EXAMINATION, WITH A TAX EXAMINATION BEING PRESUMED TO OCCUR. THE AMOUNT RECOGNIZED IS THE LARGEST AMOUNT OF TAX BENEFIT THAT IS GREATER THAN 50% LIKELY OF BEING REALIZED ON EXAMINATION. FOR TAX POSITIONS NOT MEETING THE MORE LIKELY THAN NOT TEST, NO TAX BENEFIT IS RECORDED. THE COUNCIL HAD NO MATERIAL UNCERTAIN TAX POSITIONS THAT QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS AS OF DECEMBER 31, 2011. IT IS THE COUNCIL POLICY TO RECOGNIZE INTEREST AND/OR PENALTIES RELATED TO INCOME TAX MATTERS IN INCOME TAX EXPENSE.

AS OF DECEMBER 31, 2011, THE COUNCIL HAS ACCRUED NO INTEREST AND NO PENALTIES RELATED TO UNCERTAIN TAX POSITIONS. IT IS THE COUNCIL POLICY TO RECOGNIZE INTEREST AND/OR PENALTIES RELATED TO INCOME TAX MATTERS IN INCOME TAX EXPENSE.

THE COUNCIL FILES U.S. FEDERAL INCOME TAX RETURNS. THE COUNCIL IS CURRENTLY OPEN TO AUDIT UNDER THE STATUTE OF LIMITATIONS FOR THE YEARS ENDED AFTER DECEMBER 31, 2008.

PART XII AND XIII - THESE AMOUNTS WERE NETTED AGAINST INCOME IN THE AUDITED FINANCIAL STATEMENTS.

Department of the Treasury  
Internal Revenue Service

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

# 2011

## Open To Public Inspection

**Employer identification number**  
**62-0477729**

**Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- a ☐ Mail solicitations  
b ☐ Internet and email solicitations  
c ☐ Phone solicitations  
d ☐ In-person solicitations  
e ☐ Solicitation of non-government grants  
f ☐ Solicitation of government grants  
g ☐ Special fundraising events

- ☐ Yes      ☐ No

- | (i) Name and address of individual<br>or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser<br>have custody<br>or control of<br>contributions? |    | (iv) Gross receipts<br>from activity | (v) Amount paid<br>to (or retained by)<br>fundraiser<br>listed in col. (i) | (vi) Amount paid<br>to (or retained by)<br>organization |
|--|---------------|---|----|--------------------------------------|--|---|
|  |               | Yes   | No |                                      |  |   |
|  |               |   |    |                                      |  |   |
|  |               |   |    |                                      |  |   |
|  |               |   |    |                                      |  |   |
|  |               |   |    |                                      |  |   |
|  |               |   |    |                                      |  |   |
|  |               |   |    |                                      |  |   |
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|  |               |   |    |                                      |  |   |
|  |               |   |    |                                      |  |   |
|  |               |   |    |                                      |  |   |
|  |               |   |    |                                      |  |   |
|  |               |   |    |                                      |  |   |
|  |               |   |    |                                      |  |   |
| Total .....  |               |   |    |                                      |  |   |

- 3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

## BOY SCOUTS OF AMERICA 560

Schedule G (Form 990 or 990-EZ) 2011 MIDDLE TENNESSEE

62-0477729 Page 2

**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))
		EXTRAVAGANZA AUCTION (event type)	FALL GOLF TOURNAMENT (event type)	2 (total number)	
Revenue	1 Gross receipts .....	81,797.	72,745.	82,354.	236,896.
	2 Less: Charitable contributions .....	4,204.	60,015.	68,766.	132,985.
	3 Gross income (line 1 minus line 2) .....	77,593.	12,730.	13,588.	103,911.
Direct Expenses	4 Cash prizes .....				
	5 Noncash prizes .....				
	6 Rent/facility costs .....				
	7 Food and beverages .....				
	8 Entertainment .....				
	9 Other direct expenses .....	18,458.	16,706.	26,637.	61,801.
	10 Direct expense summary. Add lines 4 through 9 in column (d) .....				( 61,801 )
	11 Net income summary. Combine line 3, column (d), and line 10 .....				42,110.

**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))
Revenue	1 Gross revenue .....				
Direct Expenses	2 Cash prizes .....				
	3 Noncash prizes .....				
	4 Rent/facility costs .....				
	5 Other direct expenses .....				
	6 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	
	7 Direct expense summary. Add lines 2 through 5 in column (d) .....				( )
	8 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: \_\_\_\_\_

## BOY SCOUTS OF AMERICA 560

Schedule G (Form 990 or 990-EZ) 2011 MIDDLE TENNESSEE

62-0477729 Page 3

- 11 Does the organization operate gaming activities with nonmembers? ☐ Yes ☐ No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13 Indicate the percentage of gaming activity operated in:
- |                               |     |   |
|-------------------------------|-----|---|
| a The organization's facility | 13a | % |
| b An outside facility         | 13b | % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ► \$ \_\_\_\_\_.

c If "Yes," enter name and address of the third party:

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

## 16 Gaming manager information:

Name ► \_\_\_\_\_

Gaming manager compensation ► \$ \_\_\_\_\_

Description of services provided ► \_\_\_\_\_

☐ Director/officer
☐ Employee
☐ Independent contractor

## 17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ \_\_\_\_\_

**Part IV** Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

**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

**2011**

**Open to Public  
Inspection**

Name of the organization **BOY SCOUTS OF AMERICA 560**  
**MIDDLE TENNESSEE**

Employer identification number  
**62-0477729**

**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. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed. ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) 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) (2011)



BOY SCOUTS OF AMERICA 560

Schedule I (Form 990) (2011)

62-0477729

Page 2

MIDDLE TENNESSEE

**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
REGISTRATION WITH NATIONAL BOY SCOUTS OF AMERICA ORGANIZATION	2683	0.	40,246.	ACTUAL COST	REGISTRATION FEES
PROGRAM SUPPLIES	229	0.	4,592.	ACTUAL COST	SUPPLIES
CAMPERSHIPS	828	0.	49,310.	ACTUAL COST	CAMP SCHOLARSHIPS
COLLEGE SCHOLARSHIPS PAID DIRECTLY TO SCHOOLS	46	78,480.	0.	ACTUAL COST	TUITION PAID DIRECTLY TO COLLEGES

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

SCHEDULE I, PART I, LINE 2: ALL GRANTS TO INDIVIDUALS ARE IN THE FORM OF SPECIFIC ASSISTANCE FOR CAMP OR PROGRAM MATERIALS OF THE BOY SCOUTS AND ARE NOT IN THE FORM OF CASH. ANY COLLEGE SCHOLARSHIPS AWARDED ARE PAID DIRECTLY TO THE INSTITUTION AND NOT TO THE INDIVIDUAL.

**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

**2011**

Open to Public Inspection

Name of the organization

**BOY SCOUTS OF AMERICA 560  
MIDDLE TENNESSEE**

Employer identification number  
**62-0477729**

**Part I Questions Regarding Compensation**

**1a** 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.

- |  |  |
|--|--|
| <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) |

**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

**2** 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?

**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director. Explain in Part III.

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Compensation committee   | <input checked="" type="checkbox"/> Written employment contract                     |
| <input type="checkbox"/> Independent compensation consultant | <input 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 |

**4** 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:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.

**5** 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:

- a** The organization?
- b** Any related organization?
- If "Yes" to line 5a or 5b, describe in Part III.

**6** 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:

- a** The organization?
- b** Any related organization?
- If "Yes" to line 6a or 6b, describe in Part III.

**7** 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

**8** 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

**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

BOY SCOUTS OF AMERICA 560

MIDDLE TENNESSEE

62-0477729

Schedule J (Form 990) 2011

**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	(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 HUGH M. TRAVIS	(i) 326,959.	0.	0.	16,538.	3,158.	346,655.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
2 RONNIE TURPIN	(i) 92,655.	0.	24,856.	6,239.	29,077.	152,827.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
3	(i)						
	(ii)						
4	(i)						
	(ii)						
5	(i)						
	(ii)						
6	(i)						
	(ii)						
7	(i)						
	(ii)						
8	(i)						
	(ii)						
9	(i)						
	(ii)						
10	(i)						
	(ii)						
11	(i)						
	(ii)						
12	(i)						
	(ii)						
13	(i)						
	(ii)						
14	(i)						
	(ii)						
15	(i)						
	(ii)						
16	(i)						
	(ii)						



## BOY SCOUTS OF AMERICA 560

Schedule L (Form 990 or 990-EZ) 2011 MIDDLE TENNESSEE

62-0477729 Page 2

**Part IV** Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
ROY. D. ALEXANDER	BOARD MEMBER	3,200.	AUTO SERVICE		X
JOHN BOUCHARD, III	BOARD MEMBER	22,361.	PLUMBING SE		X
JOYCE I. COOK	BOARD MEMBER	32,670.	MERCHANT PR		X
DAN HOGAN	BOARD MEMBER	0.	BANKING SER		X
JEFF LIPSCOMB	BOARD MEMBER	33,119.	MARKETING S		X
ROBERT A. MCCABE, JR.	BOARD MEMBER	0.	BANKING SER		X
ROBERT MCNEILLY	BOARD MEMBER	0.	BANKING SER		X
DAVID MCQUIDDY	BOARD MEMBER	11,386.	PRINTING SE		X
STEVE MORRIS	BOARD MEMBER	4,274.	SHIPPING SE		X
GREG MORTON	BOARD MEMBER	13,372.	TELEPHONE S		X

**Part V** Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

**SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:**

(A) NAME OF PERSON: ROY. D. ALEXANDER

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

BOARD MEMBER

(C) AMOUNT OF TRANSACTION \$ 3,200.

(D) DESCRIPTION OF TRANSACTION: AUTO SERVICES

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: JOHN BOUCHARD, III

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

BOARD MEMBER

(C) AMOUNT OF TRANSACTION \$ 22,361.

(D) DESCRIPTION OF TRANSACTION: PLUMBING SERVICES

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: JOYCE I. COOK

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

BOARD MEMBER

(C) AMOUNT OF TRANSACTION \$ 32,670.

(D) DESCRIPTION OF TRANSACTION: MERCHANT PROCESSING FEES

**Part V** Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: DAN HOGAN

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

BOARD MEMBER

(C) AMOUNT OF TRANSACTION \$ -0-

(D) DESCRIPTION OF TRANSACTION: BANKING SERVICES

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: JEFF LIPSCOMB

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

BOARD MEMBER

(C) AMOUNT OF TRANSACTION \$ 33,119.

(D) DESCRIPTION OF TRANSACTION: MARKETING SERVICES

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: ROBERT A. MCCABE, JR.

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

BOARD MEMBER

(C) AMOUNT OF TRANSACTION \$ -0-

(D) DESCRIPTION OF TRANSACTION: BANKING SERVICES

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: ROBERT MCNEILLY

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

BOARD MEMBER

(C) AMOUNT OF TRANSACTION \$ -0-

(D) DESCRIPTION OF TRANSACTION: BANKING SERVICES

**Part V** Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: DAVID MCQUIDDY

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

BOARD MEMBER

(C) AMOUNT OF TRANSACTION \$ 11,386.

(D) DESCRIPTION OF TRANSACTION: PRINTING SERVICES

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: STEVE MORRIS

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

BOARD MEMBER

(C) AMOUNT OF TRANSACTION \$ 4,274.

(D) DESCRIPTION OF TRANSACTION: SHIPPING SERVICES

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: GREG MORTON

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

BOARD MEMBER

(C) AMOUNT OF TRANSACTION \$ 13,372.

(D) DESCRIPTION OF TRANSACTION: TELEPHONE SERVICES

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: JIM SCHMITZ

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

BOARD MEMBER

(C) AMOUNT OF TRANSACTION \$ -0-

(D) DESCRIPTION OF TRANSACTION: BANKING SERVICES

**Complete this part to provide additional information for responses to questions on Schedule L (see instructions).**

(E) SHARING OF ORGANIZATION REVENUES? = NO



**SCHEDULE M  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

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

OMB No. 1545-0047

**2011**

Open to Public  
Inspection

Name of the organization **BOY SCOUTS OF AMERICA 560  
MIDDLE TENNESSEE**

Employer identification number  
**62-0477729**

**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 1c	(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 .....				
7 Boats and planes .....				
8 Intellectual property .....				
9 Securities - Publicly traded .....	X	12	258,601.	FAIR MARKET VALUE
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 ► ( <u>FOOD &amp; SUPPLI</u> ) .....	X	8	9,640.	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

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? .....

	Yes	No
30a		X
31	X	
32a		X
33		

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? .....

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash  
contributions? .....

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) (2011)

**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

**2011**

Open to Public  
Inspection

Name of the organization

**BOY SCOUTS OF AMERICA 560  
MIDDLE TENNESSEE**

Employer identification number  
**62-0477729**

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

**VALUES IN YOUNG PEOPLE AND PREPARE THEM TO MAKE ETHICAL CHOICES DURING  
THEIR LIFETIME AND ACHIEVE THEIR FULL POTENTIAL.**

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

**RECEIVE NATIONAL CHARTERS TO USE THE SCOUTING PROGRAM AS PART OF THEIR  
OWN YOUTH WORK IN THE MIDDLE TENNESSEE COUNCIL. THESE 1,149 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, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:**

**IN 2011, THE MIDDLE TENNESSEE COUNCIL CAMPED OVER 3,922 YOUTH AT  
BOXWELL RESERVATION SCOUT CAMP AND HAD OVER 4,908 FLOAT DAYS AT GRIMES  
CANOE BASE. THROUGHOUT OUR PROGRAMS COMMUNITY SERVICE IS AN IMPORTANT  
STEP. IN 2011, OVER 145,989 COMMUNITY SERVICE HOURS BY TIGER CUBS, CUB  
SCOUTS, BOY SCOUTS, VENTURES AND LEARNING FOR LIFE PARTICIPANTS WERE  
TRACKED.**

**OUR COUNCIL PROVIDES SERVICE TO 37 COUNTIES AND FORT CAMPBELL AND  
HUNDREDS OF COMMUNITIES IN THE STATE OF TENNESSEE. SCOUTING NATIONWIDE  
TOTALS ARE CLOSE TO FIVE MILLION MEMBERS, WITH OVER ONE MILLION ADULT  
VOLUNTEERS. SCOUTING IS NATIONAL AND INTERNATIONAL. CURRENTLY WE HAVE  
OVER 27,000 YOUTH MEMBERS AND 9,356 ADULT VOLUNTEER LEADERS IN OUR  
COUNCIL. ANY YOUTH OR LEADER IS ELIGIBLE TO JOIN THE SCOUTING PROGRAM**

Name of the organization **BOY SCOUTS OF AMERICA 560  
MIDDLE TENNESSEE**

Employer identification number  
**62-0477729**

**IF THEY ARE WILLING TO SUBSCRIBE TO THE BSA'S DECLARATION OF RELIGIOUS PRINCIPLE, THE POLICIES AND BYLAWS OF THE BOY SCOUTS OF AMERICA, AND THE AGE GRADE JOINING REQUIREMENTS.**

**OUR COUNCIL IS AN IRS SECTION 501(C)(3) NON-PROFIT ORGANIZATION FUNDED BY MANY DIFFERENT SOURCES. THESE SOURCES PROVIDE NEEDED INCOME TO SUPPORT THE SCOUTING PROGRAM IN THE 37 COUNTIES OF MIDDLE TENNESSEE. OUR COLLEGE-EDUCATED AND TRAINED PROFESSIONAL STAFF MANAGES OVER 9,356 VOLUNTEERS ANNUALLY TO PROVIDE LEADERSHIP DEVELOPMENT, OPERATION OF COUNCIL FACILITIES AND NEEDED SPECIALIZED PROGRAMS AT A COST OF \$209 PER YOUTH. WE RECEIVE INCOME FROM TEN AREAS: ANNUAL FRIENDS OF SCOUTING CAMPAIGN, PROJECT SALES, SPECIAL EVENTS, SALES OF SUPPLIES, CORPORATIONS AND FOUNDATIONS, PRODUCT SALES, ACTIVITIES, OUTDOOR EDUCATIONAL ENVIRONMENTAL FACILITIES, UNITED WAY, AND INVESTMENTS.**

**COUNCIL EXPENSES FROM OUR ANNUAL BUDGET CAN BE BROKEN DOWN AS FOLLOWS: PROGRAM HOURS/UNIT SERVICE 72%; MANAGEMENT AND GENERAL HOURS 6%; FUNDRAISING HOURS 22%. THESE PERCENTAGES ARE BASED UPON TIME STUDIES CONDUCTED ON OUR STAFF. AN AUDIT IS HELD EACH YEAR AS REQUIRED AND IS REVIEWED AND APPROVED BY OUR COUNCIL VOLUNTEER EXECUTIVE BOARD AS PART OF OUR POLICY OF SOLID FISCAL MANAGEMENT PRACTICES. AN ANNUAL COUNCIL CHARTER REVIEW IS ALSO HELD EVERY THREE YEARS WITH VOLUNTEERS THAT REVIEW LEADERSHIP, FINANCE, GROWTH, STEWARDSHIP, MARKETING, ADMINISTRATION AND PROGRAM THROUGH A DOCUMENT OF 84 QUESTIONS.**

**FORM 990, PART VI, SECTION A, LINE 2: THERE ARE SOME FATHERS AND SONS THAT SERVE ON THE BOARD TOGETHER.**

Name of the organization **BOY SCOUTS OF AMERICA 560  
MIDDLE TENNESSEE**

Employer identification number  
**62-0477729**

FORM 990, PART VI, SECTION B, LINE 11: A COPY OF THE 990 IS PROVIDED TO THE BOARD FINANCE SUBCOMMITTEE FOR APPROVAL PRIOR TO FILING BUT IS NOT PROVIDED TO THE FULL BOARD.

FORM 990, PART VI, SECTION B, LINE 12C: THERE IS AN ANNUAL REVIEW WITH THE BOARD.

FORM 990, PART VI, SECTION B, LINE 15: ALL EMPLOYEE COMPENSATION REQUIRES BOARD APPROVAL.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST. FINANCIALS ARE ALSO AVAILABLE ON GUIDESTAR AND D&B.

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

NET UNREALIZED LOSSES ON INVESTMENTS: -553,148.

THE ORGANIZATION CONTINUES TO HAVE AN AUDIT COMMITTEE WHO ASSUMES RESPONSIBILITY OF SELECTING AN INDEPENDENT ACCOUNTANT TO AUDIT ITS FINANCIAL STATEMENTS. THIS PROCESS HAS NOT CHANGED FROM PRIOR YEARS.

# Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

► File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

*Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.*

**Electronic filing (e-file).** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on **e-file for Charities & Nonprofits**.

## **Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).**

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only ☐

*All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.*

Type or print  File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. <b>BOY SCOUTS OF AMERICA 560 MIDDLE TENNESSEE</b>	Employer identification number (EIN) or <input checked="" type="checkbox"/> <b>62-0477729</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>3414 HILLSBORO ROAD</b>	Social security number (SSN) <input type="checkbox"/>
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>NASHVILLE, TN 37215</b>	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**NHU NGUYEN**

- The books are in the care of ► **3414 HILLSBORO ROAD - NASHVILLE, TN 37215**

Telephone No. ► **615-383-9724**

FAX No. ►

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box ☐ . If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **AUGUST 15, 2012**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
► ☒ calendar year **2011** or  
► ☐ tax year beginning , and ending .

- 2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return  
☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev. 1-2012)