

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

2012Open to Public
Inspection**A For the 2012 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 organizationBOY 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, town, or post office, state, and ZIP code

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 \$ 9,558,805.**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: THE BOY SCOUTS OF AMERICA WAS FOUNDED IN 1920 AND EXISTS TODAY TO SERVE OTHERS BY HELPING INSTILL		
	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	239
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	238
	5 Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	257
	6 Total number of volunteers (estimate if necessary)	6	8390
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	3,730,814.	3,694,755.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,935,844.	2,091,476.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	735,871.	539,000.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	539,966.	577,253.
	6,942,495.	6,902,484.	
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	172,628.	193,077.
	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)	3,471,856.	3,478,759.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 961,819.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,690,547.	2,845,009.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	6,335,031.	6,516,845.	
19 Revenue less expenses. Subtract line 18 from line 12	607,464.	385,639.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	28,908,234.	30,306,744.
	22 Net assets or fund balances. Subtract line 21 from line 20	644,326.	751,204.
		28,263,908.	29,555,540.

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 *Hugh M. Travis* Date *6-21-13*
 ▶ **HUGH TRAVIS, CORPORATE SECRETARY**
 Type or print name and title

Paid Preparer Use Only
 Print/Type preparer's name: JILL HUDSON
 Preparer's signature: _____ Date: _____
 Check if self-employed ☐ PTIN: P00061190
 Firm's name: ▶ LATTIMORE BLACK MORGAN & CAIN, P.C.
 Firm's EIN: ▶ 62-1199757
 Firm's address: ▶ P.O. BOX 1869
 BRENTWOOD, TN 37024-1869
 Phone no. (615) 377-4600

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

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response to any question in this Part III ☒ **X****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 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 \$ 5,221,341. including grants of \$ 193,077.) (Revenue \$ 2,681,949.)
 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 **5,221,341.**

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

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

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Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck 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	11	
1b	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	257	
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 as charitable contributions?	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	7d	
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	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
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.	13a	
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	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

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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 ☒ **X****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	1a 239		
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.	1b 238		
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?	2	<input checked="" type="checkbox"/> 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?	3		<input checked="" type="checkbox"/> X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		<input checked="" type="checkbox"/> X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		<input checked="" type="checkbox"/> X
6 Did the organization have members or stockholders?	6		<input checked="" type="checkbox"/> 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?	7a		<input checked="" type="checkbox"/> 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?	7b		<input checked="" type="checkbox"/> X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?	8a	<input checked="" type="checkbox"/> X	
b Each committee with authority to act on behalf of the governing body?	8b	<input checked="" type="checkbox"/> 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	9		<input checked="" type="checkbox"/> 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?	<input checked="" type="checkbox"/> 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?	<input checked="" type="checkbox"/> X	
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<input checked="" type="checkbox"/> 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	<input checked="" type="checkbox"/> X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<input checked="" type="checkbox"/> 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	<input checked="" type="checkbox"/> X	
13 Did the organization have a written whistleblower policy?	<input checked="" type="checkbox"/> X	
14 Did the organization have a written document retention and destruction policy?	<input checked="" type="checkbox"/> 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	<input checked="" type="checkbox"/> X	
b Other officers or key employees of the organization	<input checked="" type="checkbox"/> 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?		<input checked="" type="checkbox"/> 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?		

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 ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **NHU NGUYEN - 615-383-9724**
3414 HILLSBORO PIKE, NASHVILLE, TN 37215

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response to any question in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) A. J. KAZIMI COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(2) AJITA RAJENDRA COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(3) ALAN MORRISON COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(4) ALBERT MENEFEE III COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(5) ANDREW W. BYRD COUNCIL PRESIDENT-ELECT	1.00	X		X				0.	0.	0.
(6) AUBREY B. "TREY" HARWELL, III COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(7) AUBREY B. HARWELL, JR. COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(8) BARBI TAYLOR COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(9) BILL HAGERTY COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(10) BOB CARPENTER COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(11) BOB GESSLER ASSISTANT COUNCIL TREASURE	1.00	X		X				0.	0.	0.
(12) BOB HERRAR COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(13) BOBBY F. SULLIVAN COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(14) BRAD BUSH COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(15) BRIAN CALLAHAN COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(16) BUFORD REED COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(17) BUZZ SPIVEY COUNCIL TRUSTEE	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) C. DALE ALLEN COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(19) CARL HALEY COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(20) CAROL LONG COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(21) CAROLYN YATES COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(22) CARY W. PULLIAM COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(23) CHARLES J. BRYAN COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(24) CHARLES SUEING COUNCIL VP SCOUTREACH	1.00	X		X				0.	0.	0.
(25) CHARLES WOMACK COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(26) CHRIS REMKE COUNCIL TRUSTEE	1.00	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								621,996.	0.	83,046.
d Total (add lines 1b and 1c)								621,996.	0.	83,046.

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 **2**

	Yes	No
3 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
4 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	
5 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

**BOY SCOUTS OF AMERICA 560
MIDDLE TENNESSEE**

Form 990

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 (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) CHRIS SNODDY COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(28) CHUCK LASSING COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(29) CLAY BRIGHT COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(30) CLAY PETREY COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(31) CLAYTON MCWHORTER COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(32) CRAIG BECKER COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(33) CRAIG SALAZAR COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(34) DAMON T. HININGER COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(35) DAN COOK COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(36) DAN DELLINGER COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(37) DAN HOGAN COUNCIL VP ADMINISTRATION	1.00	X		X				0.	0.	0.
(38) DAN LAWSON COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(39) DARCY PHINNEY COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(40) DAVID B. DEATHRIDGE, JR. COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(41) DAVID DAVIDSON COUNCIL VP CAMPING	1.00	X		X				0.	0.	0.
(42) DAVID GARRETT COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(43) DAVID JOHNSON COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(44) DAVID MCQUIDDY COUNCIL 100TH ANNIVERSARY	1.00	X						0.	0.	0.
(45) DAVID VAUGHN COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(46) DAVID W. LEVY 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

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 (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(47) DAVID WILLIAMS II COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(48) DEMARCO REYNOLDS COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(49) DENNIS MILLER COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(50) DEVAN D. ARD, JR. ASSISTANT COUNCIL TREASURE	1.00	X		X				0.	0.	0.
(51) DON COCHRAN COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(52) DON MILLER COUNCIL TRAINING CHAIRMAN	1.00	X						0.	0.	0.
(53) DREW BORDAS COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(54) ED LANCASTER COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(55) EDDIE GEORGE COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(56) EDDIE MILLER COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(57) EDWARD HERNANDEZ COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(58) ELEANOR WILLIS COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(59) FLOYD SHECHTER COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(60) GARY D. SASSER COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(61) GARY GARFIELD COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(62) GEORGE L. YOWELL COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(63) GEORGE STADLER COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(64) GEORGE W. BISHOP III COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(65) GIL FUQUA, JR. COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(66) GINA BECKMAN 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

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 (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(67) GREG CASHION COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(68) GREG POPE COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(69) GREGG MORTON COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(70) GUS PURYEAR COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(71) HANEY A. LONG, JR. COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(72) HAROLD CRYE COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(73) HARRIS HASTON COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(74) HARRY R. JACOBSON COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(75) HARVEY CHURCH COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(76) HARVILL EATON COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(77) HILL MCALISTER COUNCIL COMPENSATION CHAIR	1.00	X						0.	0.	0.
(78) HOOVER SUTHERLAND COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(79) HOWARD GENTRY NATIONAL COUNCIL REP	1.00	X						0.	0.	0.
(80) HUGH C. TANNER COUNCIL VENTURING CHAIR	1.00	X						0.	0.	0.
(81) IAN ROMAINE OA LODGE ADVISER	1.00	X						0.	0.	0.
(82) J. B. BAKER COUNCIL ADVANCEMENT CHAIR	1.00	X						0.	0.	0.
(83) J. B. COX COUNCIL SILVER BEAVER CHAI	1.00	X						0.	0.	0.
(84) J. D. ELLIOTT COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(85) JACK B. TURNER COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(86) JACK L. WOOD 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

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 (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(87) JACK STRINGHAM COUNCIL LEGAL CHAIR	1.00	X						0.	0.	0.
(88) JAMES (JIMMY) W. SPRADLEY, JR. COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(89) JAMES E. "JIMMIE" STEVENS, JR. COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(90) JAMES G. WHITE, II COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(91) JAMES MANN COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(92) JAY HOLLOMON COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(93) JEFF BECKMAN COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(94) JEFF HOLMES COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(95) JEFF LIPSCOMB COUNCIL LATIMER MARKETING	1.00	X						0.	0.	0.
(96) JEFF NOBLIN COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(97) JERRY SMITH COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(98) JESSE REGISTER COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(99) JIM BURTON COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(100) JIM CARDEN COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(101) JIM COOPER COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(102) JIM DYER COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(103) JIM FELCH COUNCIL HEALTH & SAFETY CH	1.00	X						0.	0.	0.
(104) JIM HERRAR COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(105) JIM LEHMAN COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(106) JIM MCKINNEY COUNCIL TRUSTEE	1.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

**BOY SCOUTS OF AMERICA 560
MIDDLE TENNESSEE**

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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 (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(107) JIM SCHMIDT COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(108) JIM SCHMITZ COUNCIL MEMBERSHIP AUDIT C	1.00	X						0.	0.	0.
(109) JIMMY LANGSDON COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(110) JOE L. LESTER COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(111) JOE N. STEAKLEY COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(112) JOE PEARSON COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(113) JOE RUSSELL COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(114) JOHN BOUCHARD III COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(115) JOHN BRIGHT CAGE COUNCIL RELIGIOUS RELATION	1.00	X						0.	0.	0.
(116) JOHN C. FRIST COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(117) JOHN C. PEARSON COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(118) JOHN DANIELEY COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(119) JOHN EAKIN COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(120) JOHN FERGUSON COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(121) JOHN FINCH AREA PRESIDENT	1.00	X		X				0.	0.	0.
(122) JOHN FRAME COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(123) JOHN GARLAND COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(124) JOHN H. ROE, JR. COUNCIL ENDOWMENT CHAIR	1.00	X		X				0.	0.	0.
(125) JOHN HARDING COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(126) JOHN HARNEY COUNCIL VP PROPERTIES	1.00	X		X				0.	0.	0.
Total to Part VII, Section A, line 1c										

**BOY SCOUTS OF AMERICA 560
MIDDLE TENNESSEE**

Form 990

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 (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(127) JOHN HOWARD COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(128) JOHN JEWELL, III COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(129) JOHN LINDAHL COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(130) JOHN PEARCE COUNCIL AUDIT CHAIR	1.00	X						0.	0.	0.
(131) JOHN S. BRYANT COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(132) JOHN W. LEA COUNCIL COMMISSIONER	1.00	X						0.	0.	0.
(133) JULIUS JOHNSON COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(134) JUSTIN D. CROSSLIN COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(135) K. GREGORY TUCKER COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(136) K. S. "BUD" ADAMS, JR. COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(137) KEEL HUNT COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(138) KEITH NAPIER COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(139) KELVIN JONES COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(140) KEN HARMS COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(141) KEN WEAVER COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(142) L. A. GREEN COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(143) LARRY VICKERS COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(144) LARRY WILLIAMS COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(145) LATTIE N. BROWN COUNCIL ACTIVITIES CHAIR	1.00	X						0.	0.	0.
(146) LEE BEAMAN 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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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 (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(147) LEE SCOTT COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(148) LELAN STATOM COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(149) LESTER TURNER, JR. COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(150) LUKE GREGORY COUNCIL HIGH ADVENTURE CHA	1.00	X						0.	0.	0.
(151) M. LEE PETERSEIM COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(152) MACK LINEBAUGH COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(153) MARK EMKES COUNCIL PRESIDENT	1.00	X		X				0.	0.	0.
(154) MARK STEWART COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(155) MICHAEL BARON COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(156) MICHAEL W. GARFIELD COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(157) MIKE EASLEY COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(158) MIKE GREENE COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(159) MIKE INGRAM COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(160) MIKE O'MALLEY COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(161) MIKE ROBBINS COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(162) MITCHEL BONE COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(163) MONTEE SNEED COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(164) NATE GREENE COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(165) NELSON REMUS COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(166) NICOLE DUNIGAN COUNCIL TRUSTEE	1.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

**BOY SCOUTS OF AMERICA 560
MIDDLE TENNESSEE**

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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 (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(167) ORRIN INGRAM COUNCIL CHAIRMAN OF BOARD	1.00	X		X				0.	0.	0.
(168) OVERTON THOMPSON COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(169) PAUL PLANT COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(170) PENNY CARROLL AREA III VICE PRESIDENT	1.00	X		X				0.	0.	0.
(171) PETE EZELL COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(172) PETE WEIEN COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(173) PETE WILLISTON COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(174) PHIL PACSI COUNCIL VP MARKETING	1.00	X		X				0.	0.	0.
(175) PHIL PFEFFER COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(176) PHILIP HARDIN COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(177) RANDY LOWRY COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(178) RAY CAPP COUNCIL VP DISTRICT OPERAT	1.00	X		X				0.	0.	0.
(179) RAY YOUNG, JR. COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(180) REGGIE MUDD COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(181) RICHARD E. DIX COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(182) RICHARD OLSZEWSKI COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(183) ROBB HARVEY COUNCIL YOUTH PROTECTION C	1.00	X						0.	0.	0.
(184) ROBERT A. MCCABE, JR. COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(185) ROBERT BELL COUNCIL LATIMER PROGRAM CH	1.00	X						0.	0.	0.
(186) ROBERT D. MASSEY 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

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 (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(187) ROBERT E. CORLEW, III COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(188) ROBERT E. MCNEILLY III COUNCIL TREASURER	1.00	X		X				0.	0.	0.
(189) ROBERT FLACK COUNCIL CUB SCOUT CHAIR	1.00	X						0.	0.	0.
(190) ROBERT GUISSINGER COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(191) ROBERT YEAGER COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(192) ROBIN WILHITE COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(193) RON LUSTIG COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(194) ROSS BROWNER COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(195) ROY D. ALEXANDER COUNCIL BOXWELL CHAIR	1.00	X						0.	0.	0.
(196) SAM BELK COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(197) SAM O. FRANKLIN, III COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(198) SARAH INGRAM COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(199) SCOTT TURNER AREA I VICE PRESIDENT	1.00	X		X				0.	0.	0.
(200) SHERRY MCGUGIN COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(201) STEPHEN JOHNS COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(202) STEVE BLACKMON COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(203) STEVE COOK COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(204) STEVE DIX COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(205) STEVE HORRELL COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(206) STEVE HOUGH 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

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 (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(207) STEVE MORRIS COUNCIL VP MEMBERSHIP	1.00	X		X				0.	0.	0.
(208) STEVE SANDERS COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(209) STUART BRUNSON COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(210) SUMMER BRYAN COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(211) T. J. LUCKETT COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(212) TAB KIRKLAND COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(213) TATE RICH COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(214) TED BROWN COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(215) TERESA KINGERY COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(216) TERRY "MAX" HASTON COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(217) TIM ACREE COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(218) TIM PETTUS AREA II VICE PRESIDENT	1.00	X		X				0.	0.	0.
(219) TIM ROBERSON COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(220) TOM ADKINSON COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(221) TOM DUBOIS COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(222) TONY GIARRATANA COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(223) TONY THOMPSON COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(224) TONY TURNER COUNCIL PARISH CHAIR	1.00	X						0.	0.	0.
(225) TRACY PACK COUNCIL TRUSTEE	1.00	X						0.	0.	0.
(226) W. P. BONE, III 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 (2012)

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Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a	176,054.				
	b Membership dues	1b					
	c Fundraising events	1c	99,757.				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	3,418,944.				
	g Noncash contributions included in lines 1a-1f: \$		134,956.				
	h Total. Add lines 1a-1f		3,694,755.				
	Program Service Revenue						
2 a CAMPING FEES			713990	1,147,664.	1,147,664.		
b POPCORN SALES			713990	558,560.	558,560.		
c ACTIVITY FEES			713990	332,788.	332,788.		
d TRADING POST SALES			713990	52,464.	52,464.		
e							
f All other program service revenue							
g Total. Add lines 2a-2f				2,091,476.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			462,603.			462,603.
	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)			76,397.	76,397.		
	8 a Gross income from fundraising events (not including \$ 99,757. of contributions reported on line 1c). See Part IV, line 18	a		122,992.			
	b Less: direct expenses	b		59,815.			
	c Net income or (loss) from fundraising events			63,177.			63,177.
	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		1,314,464.				
b Less: cost of goods sold	b		840,705.				
c Net income or (loss) from sales of inventory			473,759.	473,759.			
Miscellaneous Revenue			Business Code				
11 a REFUND - ACCIDENT INSURANCE		713990	23,439.	23,439.			
b REFUND - LIABILITY PREMIUM		713990	10,580.	10,580.			
c MISCELLANEOUS INCOME		713990	6,298.	6,298.			
d All other revenue							
e Total. Add lines 11a-11d			40,317.				
12 Total revenue. See instructions.			6,902,484.	2,681,949.	0.	525,780.	

Form 990 (2012)

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
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	193,077.	193,077.		
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	331,353.	235,260.	16,568.	79,525.
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	2,402,320.	1,716,155.	118,304.	567,861.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	145,496.	120,405.	5,602.	19,489.
9 Other employee benefits	392,607.	324,902.	15,115.	52,590.
10 Payroll taxes	206,983.	171,055.	8,021.	27,907.
11 Fees for services (non-employees):				
a Management				
b Legal	11,478.		11,478.	
c Accounting	39,000.	11,792.	24,700.	2,508.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	84,172.		84,172.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	17,447.	22,487.	-9,824.	4,784.
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	426,054.	395,336.	6,858.	23,860.
17 Travel	284,222.	234,012.	11,209.	39,001.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	45,926.	36,603.	2,082.	7,241.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	462,395.	362,980.	22,195.	77,220.
23 Insurance	124,463.	108,350.	3,598.	12,515.
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 SUPPLIES	892,136.	876,676.	3,452.	12,008.
b EQUIPMENT RENTAL	131,953.	115,810.	3,604.	12,539.
c NATIONAL DUES	68,930.	68,930.	0.	0.
d TELEPHONE	58,606.	50,377.	1,837.	6,392.
e All other expenses	198,227.	177,134.	4,714.	16,379.
25 Total functional expenses. Add lines 1 through 24e	6,516,845.	5,221,341.	333,685.	961,819.
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 (2012)

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Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1 Cash - non-interest-bearing	728,765.	1	778,391.	
	2 Savings and temporary cash investments	832,846.	2	442,502.	
	3 Pledges and grants receivable, net	741,028.	3	1,043,047.	
	4 Accounts receivable, net	62,616.	4	14,476.	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5		
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6		
	7 Notes and loans receivable, net	2,101.	7	2,101.	
	8 Inventories for sale or use	367,920.	8	368,663.	
	9 Prepaid expenses and deferred charges	95,208.	9	195,118.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	20,742,919.			
	b Less: accumulated depreciation	6,824,630.			
		13,483,078.	10c	13,918,289.	
	11 Investments - publicly traded securities	6,908,302.	11	7,363,871.	
	12 Investments - other securities. See Part IV, line 11	5,686,370.	12	6,180,286.	
	13 Investments - program-related. See Part IV, line 11		13		
	14 Intangible assets		14		
15 Other assets. See Part IV, line 11		15			
16 Total assets. Add lines 1 through 15 (must equal line 34)	28,908,234.	16	30,306,744.		
Liabilities	17 Accounts payable and accrued expenses	190,549.	17	254,108.	
	18 Grants payable		18		
	19 Deferred revenue	63,894.	19	146,341.	
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22		
	23 Secured mortgages and notes payable to unrelated third parties		23		
	24 Unsecured notes and loans payable to unrelated third parties		24		
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	389,883.	25	350,755.	
	26 Total liabilities. Add lines 17 through 25	644,326.	26	751,204.	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	14,776,937.	27	15,602,768.	
	28 Temporarily restricted net assets	2,506,244.	28	2,765,125.	
	29 Permanently restricted net assets	10,980,727.	29	11,187,647.	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds		30		
	31 Paid-in or capital surplus, or land, building, or equipment fund		31		
	32 Retained earnings, endowment, accumulated income, or other funds		32		
33 Total net assets or fund balances	28,263,908.	33	29,555,540.		
34 Total liabilities and net assets/fund balances	28,908,234.	34	30,306,744.		

Form **990** (2012)

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	6,902,484.
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,516,845.
3	Revenue less expenses. Subtract line 2 from line 1	3	385,639.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	28,263,908.
5	Net unrealized gains (losses) on investments	5	905,993.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	29,555,540.

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? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	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	
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 (2012)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2012

Open to Public Inspection

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, congregation of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Non-functionally integrated

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(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? ☐ Yes ☐ No

(ii) A family member of a person described in (i) above? ☐ Yes ☐ No

(iii) A 35% controlled entity of a person described in (i) or (ii) above? ☐ Yes ☐ No

h Provide the following information about the supported organization(s).

[illegible]

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

Schedule A (Form 990 or 990-EZ) 2012

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3,897,524.	3,776,358.	3,987,367.	3,730,814.	3,694,754.	19,086,817.
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	3,897,524.	3,776,358.	3,987,367.	3,730,814.	3,694,754.	19,086,817.
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)						325,824.
6 Public support. Subtract line 5 from line 4.						18,760,993.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4	3,897,524.	3,776,358.	3,987,367.	3,730,814.	3,694,754.	19,086,817.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	263,809.	343,818.	380,188.	458,437.	462,603.	1,908,855.
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						20,995,672.
12 Gross receipts from related activities, etc. (see instructions)					12	16,320,034.
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 2012 (line 6, column (f) divided by line 11, column (f))	14	89.36 %
15 Public support percentage from 2011 Schedule A, Part II, line 14	15	92.40 %
16a 33 1/3% support test - 2012. 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 - 2011. 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 - 2012. 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 - 2011. 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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 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						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

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

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

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

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

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

2012

*** Not Open to Public Inspection ***

Total Excess Contributions to Schedule A, Part II, Line 5	325,824.
-----------------------------------------------------------------	----------

223171 05-01-12

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2012

Name of the organization

BOY SCOUTS OF AMERICA 560
MIDDLE TENNESSEE

Employer identification number

62-0477729

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

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

☐ 501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

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

Name of organization BOY SCOUTS OF AMERICA 560 MIDDLE TENNESSEE	Employer identification number 62-0477729
-------------------------------------------------------------------------------	-----------------------------------------------------

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	BILL & CAROL LATIMER CHARITABLE FOUNDATION 201 WEST MAIN ST. SUITE E UNION CITY, TN 38261	\$ 339,650.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization BOY SCOUTS OF AMERICA 560 MIDDLE TENNESSEE	Employer identification number 62-0477729
-------------------------------------------------------------------------------	-----------------------------------------------------

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

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

Name of organization BOY SCOUTS OF AMERICA 560 MIDDLE TENNESSEE	Employer identification number 62-0477729
-------------------------------------------------------------------------------	-----------------------------------------------------

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once.) ► \$ _____

Use duplicate copies of Part III if additional space is needed.

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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No. 1545-0047

2012

**Open to Public
Inspection**

Name of the organization **BOY SCOUTS OF AMERICA 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 XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

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

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

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

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

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

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

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

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a ☐ Public exhibition
 b ☐ Scholarly research
 c ☐ Preservation for future generations
 d ☐ Loan or exchange programs
 e ☐ Other _____

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	10,624,903.	10,913,987.	10,302,723.	8,574,856.	11,775,150.
b Contributions	22,162.	231,403.	15,685.	346,910.	69,727.
c Net investment earnings, gains, and losses	1,232,939.	-41,122.	595,579.	1,380,957.	-3,270,021.
d Grants or scholarships					
e Other expenditures for facilities and programs	464,154.	429,304.			
f Administrative expenses	51,241.	50,061.			
g End of year balance	11,364,609.	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 ☒ 93.90 %

c Temporarily restricted endowment ☒ 6.10 %

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

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

- (i) unrelated organizations
 (ii) related organizations

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

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		5,602,486.		5,602,486.
b Buildings		12,630,293.	4,740,664.	7,889,629.
c Leasehold improvements				
d Equipment		1,580,380.	1,325,729.	254,651.
e Other		929,760.	758,237.	171,523.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				13,918,289.

Schedule D (Form 990) 2012

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	5,642,273.	END-OF-YEAR MARKET VALUE
(3) Other		
(A) KEMPKAU TRUST (ONE-THIRD		
(B) INTEREST)-REAL ESTATE	324,268.	END-OF-YEAR MARKET VALUE
(C) PINNACLE NATIONAL		
(D) BANK-LONG TERM CD	213,745.	END-OF-YEAR MARKET VALUE
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	6,180,286.	

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)		
Total. (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)	

Total. (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	204,864.	
(3) FUNDS HELD FOR OTHERS	145,891.	
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
(11)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	350,755.	

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

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

1	Total revenue, gains, and other support per audited financial statements	1	7,683,232.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	905,993.
b	Donated services and use of facilities	2b	45,450.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	951,443.
3	Subtract line 2e from line 1	3	6,731,789.
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 XIII.)	4b	170,695.
c	Add lines 4a and 4b	4c	170,695.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	6,902,484.

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

1	Total expenses and losses per audited financial statements	1	6,391,600.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	45,450.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	45,450.
3	Subtract line 2e from line 1	3	6,346,150.
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 XIII.)	4b	170,695.
c	Add lines 4a and 4b	4c	170,695.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	6,516,845.

Part XIII Supplemental Information

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

PART 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 XIII 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, 2012. IT IS THE COUNCIL POLICY TO RECOGNIZE INTEREST AND/OR PENALTIES RELATED TO INCOME TAX MATTERS IN INCOME TAX EXPENSE.

AS OF DECEMBER 31, 2012, 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 STATUE OF LIMITATIONS FOR THE YEARS ENDED AFTER DECEMBER 31, 2009.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

RECLASSIFY INVESTMENT EXPENSES NETTED AGAINST INVESTMENT INCOME	84,172.
RECLASSIFY COLLEGE SCHOLARSHIPS PAID THAT WERE NETTED AGAINST INCOME	86,525.
ROUNDING	-2.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	170,695.

Part XIII Supplemental Information (continued)

PART XII, LINE 4B - OTHER ADJUSTMENTS:

RECLASSIFY INVESTMENT EXPENSES NETTED AGAINST INVESTMENT

INCOME 84,172.

RECLASSIFY COLLEGE SCHOLARSHIPS PAID THAT WERE NETTED

AGAINST INCOME 86,525.

ROUNDING -2.

TOTAL TO SCHEDULE D, PART XII, LINE 4B 170,695.

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

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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.

OMB No. 1545-0047

2012

Open To Public Inspection

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

Employer identification number
62-0477729

Part I

Fundraising Activities.

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.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- 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

- 2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ **Yes** ☐ **No**
- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

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

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 EXTRAVAGANZA AUCTION	(b) Event #2 FALL GOLF TOURNAMENT	(c) Other events 2	(d) Total events (add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts	82,264.	67,890.	72,595.	222,749.
	2 Less: Contributions	56,077.	43,680.	0.	99,757.
	3 Gross income (line 1 minus line 2)	26,187.	24,210.	72,595.	122,992.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	18,856.	14,740.	26,219.	59,815.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				(59,815)
	11 Net income summary. Combine line 3, column (d), and line 10				63,177.

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: _____

- 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

2012

**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. 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) (2012)

Part III

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
REGISTRATION WITH NATIONAL BOY SCOUTS OF AMERICA ORGANIZATION	2652	0.	39,777.	ACTUAL COST	REGISTRATIONN FEES
PROGRAM SUPPLIES	212	0.	4,231.	ACTUAL COST	UNIFORMS & HANDBOOKS UNIFORMS & HANDBOOKS UNIFORMS & HANDBOOKS UNIFORMS & HANDBOOKS
CAMPERSHIPS	1042	0.	62,544.	ACTUAL COST	CAMP SCHOLARSHIPS
COLLEGE SCHOLARSHIPS PAID DIRECTLY TO SCHOOLS	56	86,525.	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, Part III, column (b), 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

2012

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, but 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		

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

Schedule J (Form 990) 2012

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.

Schedule J (Form 990) 2012

Department of the Treasury
Internal Revenue Service

OMB No. 1545-0047

2012

Open To Public Inspection

Employer identification number
62-0477729

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

[illegible]

2	Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958	▶	\$	
3	Enter the amount of tax, if any, on line 2, above, reimbursed by the organization	▶	\$	

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

[illegible]

Total

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

[illegible]

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	5,622.	AUTO SERVICE		X
JOHN BOUCHARD, III	BOARD MEMBER	26,918.	PLUMBING SE		X
DAN HOGAN	BOARD MEMBER	0.	BANKING SER		X
JEFF LIPSCOMB	BOARD MEMBER	30,317.	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	11,885.	PRINTING SE		X
STEVE MORRIS	BOARD MEMBER	4,141.	SHIPPING SE		X
GREG MORTON	BOARD MEMBER	12,481.	TELEPHONE S		X
JIM SCHMITZ	BOARD MEMBER	0.	BANKING SER		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 \$ 5,622.

(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 \$ 26,918.

(D) DESCRIPTION OF TRANSACTION: PLUMBING SERVICES

(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

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: JEFF LIPSCOMB

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

BOARD MEMBER

(C) AMOUNT OF TRANSACTION \$ 30,317.

(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

(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 \$ 11,885.

(D) DESCRIPTION OF TRANSACTION: PRINTING 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: STEVE MORRIS

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

BOARD MEMBER

(C) AMOUNT OF TRANSACTION \$ 4,141.

(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 \$ 12,481.

(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

(E) SHARING OF ORGANIZATION REVENUES? = NO

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

OMB No. 1545-0047

2012

Open to Public
Inspection

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

Name of the organization **BOY SCOUTS OF AMERICA 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 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles	X	1	22,100.	FAIR MARKET VALUE
7 Boats and planes	X	1	12,324.	FAIR MARKET VALUE
8 Intellectual property				
9 Securities - Publicly traded	X	3	81,862.	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>MISC AUCTION</u>)	X	277	11,220.	FAIR MARKET VALUE
26 Other ► (<u>FOOD & SUPPLI</u>)	X	6	7,450.	FAIR MARKET VALUE
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?

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.

Yes No

30a		X
31	X	
32a		X

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

Schedule M (Form 990) (2012)

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2012

Open to Public
Inspection

Name of the organization	BOY SCOUTS OF AMERICA 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 2012, THE MIDDLE TENNESSEE COUNCIL CAMPED OVER 3,997 YOUTH AT
BOXWELL RESERVATION SCOUT CAMP AND HAD OVER 5,500 FLOAT DAYS AT GRIMES
CANOE BASE AND OVER 1,560 YOUTH AND ADULTS PARTICIPATING IN HIGH
ADVENTURE ACTIVITIES. NEW TO LATIMER RESERVATION IN 2012 WERE THE
ADDITIONS OF THE CHAPEL AND OBSERVATORY. THROUGHOUT OUR PROGRAMS
COMMUNITY SERVICE IS AN IMPORTANT STEP. IN 2012, OVER 144,528 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

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

Employer identification number
62-0477729

OVER 26,715 YOUTH MEMBERS AND 8,390 ADULT VOLUNTEER LEADERS IN OUR COUNCIL. ANY YOUTH OR LEADER IS ELIGIBLE TO JOIN THE SCOUTING PROGRAM 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 8,390 VOLUNTEERS ANNUALLY TO PROVIDE LEADERSHIP DEVELOPMENT, OPERATION OF COUNCIL FACILITIES AND NEEDED SPECIALIZED PROGRAMS AT A COST OF \$219 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 71%; MANAGEMENT AND GENERAL HOURS 5%; FUNDRAISING HOURS 24%. 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

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

Employer identification number
62-0477729

THAT SERVE ON THE BOARD TOGETHER.

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.

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 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	Name of exempt organization or other filer, see instructions. BOY SCOUTS OF AMERICA 560 MIDDLE TENNESSEE	Employer identification number (EIN) or 62-0477729
	Number, street, and room or suite no. If a P.O. box, see instructions. 3414 HILLSBORO ROAD	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. NASHVILLE, TN 37215	

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 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	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 PIKE - 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, 2013** , to file the exempt organization return for the organization named above. The extension is for the organization's return for:
► ☒ calendar year **2012** 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. 1-2013)

Form **8879-EO****IRS e-file Signature Authorization
for an Exempt Organization**

OMB No. 1545-1878

For calendar year 2012, or fiscal year beginning _____, 2012, and ending _____, 20____

2012▶ **Do not send to the IRS. Keep for your records.**Department of the Treasury
Internal Revenue Service

Name of exempt organization

**BOY SCOUTS OF AMERICA 560
MIDDLE TENNESSEE**

Employer identification number

62-0477729

Name and title of officer

**HUGH TRAVIS
CORPORATE SECRETARY****Part I Type of Return and Return Information** (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a**, **2a**, **3a**, **4a**, or **5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b**, **2b**, **3b**, **4b**, or **5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b 6902484
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b _____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2012 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

☒ I authorize **LATTIMORE BLACK MORGAN & CAIN, P.C.** to enter my PIN **01658**
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2012 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2012 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ ******* THIS IS NOT A FILEABLE COPY ***** Date ▶ _____**Part III Certification and Authentication**

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

62279762279
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2012 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ _____ Date ▶ _____

ERO Must Retain This Form - See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So