### Form **8453-TE**

#### Tax Exempt Entity Declaration and Signature for E-file

OMB	Nο	1545.	.0047
OIVID	INO.	1040	-UU41

For calendar year 2023, or tax year beginning  $\hdots$  , and ending

For use with Forms 990, 990-EZ, 990-PF, 990-T, 1120-POL, 4720, 8868, 5227, 5330, and 8038-CP

2023

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form8453TE for the latest information.

Name of file	er						EIN	or SSN	-	
	Scouts of Americ						2	2-157	6300	
Part I	Type of Return and F									
	box for the type of return being fil 5330 filers may enter dollars and									
апи гопп <b>6а. 7а. 8а</b>	, <b>9a</b> , or <b>10a</b> below, and the amou	nt on that line of the	e return beind	whole dollars to	form wa	as blank, thei	n leave li	ne <b>1b. 2</b> b	a, 3a, 4a, 5a, o. 3b. 4b. 5b.	
6b, 7b, 8b	<b>9, 9b,</b> or <b>10b,</b> whichever is applica	able, blank (do not	enter -0-). If y	ou entered -0-	on the	return, then e	enter -0-	on the ap	plicable line	
	not complete more than one line									
1a Form	n 990 check here n 990-EZ check here	b Total rever	u <b>e,</b> if any (	Form 990, Pa	rt VIII,	column (A)	), line 12			
2a Form	n 990-EZ check here	b Total reven	ue, if any (l	Form 990-EZ,	line 9	)		2b		
3a Form	1120-POL check here							3b		
	n 990-PF check here	b Tax based						e 5) <b>4b</b>		
5a Form	n 8868 check here	b Balance dւ	ı <b>e</b> (Form 88	68, line 3c) $_{\scriptscriptstyle}$				5b		
6a Form	n 990-T check here X	b Total tax (F	orm 990-T,	Part III, line 4	4)			6b	NONE	
7a Form	1 4720 check here	<b>b Total tax</b> (F	orm 4720,	Part III, line 1	)					
8a Form	n 5227 check here	b FMV of ass	ets at end	of tax year (	Form	5227, Item	D)	8b		
9a Form	n 5330 check here	b Tax due (F	orm 5330, F	art II, line 19	)			9b		
10a Form	1 8038-CP check here	b Amount of c			Form 8	3038-CP, Par	t III, line	22) <b>10</b> k	)	
Part II	Declaration of Office	r or Person S	ubject to	Гах						
wi fed co I a inf <b>b</b> If a ex 99	nuthorize the U.S. Treasury and its thdrawal (direct debit) entry to the deral taxes owed on this return, an ntact the U.S. Treasury Financial also authorize the financial institution ormation necessary to answer incompact of this return is being filed ecuted the electronic disclosure con the compact of the property of the property of the property of the content of the conten	financial institution of the financial ins Agent at 1-888-35 ons involved in the quiries and resolve with a state agencionsent contained Part I above) to the	account ind titution to deb 3-4537 no lat processing of issues relate ((ies) regulati vithin this retus e selected sta	cated in the tax it the entry to the er than 2 busing the electronic d to the payment or charities as urn allowing dis te agency(ies).	c preparation preparation of the control of the con	ration softwa bunt. To revo ys prior to the ent of taxes to the IRS Fed/ by the IRS of	re for pay like a pay le paymer lo receive  /State pro lof this Fo	yment of the ment, I ment, I ment, I ment (settlem to confide necessary) ogram, I commende settlement (settlement) og settlement (settl	the ust nent) date. tial certify that I 90-EZ/	
name of e									·	
and that I knowledge of the elec to the IRS	have examined a copy of the 2023 e and belief, they are true, correct, stronic return. I consent to allow m and to receive from the IRS (a) a cocessing the return or refund, en	, and complete. I fu y intermediate serv n acknowledgeme	orther declare vice provider, nt of receipt o	nying schedule that the amour transmitter, or	es and s nt in Pa electro	statements, a rt I above is t nic return ori	and, to th the amou ginator (E	e best of int shown ERO) to s	my on the copy end the return	
Sign	Jocen Ka		11/	15/24	Тr	easure	r/CF	0		
	Signature of officer or person sub	ect to tax	Date			f applicable	_,	<u> </u>		
						• • •				
Part II	Declaration of Electr	onic Return C	riginator	(ERO) and I	Paid F	Preparer (	see ins	struction	າຣ)	
I am only a The entity be filed wi Informatio have exan	hat I have reviewed the above retrong collector, I am not responsible for officer or person subject to tax with the IRS to the officer or person in for Authorized IRS e-file Providenined the above return and according complete. This Paid Preparer defined the above return and according complete.	or reviewing the ret Il have signed this subject to tax, and ers for Business Re panying schedules	urn and only form before I have followe eturns. If I am and stateme	declare that this submit the retu d all other requ also the Paid F ents, and, to the	s form a ırn. I wi ıiremen Prepare e best o	accurately re Il give a copy ts in Pub. 41 er, under pen of my knowled	flects the of all for 63, Mode alties of dge and l	e data on in orms and in ernized e- perjury I o	the return. nformation to -File (MeF) declare that I	
ERO's	ERO's signature			Date		Check if also paid preparer	Check self- emplo		ERO's SSN or PTIN	
Use	Firm's name (or yours if							EIN		
Only	self-employed), address, and ZIP code							Phone no.		
	nalties of perjury, I declare that I hat they are true, correct, and compl							nts, and, t		owledge
	Print/Type preparer's name		Preparer's signa	ure			Date		eck if PTIN	
Paid	ALBERT N. ANTONELLI		albux 1	1. ansorelli		1:	1/15	/24 self	ployed P0149	6650
Preparer								I	00 0460506	

Phone no. 202-414-1000

Firm's address 655 NEW YORK AVENUE NW, SUITE 1100, WASHINGTON, DC 20001

### Form **990-T**

# Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

OMB No. 1545-0047
2023

Department of the Treasury

For calendar year 2023 or other tax year beginning \_\_\_\_\_\_, and ending \_\_\_\_\_\_

Go to www.irs.gov/Form990T for instructions and the latest information.

Open to Public Inspection for 501(c)(3)

inte	rnal Revenue Service	Do no	ot enter SSN numbers on this form as it may be made	e public if your organiza	tion is a 501(	c)(3).	Organizations Only
A	Check box if address changed.		Name of organization ( Check box if name changed a	and see instructions.)	D Empl	oyer ider	ntification number
В	Exempt under section	Print	Boy Scouts of America		22-	-157	6300
	<b>X</b> 501( <b>C</b> )( <b>3</b> )	or	Number, street, and room or suite no. If a P.O. box, see instructions	S.	E Grou	p exemp	tion number
	408(e) 220(e)	Type	1325 West Walnut Hill L	ane	(see i	nstructior	ns)
	408A 530(a)		City or town, state or province, country, and ZIP or foreign post		170	61	
				x 750383008	F	Chec	k box if
	529(a) 529A	C Bo	ook value of all assets at end of year	948,061,0	<u> 15                                    </u>	an an	nended return.
G	Check organization type	e [	X 501(c) corporation 501(c) trust	101(a) trust Oth	er trust	State	college/university
			6417(d)(1)(A) Applicable entity				
H	Check if filing only to cla		Credit from Form 8941 Refund shown o		. ,		nt from Form 3800
			n filing a consolidated return with a 501(c)(2) titleh	olding corporation			·····
<u>J</u>			· · · · · · · · · · · · · · · · · · ·				
K	•		poration a subsidiary in an affiliated group or a par	ent-subsidiary controlle	ed group?		Yes X No
	If "Yes," enter the name	and ide	ntifying number of the parent corporation				
<u> </u>	The books are in care o	of S	tephanie Phillips	T	elephone nur	nher	972-580-2000
- P			d Business Taxable Income		DICPHONE HUI	IIDCI	372 300 2000
1			xable income computed from all unrelated trades of	or businesses (see inst	ructions)	1	688,268
2						2	0007=00
3	A d d lines 1 and 0					3	688,268
4			natruations for limitation rules)			4	333,233
5		,	ble income before net operating losses. Subtract li	no 4 from line 2		5	688,268
6	Deduction for net ope	rating lo	ss. See instructions			6	688,268
7		_	xable income before specific deduction and sectio				·
	Subtract line 6 from line		·			7	0
8	Specific deduction (ge	enerally	\$1,000, but see instructions for exceptions)			8	1,000
9	Trusts. Section 199A	deducti	on. See instructions			9	
10	Total deductions. A	dd lines	8 and 9			10	1,000
11		taxable	income. Subtract line 10 from line 7. If line 10 is			11	0
P	Part II Tax Com						
1			orporations. Multiply Part I, line 11 by 21% (0.21)			1	0
2			See instructions for tax computation. Income tax				
	Part I, line 11 from:		rate schedule or Schedule D (Form 1041)			2	0
3	Proxy tax. See instru					3	
4	Other tax amounts. So		ctions			4	
5	Alternative minimum t					5	
6	Tax on noncompliar	nt facilit	y income. See instructions			6	
7			o line 1 or 2, whichever applies			7	0
	Part III Tax and			4.			
			as attach Form 1118; trusts attach Form 1116)	41-		_	
b	•		ch Form 3800 (see instructions)				
d	Credit for prior year m	uii. Alld( iinimum	tax (attach Form 8801 or 8827)	1d			
е	Total credite Add lin	mmuuuii nee 1a th	rough 1d	[IU]		1e	
2	Subtract line 1e from	Part II li	rough 1d ne 7			2	
2 3a				اما			
b							
C							
d				0-1			
е			uctions)				
f	Total amounts due A	dd lines	3a through 3e			3f	
4	Total tax. Add lines 2	and 3f	(see instructions). Check if includes tax prev	riously deferred under		<u></u>	
•	section 1294. Enter		unt hara			4	0
5			id from Form 965-A, Part II, column (k)			5	

Pa	rt III Tax and Payments (continued)				
6a	Payments: Preceding year's overpayment credited to the current year	6a			
b	Current year's estimated tax payments. Check if section 643(g) election				
	applies	6b			
С	Tax deposited with Form 8868	6c			
d	Foreign organizations: Tax paid or withheld at source (see instructions)	6d			
е	Backup withholding (see instructions)	6e			
f	Credit for small employer health insurance premiums (attach Form 8941)	6f			
g	Elective payment election amount from Form 3800	6g			
h	Payment from Form 2439	01-			
i	Credit from Form 4136	6:			
i	Other (see instructions)	e:			
7	Total payments. Add lines 6a through 6j			7	
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached			8	
9	<b>Tax due.</b> If line 7 is smaller than the total of lines 4, 5, and 8, enter amount of	owed	······	9	0
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amo			10	
11	Enter the amount of line 10 you want: Credited to 2024 estimated tax		Refunded	11	
	rt IV Statements Regarding Certain Activities and Other	er Information	(see instructions)	<u>'</u>	
1	At any time during the 2023 calendar year, did the organization have an inter				Yes No
	over a financial account (bank, securities, or other) in a foreign country? If "Y	•			
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes,"				
	here BF, CA, RQ, VQ		3 ,		x
2	During the tax year, did the organization receive a distribution from, or was it	the grantor of, or t	ransferor to, a foreign	trust?	х
	If "Yes," see instructions for other forms the organization may have to file.	J			
3	Enter the amount of tax-exempt interest received or accrued during the tax y	/ear	\$	4,83	32
4	Enter available pre-2018 NOL carryovers here \$ 32,145,911.		v post-2017 NOL carry		5. <del></del>
-	shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown			, 5.5.	
	Part I, line 6.				
5	Post-2017 NOL carryovers. Enter the Business Activity Code and available p	nost-2017 NOL car	rvovers Don't reduce		
•	the amounts shown below by any NOL claimed on any Schedule A, Part II, li		-		
	Business Activity Code		post-2017 NOL carryo	over	<del></del>
	See Exhibit 4 900099 \$		7	7,092,9	74
	¢				17
	e e				• • •
6a	Reserved for future use				
	Reserved for future use				• • •
	rt V Supplemental Information				
	de any additional information. See instructions.				
	as any additional missing soo mendensis.				
	Under penalties of perjury, I declare that I have examined this return, including a	ccompanying schedu	les and statements, and	to the best of m	v knowledge and
	belief, it is true, correct, and complete. Declaration of preparer (other than taxpa)	1 , 0	,		, ,
	Zonor, the day, contest, and complete Zonaradon of property (early distributed)	, ,			IRS discuss this return
Sia	n				preparer shown below
Sig Hei	'e				ructions)?
				, _	X Yes No
	Treasur	er/CFO		<u> </u>	EL 163 NO
	Signature of officer Date Title	<u> </u>			
	1 Oignature of Officer Date Fille				
	Print/Type preparer's name		Data	Check if	DTIN
	Print/Type preparer's name  ALBERT N. ANTONELLI  Preparer's signature	i.	Date 11/15/2024	Check if	PTIN P01496650
Paid	ALBERT N. ANTONELLI Albux N. antoell	li .	Date 11/15/2024	self-employed	PTIN P01496650
Paid Prep	ALBERT N. ANTONELLI Albux N. Antoulu	<u>Ú</u>		self-employed Firm's EIN	P01496650
Prep	ALBERT N. ANTONELLI  WHEN A CONTROL OF THE STREET ONLY  ALBERT N. ANTONELLI  WHEN ALBERT N. ANTO	li .		self-employed Firm's EIN 92-046	P01496650
Prep	ALBERT N. ANTONELLI  Firm's name  DWC IIS TAX L.T.D		11/15/2024	self-employed Firm's EIN	P01496650

## **Unrelated Business Taxable Income From an Unrelated Trade or Business**

OMB No. 1545-0047

2023

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

Boy Scouts of America	22-1576300						
C Unrelated business activity code (see instructions) 511120			<b>D</b> Sequence:	1	of	7	
E Describe the unrelated trade or business Advertising	Revenue						
Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses		(C) Net		
1a Gross receipts or sales							
b Less returns and allowances c Balance	1c						
2 Cost of goods sold (Part III, line 8)	2						
3 Gross profit. Subtract line 2 from line 1c							
4a Capital gain net income (attach Sch D (Form 1041 or							
Form 1120)). See instructions	4a						
<b>b</b> Net gain (loss) (Form 4797) (attach Form 4797). See							
instructions	4b						
c Capital loss deduction for trusts	4c						
5 Income (loss) from a partnership or an S corporation (attach							
statement)	5						
6 Rent income (Part IV)	6						
7 Unrelated debt-financed income (Part V)	7			<u> </u>			
8 Interest, annuities, royalties, and rents from a controlled							
organization (Part VI)	8						
9 Investment income of section 501(c)(7), (9), or (17)							
organizations (Part VII)	9			<b></b>			
10 Exploited exempt activity income (Part VIII)	10						
11 Advertising income (Part IX)	11	353,593	340,961		12	, 632	
12 Other income (see instructions; attach statement)	12						
13 Total. Combine lines 3 through 12	13	353,593				, 632	
Part II Deductions Not Taken Elsewhere See instrudirectly connected with the unrelated business		tations on deduc	tions. Deduction	s mus	st be		
Compensation of officers, directors, and trustees (Part X)			1				
2 Salaries and wages			2				
•							
5 Interest (attach statement). See instructions							
6 Taxes and licenses			6				
<ul><li>Taxes and licenses</li><li>Depreciation (attach Form 4562). See instructions</li></ul>		7					
8 Less depreciation claimed in Part III and elsewhere on return		8a	8b			0	
9 Depletion							
10 Contributions to deferred compensation plans							
11 Employee benefit programs			11				
12 Excess exempt expenses (Part VIII)			12				

For Paperwork Reduction Act Notice, see instructions.

Deduction for net operating loss. See instructions

**Unrelated business taxable income.** Subtract line 17 from line 16

Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13,

Excess readership costs (Part IX)

Other deductions (attach statement)

**Total deductions.** Add lines 1 through 14

Schedule A (Form 990-T) 2023

12,632

12,632

13

14

15

16

17

13

14

15

16

Schedule A (Form								<u>-15/63</u>		Page 、		
Part VI In	nterest, Ar	nuities, Ro	yalties, and	Rents Fron	n Controll	ed Organ	izatior	<b>ıs</b> (see in	structio	ns)		
						Exempt	Control	ed Organiza	tion			
1. N	Name of controlled     organization		2. Employer identification number	incon	3. Net unrelated income (loss) (see instructions)		Total of specified payments made				anization's	6. Deductions directly connected with income in column 5
(1)												
(2)												
(3)												
(4)			No.	nexempt Contro	olled Organiza	ations						
7. Taxable ir	ncome	incom	unrelated ne (loss) structions)	9. Total o	npt Controlled Organization  9. Total of specified payments made		10. Part of column 9 that is included in the controlling organization's gross income			Deductions directly connected with come in column 10		
(4)												
(1)												
(2)												
(4)												
Totals						lin	here and e e 8, colum	n (A).		er here and on Part I, ine 8, column (B).		
Part VII In	vestment	Income of	a Section 5	01(c)(7), (9),	or (17) Or	rganizatio	n (see	instruction	ns)			
	. Description of in			ount of income	3. Dedu directly co (attach st	uctions onnected		<b>4.</b> Set-asides ttach statement)		5. Total deductions and set-asides (add columns 3 and 4)		
(1)												
(2)												
(3)												
(4)												
Totals			Enter he	unts in column 2. re and on Part I, , column (A).						Add amounts in column 5. Enter here and on Part I, line 9, column (B).		
Part VIII E	xploited E	Exempt Act	ivity Income	, Other Tha	n Advertis	ing Incon	ne (se	e instructi	ons)			
	of exploited a								-			
			trade or busines	s. Enter here a	nd on Part I, li	ine 10, colum	nn (A)		2			
3 Expenses d	irectly conne	cted with produ	ction of unrelate	ed business inco	ome. Enter he	ere and on Pa	art I,					
line 10, colu	` '		or business. Sul						3			
lines 5 throu	igh 7								4			
5 Gross incon	ne from activ	ity that is not u	related busines	s income					5			
6 Expenses a	ttributable to	income entere	d on line 5						6			
7 Excess exe	mpt expense	s. Subtract line	5 from line 6, b									
<ol><li>Enter her</li></ol>	e and on Par	t II, line 12			<u> </u>		<u></u>		7			

#### **Unrelated Business Taxable Income** From an Unrelated Trade or Business

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990T for instructions and the latest information.

Open to Public Inspection for

Internal Revenue Se	Do not enter SSN numbers on this form as it may be made public if your organization	n is a	501(c)(3).	501(c)(3)	Organiza	tions Onl	y_
A Name of th	e organization	В	Employer	identifi	cation	numb	er
Boy Sco	its of America	2	2-1576	300			
C Unrelated b	usiness activity code (see instructions) 900099	D	Sequence:	2	of	7	

P	art I Unrelated Trade or Business Income		(A) Income (B) E		es	(C) Net
1a	Gross receipts or sales 210,496 Exhibit 5					
b	Less returns and allowances c Balance	1c	210,496			
2	Cost of goods sold (Part III, line 8)	2	16,624			
3	Gross profit. Subtract line 2 from line 1c	3	193,872			193,872
4a	Capital gain net income (attach Sch D (Form 1041 or		·			
	Form 1120)). See instructions	4a				
b	Net gain (loss) (Form 4797) (attach Form 4797). See					
	instructions	4b				
С	Capital loss deduction for trusts	4c				
5	Income (loss) from a partnership or an S corporation (attach					
	statement)	5				
6	Rent income (Part IV)	6				
7	Unrelated debt-financed income (Part V)	7				
8	Interest, annuities, royalties, and rents from a controlled					
	organization (Part VI)	8				
9	Investment income of section 501(c)(7), (9), or (17)					
	organizations (Part VII)	9				
10	Exploited exempt activity income (Part VIII)	10				
11	Advertising income (Part IX)	11				
12	Other income (see instructions; attach statement)	12				
13	<b>Total.</b> Combine lines 3 through 12	-	193,872			193,872
P	art II Deductions Not Taken Elsewhere See instructions		tations on dedu	ctions. Dedu	uctions r	must be
	directly connected with the unrelated business incom				1.1	
1	Compensation of officers, directors, and trustees (Part X)				1	
2	Salaries and wages				2	
3	Repairs and maintenance				3	
4	Bad debts				4	
5	Interest (attach statement). See instructions				5	
6	Taxes and licenses				6	
					-	
7	Depreciation (attach Form 4562). See instructions		7			
7 8	Depreciation (attach Form 4562). See instructions  Less depreciation claimed in Part III and elsewhere on return		7		8b	0
7 8 9	Depreciation (attach Form 4562). See instructions  Less depreciation claimed in Part III and elsewhere on return  Depletion		7 8a		9	0
7 8 9 10	Depreciation (attach Form 4562). See instructions  Less depreciation claimed in Part III and elsewhere on return  Depletion  Contributions to deferred compensation plans		8a		9	0
7 8 9 10	Depreciation (attach Form 4562). See instructions  Less depreciation claimed in Part III and elsewhere on return  Depletion  Contributions to deferred compensation plans  Employee benefit programs		8a		9	0
7 8 9 10	Depreciation (attach Form 4562). See instructions  Less depreciation claimed in Part III and elsewhere on return  Depletion		8a		9 10 11 12	0
7 8 9 10 11	Depreciation (attach Form 4562). See instructions  Less depreciation claimed in Part III and elsewhere on return  Depletion  Contributions to deferred compensation plans  Employee benefit programs  Excess exempt expenses (Part VIII)		7 8a		9 10 11 12 13	
7 8 9 10 11 12	Depreciation (attach Form 4562). See instructions  Less depreciation claimed in Part III and elsewhere on return  Depletion  Contributions to deferred compensation plans  Employee benefit programs  Excess exempt expenses (Part VIII)  Excess readership costs (Part IX)  Other deductions (attach statement)		8a Staten	nent 5	9 10 11 12 13 14	163,389
7 8 9 10 11 12 13 14	Depreciation (attach Form 4562). See instructions  Less depreciation claimed in Part III and elsewhere on return  Depletion  Contributions to deferred compensation plans  Employee benefit programs  Excess exempt expenses (Part VIII)  Excess readership costs (Part IX)  Other deductions (attach statement)  Total deductions. Add lines 1 through 14		8a See Statem	nent 5	9 10 11 12 13	163,389
7 8	Depreciation (attach Form 4562). See instructions  Less depreciation claimed in Part III and elsewhere on return  Depletion  Contributions to deferred compensation plans  Employee benefit programs  Excess exempt expenses (Part VIII)  Excess readership costs (Part IX)  Other deductions (attach statement)		8a See Statem	nent 5	9 10 11 12 13 14 15	163,389 163,389
7 8 9 10 11 12 13 14	Depreciation (attach Form 4562). See instructions  Less depreciation claimed in Part III and elsewhere on return  Depletion  Contributions to deferred compensation plans  Employee benefit programs  Excess exempt expenses (Part VIII)  Excess readership costs (Part IX)  Other deductions (attach statement)  Total deductions. Add lines 1 through 14  Unrelated business income before net operating loss deduction. Subtract line column (C)	2 15 from	See Statem	ment 5	9 10 11 12 13 14 15	163,389 163,389 30,483
7 8 9 10 11 12 13 14	Depreciation (attach Form 4562). See instructions  Less depreciation claimed in Part III and elsewhere on return  Depletion  Contributions to deferred compensation plans  Employee benefit programs  Excess exempt expenses (Part VIII)  Excess readership costs (Part IX)  Other deductions (attach statement)  Total deductions. Add lines 1 through 14  Unrelated business income before net operating loss deduction. Subtract line	2 15 from	See Statem	ment 5	9 10 11 12 13 14 15	163,389 163,389

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form								<u>-15/63</u>		Page 、		
Part VI In	nterest, Ar	nuities, Ro	yalties, and	Rents Fron	n Controll	ed Organ	izatior	<b>ıs</b> (see in	structio	ns)		
						Exempt	Control	ed Organiza	tion			
1. N	Name of controlled     organization		2. Employer identification number	incon	3. Net unrelated income (loss) (see instructions)		Total of specified payments made				anization's	6. Deductions directly connected with income in column 5
(1)												
(2)												
(3)												
(4)			No.	nexempt Contro	olled Organiza	ations						
7. Taxable ir	ncome	incom	unrelated ne (loss) structions)	9. Total o	npt Controlled Organization  9. Total of specified payments made		10. Part of column 9 that is included in the controlling organization's gross income			Deductions directly connected with come in column 10		
(4)												
(1)												
(2)												
(4)												
Totals						lin	here and e e 8, colum	n (A).		er here and on Part I, ine 8, column (B).		
Part VII In	vestment	Income of	a Section 5	01(c)(7), (9),	or (17) Or	rganizatio	n (see	instruction	ns)			
	. Description of in			ount of income	3. Dedu directly co (attach st	uctions onnected		<b>4.</b> Set-asides ttach statement)		5. Total deductions and set-asides (add columns 3 and 4)		
(1)												
(2)												
(3)												
(4)												
Totals			Enter he	ounts in column 2. re and on Part I, l, column (A).						Add amounts in column 5. Enter here and on Part I, line 9, column (B).		
Part VIII E	xploited E	Exempt Act	ivity Income	, Other Tha	n Advertis	ing Incon	ne (se	e instructi	ons)			
	of exploited a								-			
			trade or busines	s. Enter here a	nd on Part I, li	ine 10, colum	nn (A)		2			
3 Expenses d	irectly conne	cted with produ	ction of unrelate	ed business inco	ome. Enter he	ere and on Pa	art I,					
line 10, colu	` '		or business. Sul						3			
lines 5 throu	igh 7								4			
5 Gross incon	ne from activ	ity that is not u	related busines	s income					5			
6 Expenses a	ttributable to	income entere	d on line 5						6			
7 Excess exe	mpt expense	s. Subtract line	5 from line 6, b									
<ol><li>Enter her</li></ol>	e and on Par	t II, line 12			<u> </u>		<u></u>		7			

1	t ix Advertising income							
	Name(s) of periodical(s). Check box if reporti	ing two or more	periodicals on a	consolidated bas	sis.			
	A							
	B							
	D							
Enter	amounts for each periodical listed above in the	ne corresponding	g column.					
		Α_		В		С	D	
2	Gross advertising income							_
а	Add columns A through D. Enter here and or	n Part I, line 11, d	column (A)			<u> </u>		
3	Direct advertising costs by periodical							
а	Add columns A through D. Enter here and or	n Part I, line 11, d	column (B)			<u> </u>		
4	Advertising gain (loss). Subtract line 3 from line							
	2. For any column in line 4 showing a gain,							
	complete lines 5 through 8. For any column in							
	line 4 showing a loss or zero, do not complete							
	lines 5 through 7, and enter -0- on line 8  Readership costs							
6	Circulation income							
7	Excess readership costs. If line 6 is less than							
	line 5, subtract line 6 from line 5. If line 5 is less							
	than line 6, enter -0-							
	Excess readership costs allowed as a							
	deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7							
	Add line 8, columns A through D. Enter the g	reater of the line	8a. columns tot	al or -0- here and	d on			
	Part II, line 13					<u> </u>		
Par								
-		,				3. Percentage	4. Compensation	
	1. Name			2. Title		of time devoted to business	attributable to unrelated business	
(1)							<b>%</b>	
(2)						C	%	
(2)						c c	% %	
(2)						c c	%	
(2) (3) (4)	<b>II.</b> Enter here and on Part II, line 1					c c	% %	
(2) (3) (4)		ı (see instruc	tions)			c c	% %	
(2) (3) (4)	al. Enter here and on Part II, line 1 t XI Supplemental Information	ı (see instruc	tions)			c c	% %	
(2) (3) (4)	II. Enter here and on Part II, line 1	ı (see instruc	tions)			c c	% %	
(2) (3) (4)	ıl. Enter here and on Part II, line 1 t XI Supplemental Information	ı (see instruc	tions)			c c	% %	
(2) (3) (4)	II. Enter here and on Part II, line 1	ı (see instruc	tions)			c c	% %	
(2) (3) (4)	al. Enter here and on Part II, line 1	ı (see instruc	tions)			c c	% %	
(2) (3) (4)	al. Enter here and on Part II, line 1t XI Supplemental Information	ı (see instruc	tions)			c c	% %	
(2) (3) (4)	II. Enter here and on Part II, line 1  T XI Supplemental Information	ı (see instruc	tions)			c c	% %	
(2) (3) (4)	al. Enter here and on Part II, line 1	(see instruc	tions)			c c	% %	
(2) (3) (4)	t XI Supplemental Information	ı (see instruc	tions)			c c	% %	
(2) (3) (4)	II. Enter here and on Part II, line 1  t XI Supplemental Information	(see instruc	tions)			c c	% %	
(2) (3) (4)	t XI Supplemental Information	(see instruc	tions)			c c	% %	
(2) (3) (4)	II. Enter here and on Part II, line 1	ı (see instruc	tions)			c c	% %	
(2) (3) (4)	II. Enter here and on Part II, line 1  t XI Supplemental Information	(see instruc	tions)			c c	% %	
(2) (3) (4)	t XI Supplemental Information	ı (see instruc	tions)			c c	% %	

## **Unrelated Business Taxable Income From an Unrelated Trade or Business**

OMB No. 1545-0047

2023

Department of the Treasury Internal Revenue Service

Part I

1a

2

**E** Describe the unrelated trade or business

Gross receipts or sales

Less returns and allowances

**Unrelated Trade or Business Income** 

Cost of goods sold (Part III, line 8)

Gross profit. Subtract line 2 from line 1c

**4a** Capital gain net income (attach Sch D (Form 1041 or Form 1120)). See instructions

Net gain (loss) (Form 4797) (attach Form 4797). See

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

(C) Net

A Name of the organization

Boy Scouts of America

C Unrelated business activity code (see instructions)

B Employer identification number 22-1576300

D Sequence: 3 of 7

Partnership Investment Inc

1c

2

4a

**c** Balance

(A) Income

32,023

(B) Expenses

C	b	(attach 1 of 11 47 97) (attach 1 of 11 47 97). See	l	1		1 606
Society   Income (loss) from a partnership or an S corporation (attach statement)   Exhibit 8   5   -722,878   -722,878				-1,606		-1,606
Statement			4c			
6 Rent income (Part IV)         6	5					
Threlated debt-financed income (Part V)  Interest, annuities, royalties, and rents from a controlled organization (Part VI)  Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)  Exploited exempt activity income (Part VIII)  Other income (Part IX)  Total. Combine lines 3 through 12  Part II Deductions Not Taken Elsewhere See instructions or limitations on deductions. Deductions must be directly connected with the unrelated business income  Compensation of officers, directors, and trustees (Part X)  Salaries and wages  Repairs and maintenance  A Bad debts  Interest (attach statement). See instructions  Depreciation (attach Form 4562). See instructions  Depreciation (attach Form 4562). See instructions  Depreciation (attach Form 4562). See instructions  Contributions to deferred compensation plans  Contributions to		statement) Exhibit 8	<u> </u>	-722,878		-722,878
Interest, annutities, royalties, and rents from a controlled organization (Part VI)   S   Investment income of section 501(c)(7), (9), or (17)   Organizations (Part VII)   S   Support of the part	6					
Investment income of section 501(c)(7), (9), or (17)   9   10   10   10   10   10   10   10	7		7			
Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)   9   9   9   9   9   9   9   9   9	8	Interest, annuities, royalties, and rents from a controlled				
Seploited exempt activity income (Part VIII)   10			8			
10   Exploited exempt activity income (Part IX)	9	Investment income of section 501(c)(7), (9), or (17)				
11 Advertising income (Part IX)         11   12   12   13   14   14   15   14   15   14   15   15						
11 Advertising income (Part IX)         11   12   12   13   14   14   15   14   15   14   15   15	10	Exploited exempt activity income (Part VIII)	10			
2   Other income (see instructions; attach statement)   12     13   -692,461     -692,461	11	Advertising income (Part IX)	11			
1	12	Other income (see instructions; attach statement)	12			
directly connected with the unrelated business income  1 Compensation of officers, directors, and trustees (Part X)  2 Salaries and wages  3 Repairs and maintenance  3 Repairs and maintenance  4 Bad debts  5 Interest (attach statement). See instructions  6 Taxes and licenses  6 Depreciation (attach Form 4562). See instructions  7 Depreciation (attach Form 4562). See instructions  8 Less depreciation claimed in Part III and elsewhere on return  8 Less depreciation claimed in Part III and elsewhere on return  9 Depletion  9 Depletion  9 Contributions to deferred compensation plans  10 Employee benefit programs  11 Excess exempt expenses (Part VIII)  12 Excess readership costs (Part IX)  13 Excess readership costs (Part IX)  14 Other deductions (attach statement)  15 Total deductions. Add lines 1 through 14  16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)  17 Deduction for net operating loss. See instructions  18 -692,461  19 Unrelated business taxable income. Subtract line 17 from line 16  10 Unrelated business taxable income. Subtract line 17 from line 16	13	Total. Combine lines 3 through 12	13	,		
1       Compensation of officers, directors, and trustees (Part X)       1         2       Salaries and wages       2         3       Repairs and maintenance       3         4       Bad debts       4         5       Interest (attach statement). See instructions       5         6       Taxes and licenses       6         7       Depreciation (attach Form 4562). See instructions       7         8       Less depreciation claimed in Part III and elsewhere on return       8a       8b       0         9       Depletion       9       9         10       Contributions to deferred compensation plans       10       11         11       Employee benefit programs       11       11         12       Excess exempt expenses (Part VIII)       12       12         13       Excess readership costs (Part IX)       13       13         14       Other deductions, Add lines 1 through 14       15       15         16       Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)       16       -692,461         17       Deduction for net operating loss. See instructions       17       18       Unrelated business taxable income. Subtract line 17 from line 16       18       -692,	P	art II Deductions Not Taken Elsewhere See instruction	s for li	mitations on deductior	ns. Deductions	must be
2       Salaries and wages       2         3       Repairs and maintenance       3         4       Bad debts       4         5       Interest (attach statement). See instructions       5         6       Taxes and licenses       6         7       Depreciation (attach Form 4562). See instructions       7         8       Less depreciation claimed in Part III and elsewhere on return       8a       8b       0         9       Depletion       9       9         10       Contributions to deferred compensation plans       10       10         11       Employee benefit programs       11       11         12       Excess exempt expenses (Part VIII)       12       12         13       Excess readership costs (Part IX)       13       13         14       Other deductions (attach statement)       14       15         15       Total deductions. Add lines 1 through 14       15       15         16       Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)       16       -692,461         17       Deduction for net operating loss. See instructions       17       17         18       Unrelated business taxable income. Subtract line 17 from line 16		directly connected with the unrelated business inco	me			
2       Salaries and wages       2         3       Repairs and maintenance       3         4       Bad debts       4         5       Interest (attach statement). See instructions       5         6       Taxes and licenses       6         7       Depreciation (attach Form 4562). See instructions       7         8       Less depreciation claimed in Part III and elsewhere on return       8a       8b       0         9       Depletion       9       9         10       Contributions to deferred compensation plans       10       10         11       Employee benefit programs       11       11         12       Excess exempt expenses (Part VIII)       12       12         13       Excess readership costs (Part IX)       13       13         14       Other deductions (attach statement)       14       15         15       Total deductions. Add lines 1 through 14       15       15         16       Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)       16       -692,461         17       Deduction for net operating loss. See instructions       17       17         18       Unrelated business taxable income. Subtract line 17 from line 16	1	Compensation of officers, directors, and trustees (Part X)			1	
3       Repairs and maintenance       3         4       Bad debts       4         5       Interest (attach statement). See instructions       5         6       Taxes and licenses       6         7       Depreciation (attach Form 4562). See instructions       7         8       Less depreciation claimed in Part III and elsewhere on return       8a       8b       0         9       Depletion       9       0         10       Contributions to deferred compensation plans       10       11         11       Employee benefit programs       11       12         12       Excess exempt expenses (Part VIII)       12       12         13       Excess readership costs (Part IX)       13       13         14       Other deductions (attach statement)       14       15         15       Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)       16       -692, 461         17       Deduction for net operating loss. See instructions       17         18       Unrelated business taxable income. Subtract line 17 from line 16       18       -692, 461	2	Salaries and wages			2	
4       Bad debts       4         5       Interest (attach statement). See instructions       5         6       Taxes and licenses       6         7       Depreciation (attach Form 4562). See instructions       7         8       Less depreciation claimed in Part III and elsewhere on return       8a       8b       0         9       Depletion       9       0         10       Contributions to deferred compensation plans       10       11         11       Employee benefit programs       11       11         12       Excess exempt expenses (Part VIII)       12       12         13       Excess readership costs (Part IX)       13       13         14       Other deductions (attach statement)       14       15         15       Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)       16       -692,461         17       Deduction for net operating loss. See instructions       17         18       Unrelated business taxable income. Subtract line 17 from line 16       18       -692,461	3	Repairs and maintenance			3	
Interest (attach statement). See instructions  Taxes and licenses  Depreciation (attach Form 4562). See instructions  Less depreciation claimed in Part III and elsewhere on return  Depletion  Contributions to deferred compensation plans  Employee benefit programs  Excess exempt expenses (Part VIII)  Excess readership costs (Part IX)  Other deductions (attach statement)  Total deductions. Add lines 1 through 14  Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)  Deduction for net operating loss. See instructions  Unrelated business taxable income. Subtract line 17 from line 16  Total deductions. Add lines 1 through 14  Unrelated business taxable income. Subtract line 17 from line 16  Total deductions (Add lines 1 through 14)  Line lated business taxable income. Subtract line 18 from Part I, line 13, column (C)  Total deductions. See instructions  Total ded	4					
Taxes and licenses  Depreciation (attach Form 4562). See instructions  Less depreciation claimed in Part III and elsewhere on return  Depletion  Contributions to deferred compensation plans  Employee benefit programs  Excess exempt expenses (Part VIII)  Excess readership costs (Part IX)  Other deductions (attach statement)  Total deductions. Add lines 1 through 14  Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)  Deduction for net operating loss. See instructions  Unrelated business taxable income. Subtract line 17 from line 16  6  7  8a  8b  0  9  10  11  12  13  14  15  15  16  -692,461  17  Deduction for net operating loss. See instructions  17  18  Unrelated business taxable income. Subtract line 17 from line 16	5					_
Pepreciation (attach Form 4562). See instructions  Less depreciation claimed in Part III and elsewhere on return  Depletion  Contributions to deferred compensation plans  Employee benefit programs  Excess exempt expenses (Part VIII)  Excess readership costs (Part IX)  Cother deductions (attach statement)  Total deductions. Add lines 1 through 14  Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)  Deduction for net operating loss. See instructions  Incolumn 17  Unrelated business taxable income. Subtract line 17 from line 16  Description 18  Description 19  Read 88  Read 88	6					_
Less depreciation claimed in Part III and elsewhere on return  9 Depletion  10 Contributions to deferred compensation plans  11 Employee benefit programs  11 Excess exempt expenses (Part VIII)  12 Excess readership costs (Part IX)  13 Excess readership costs (Part IX)  14 Other deductions (attach statement)  15 Total deductions. Add lines 1 through 14  15 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)  16 -692,461  17 Deduction for net operating loss. See instructions  18 Unrelated business taxable income. Subtract line 17 from line 16  18 Unrelated business taxable income. Subtract line 17 from line 16	7	Depreciation (attach Form 4562). See instructions		7		_
9 Depletion 10 Contributions to deferred compensation plans 11 Employee benefit programs 11 Excess exempt expenses (Part VIII) 12 Excess readership costs (Part IX) 13 Excess readership costs (Part IX) 14 Other deductions (attach statement) 15 Total deductions. Add lines 1 through 14 15 Total deductions. Add lines 1 through 14 16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C) 16 -692,461 17 Deduction for net operating loss. See instructions 18 Unrelated business taxable income. Subtract line 17 from line 16 18 Unrelated business taxable income. Subtract line 17 from line 16	8	Less depreciation claimed in Part III and elsewhere on return		8a	8b	0
Contributions to deferred compensation plans  Employee benefit programs  Excess exempt expenses (Part VIII)  Excess readership costs (Part IX)  Other deductions (attach statement)  Total deductions. Add lines 1 through 14  Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)  Deduction for net operating loss. See instructions  Unrelated business taxable income. Subtract line 17 from line 16  10  11  12  13  14  15  16  17  18  Unrelated business taxable income. Subtract line 17 from line 16	9	D 1 ()			9	
Employee benefit programs  Excess exempt expenses (Part VIII)  Excess readership costs (Part IX)  Other deductions (attach statement)  Total deductions. Add lines 1 through 14  Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)  Deduction for net operating loss. See instructions  Unrelated business taxable income. Subtract line 16  11  Unrelated business taxable income. Subtract line 17 from line 16	10	Contributions to deferred compensation plans			10	
Excess exempt expenses (Part VIII)  Excess readership costs (Part IX)  Other deductions (attach statement)  Total deductions. Add lines 1 through 14  Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)  Deduction for net operating loss. See instructions  Unrelated business taxable income. Subtract line 17 from line 16  12  13  14  15  16  -692,461	11	Employee benefit programs			11	
13 Excess readership costs (Part IX) 14 Other deductions (attach statement) 15 Total deductions. Add lines 1 through 14 16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C) 16 -692,461 17 Deduction for net operating loss. See instructions 18 Unrelated business taxable income. Subtract line 17 from line 16 18 -692,461	12	Excess exempt expenses (Part VIII)			12	
Other deductions (attach statement)  Total deductions. Add lines 1 through 14  Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)  Deduction for net operating loss. See instructions  Unrelated business taxable income. Subtract line 17 from line 16  14  15  16  -692,461  17  18  Unrelated business taxable income. Subtract line 17 from line 16  18  -692,461	13	Excess readership costs (Part IX)			13	
Total deductions. Add lines 1 through 14  Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)  Deduction for net operating loss. See instructions  Unrelated business taxable income. Subtract line 17 from line 16  15  -692,461  17  18  Unrelated business taxable income. Subtract line 17 from line 16	14	Other deductions (attach statement)			14	
Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)  16 -692,461  17 Deduction for net operating loss. See instructions  18 Unrelated business taxable income. Subtract line 17 from line 16  18 -692,461	15	<b>Total deductions.</b> Add lines 1 through 14			15	
column (C)16-692,46117Deduction for net operating loss. See instructions1718Unrelated business taxable income. Subtract line 17 from line 1618-692,461	16	Unrelated business income before net operating loss deduction. Subtract li	ne 15 fro	om Part I, line 13,		
17Deduction for net operating loss. See instructions1718Unrelated business taxable income. Subtract line 17 from line 1618-692,461					16	-692,461
18 Unrelated business taxable income. Subtract line 17 from line 16 18 -692, 461	17					, , , , , , , , , , , , , , , , , , ,
	18	Unrelated business taxable income. Subtract line 17 from line 16			18	-692,461
	For					

Schedule A (Form								<u>-15/63</u>		Page 、
Part VI In	nterest, Ar	nuities, Ro	yalties, and	Rents Fron	n Controll	ed Organ	izatior	<b>ıs</b> (see in	structio	ns)
						Exempt	Control	ed Organiza	tion	
1. N	ame of controlled organization	d	2. Employer identification number	incon	unrelated me (loss) structions)	<b>4.</b> Total of spe payments m		5. Part of controlling orç	led in the janization's	6. Deductions directly connected with income in column 5
(1)										
(2)										
(3)										
(4)			No.	nexempt Contro	olled Organiza	ations				
7. Taxable ir	inc		unrelated ne (loss) structions)	9. Total o	f specified nts made	10. that	Part of co is included olling organ gross inco	d in the nization's		Deductions directly connected with come in column 10
(4)										
(1)										
(2)										
(4)										
Totals						lin	here and e e 8, colum	n (A).		er here and on Part I, ine 8, column (B).
Part VII In	vestment	Income of	a Section 5	01(c)(7), (9),	or (17) Or	rganizatio	n (see	instruction	ns)	
	. Description of in			ount of income	3. Dedu directly co (attach st	uctions onnected		<b>4.</b> Set-asides ttach statement)		5. Total deductions and set-asides (add columns 3 and 4)
(1)										
(2)										
(3)										
(4)										
Totals			Enter he	ounts in column 2. re and on Part I, l, column (A).						Add amounts in column 5. Enter here and on Part I, line 9, column (B).
Part VIII E	xploited E	Exempt Act	ivity Income	, Other Tha	n Advertis	ing Incon	ne (se	e instructi	ons)	
	of exploited a								-	
			trade or busines	s. Enter here a	nd on Part I, li	ine 10, colum	nn (A)		2	
3 Expenses d	irectly conne	cted with produ	ction of unrelate	ed business inco	ome. Enter he	ere and on Pa	art I,			
line 10, colu	` '		or business. Sul						3	
lines 5 throu	igh 7								4	
5 Gross incon	ne from activ	ity that is not u	related busines	s income					5	
6 Expenses a	ttributable to	income entere	d on line 5						6	
7 Excess exe	mpt expense	s. Subtract line	5 from line 6, b							
<ol><li>Enter her</li></ol>	e and on Par	t II, line 12			<u> </u>		<u></u>		7	

1	t ix Advertising income							
	Name(s) of periodical(s). Check box if reporti	ing two or more	periodicals on a	consolidated bas	sis.			
	A							
	B							
	D							
Enter	amounts for each periodical listed above in the	ne corresponding	g column.					
		Α_		В		С	D	
2	Gross advertising income							_
а	Add columns A through D. Enter here and or	n Part I, line 11, d	column (A)			<u> </u>		
3	Direct advertising costs by periodical							
а	Add columns A through D. Enter here and or	n Part I, line 11, d	column (B)			<u> </u>		
4	Advertising gain (loss). Subtract line 3 from line							
	2. For any column in line 4 showing a gain,							
	complete lines 5 through 8. For any column in							
	line 4 showing a loss or zero, do not complete							
	lines 5 through 7, and enter -0- on line 8  Readership costs							
6	Circulation income							
7	Excess readership costs. If line 6 is less than							
	line 5, subtract line 6 from line 5. If line 5 is less							
	than line 6, enter -0-							
	Excess readership costs allowed as a							
	deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7							
	Add line 8, columns A through D. Enter the g	reater of the line	8a. columns tot	al or -0- here and	d on			
	Part II, line 13					<u> </u>		
Par								
-		,				3. Percentage	4. Compensation	
	1. Name			2. Title		of time devoted to business	attributable to unrelated business	
(1)							<b>%</b>	
(2)						C	%	
(2)						c c	% %	
(2)						c c	%	
(2) (3) (4)	<b>II.</b> Enter here and on Part II, line 1					c c	% %	
(2) (3) (4)		ı (see instruc	tions)			c c	% %	
(2) (3) (4)	al. Enter here and on Part II, line 1 t XI Supplemental Information	ı (see instruc	tions)			c c	% %	
(2) (3) (4)	II. Enter here and on Part II, line 1	ı (see instruc	tions)			c c	% %	
(2) (3) (4)	ıl. Enter here and on Part II, line 1 t XI Supplemental Information	ı (see instruc	tions)			c c	% %	
(2) (3) (4)	II. Enter here and on Part II, line 1	ı (see instruc	tions)			c c	% %	
(2) (3) (4)	al. Enter here and on Part II, line 1	ı (see instruc	tions)			c c	% %	
(2) (3) (4)	al. Enter here and on Part II, line 1t XI Supplemental Information	ı (see instruc	tions)			c c	% %	
(2) (3) (4)	II. Enter here and on Part II, line 1  T XI Supplemental Information	ı (see instruc	tions)			c c	% %	
(2) (3) (4)	al. Enter here and on Part II, line 1	(see instruc	tions)			c c	% %	
(2) (3) (4)	t XI Supplemental Information	ı (see instruc	tions)			c c	% %	
(2) (3) (4)	II. Enter here and on Part II, line 1  t XI Supplemental Information	(see instruc	tions)			c c	% %	
(2) (3) (4)	t XI Supplemental Information	(see instruc	tions)			c c	% %	
(2) (3) (4)	II. Enter here and on Part II, line 1	ı (see instruc	tions)			c c	% %	
(2) (3) (4)	II. Enter here and on Part II, line 1  t XI Supplemental Information	(see instruc	tions)			c c	% %	
(2) (3) (4)	t XI Supplemental Information	ı (see instruc	tions)			c c	% %	

## **Unrelated Business Taxable Income From an Unrelated Trade or Business**

OMB No. 1545-0047

2023

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

A Name of the organization

Boy Scouts of America

C Unrelated business activity code (see instructions)

B Employer identification number 22-1576300

D Sequence: 4 of 7

Pa	art I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales 696,721 See Ex 7				
b	Less returns and allowances c Balance	1c	696,721		
2	Cost of goods sold (Part III, line 8)	2			
3	Gross profit. Subtract line 2 from line 1c	3	696,721		696,721
4a	Capital gain net income (attach Sch D (Form 1041 or				
	Form 1120)). See instructions	4a			
b	Net gain (loss) (Form 4797) (attach Form 4797). See				
	instructions	4b			
С	Capital loss deduction for trusts	4c			
5	Income (loss) from a partnership or an S corporation (attach				
	statement)	5			
6	Rent income (Part IV)	6			
7	Unrelated debt-financed income (Part V)	7			
8	Interest, annuities, royalties, and rents from a controlled				
	organization (Part VI)	8			
9	Investment income of section 501(c)(7), (9), or (17)				
	organizations (Part VII)	9			
10	Exploited exempt activity income (Part VIII)				
11	Advertising income (Part IX)	44			
12	Other income (see instructions; attach statement)	12			
13	<b>Total.</b> Combine lines 3 through 12		696,721		696,721
Pa	art II Deductions Not Taken Elsewhere See instruction	ns for lin	nitations on dedu	ctions. Deduction	ons must be
	directly connected with the unrelated business inco				
1	Compensation of officers, directors, and trustees (Part X)			1	
2	Salaries and wages			-	
3	Repairs and maintenance				8,585
4	Bad debts			<u>4</u>	l l
5	Interest (attach statement). See instructions				
6	Taxes and licenses				506
7	Depreciation (attach Form 4562). See instructions		7		
8	Less depreciation claimed in Part III and elsewhere on return		8a	8k	0
9	Depletion				)
10	Contributions to deferred compensation plans			1(	
11	Employee benefit programs			<u>1</u>	
12	Excess exempt expenses (Part VIII)			1;	2
13	Excess readership costs (Part IX)			1:	
14	Other deductions (attach statement)		See Exhibi	.t 7 1	
15	<b>Total deductions.</b> Add lines 1 through 14				372,455
16	Unrelated business income before net operating loss deduction. Subtract	line 15 fror	m Part I, line 13,		
	column (C)			1(	324,266
17	Deduction for net operating loss. See instructions			1	
18	Unrelated business taxable income. Subtract line 17 from line 16			18	324,266

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form								<u>-15/63</u>		Page 、
Part VI In	nterest, Ar	nuities, Ro	yalties, and	Rents Fron	n Controll	ed Organ	izatior	<b>ıs</b> (see in	structio	ns)
						Exempt	Control	ed Organiza	tion	
1. N	ame of controlled organization	d	2. Employer identification number	incon	unrelated me (loss) structions)	<b>4.</b> Total of spe payments m		5. Part of controlling orç	led in the janization's	6. Deductions directly connected with income in column 5
(1)										
(2)										
(3)										
(4)			No.	nexempt Contro	olled Organiza	ations				
7. Taxable ir	inc		unrelated ne (loss) structions)	9. Total o	f specified nts made	10. that	Part of co is included olling organ gross inco	d in the nization's		Deductions directly connected with come in column 10
(4)										
(1)										
(2)										
(4)										
Totals						lin	here and e e 8, colum	n (A).		er here and on Part I, ine 8, column (B).
Part VII In	vestment	Income of	a Section 5	01(c)(7), (9),	or (17) Or	rganizatio	n (see	instruction	ns)	
	. Description of in			ount of income	3. Dedu directly co (attach st	uctions onnected		<b>4.</b> Set-asides ttach statement)		5. Total deductions and set-asides (add columns 3 and 4)
(1)										
(2)										
(3)										
(4)										
Totals			Enter he	ounts in column 2. re and on Part I, l, column (A).						Add amounts in column 5. Enter here and on Part I, line 9, column (B).
Part VIII E	xploited E	Exempt Act	ivity Income	, Other Tha	n Advertis	ing Incon	ne (se	e instructi	ons)	
	of exploited a								-	
			trade or busines	s. Enter here a	nd on Part I, li	ine 10, colum	nn (A)		2	
3 Expenses d	irectly conne	cted with produ	ction of unrelate	ed business inco	ome. Enter he	ere and on Pa	art I,			
line 10, colu	` '		or business. Sul						3	
lines 5 throu	igh 7								4	
5 Gross incon	ne from activ	ity that is not u	related busines	s income					5	
6 Expenses a	ttributable to	income entere	d on line 5						6	
7 Excess exe	mpt expense	s. Subtract line	5 from line 6, b							
<ol><li>Enter her</li></ol>	e and on Par	t II, line 12			<u> </u>		<u></u>		7	

1	t ix Advertising income							
	Name(s) of periodical(s). Check box if reporti	ing two or more	periodicals on a	consolidated bas	sis.			
	A							
	B							
	D							
Enter	amounts for each periodical listed above in the	ne corresponding	g column.					
		Α_		В		С	D	
2	Gross advertising income							_
а	Add columns A through D. Enter here and or	n Part I, line 11, d	column (A)			<u> </u>		
3	Direct advertising costs by periodical							
а	Add columns A through D. Enter here and or	n Part I, line 11, d	column (B)			<u> </u>		
4	Advertising gain (loss). Subtract line 3 from line							
	2. For any column in line 4 showing a gain,							
	complete lines 5 through 8. For any column in							
	line 4 showing a loss or zero, do not complete							
	lines 5 through 7, and enter -0- on line 8  Readership costs							
6	Circulation income							
7	Excess readership costs. If line 6 is less than							
	line 5, subtract line 6 from line 5. If line 5 is less							
	than line 6, enter -0-							
	Excess readership costs allowed as a							
	deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7							
	Add line 8, columns A through D. Enter the g	reater of the line	8a. columns tot	al or -0- here and	d on			
	Part II, line 13					<u> </u>		
Par								
-		,				3. Percentage	4. Compensation	
	1. Name			2. Title		of time devoted to business	attributable to unrelated business	
(1)							<b>%</b>	
(2)						C	%	
(2)						c c	% %	
(2)						c c	%	
(2) (3) (4)	<b>II.</b> Enter here and on Part II, line 1					c c	% %	
(2) (3) (4)		ı (see instruc	tions)			c c	% %	
(2) (3) (4)	al. Enter here and on Part II, line 1 t XI Supplemental Information	ı (see instruc	tions)			c c	% %	
(2) (3) (4)	II. Enter here and on Part II, line 1	ı (see instruc	tions)			c c	% %	
(2) (3) (4)	ıl. Enter here and on Part II, line 1 t XI Supplemental Information	ı (see instruc	tions)			c c	% %	
(2) (3) (4)	II. Enter here and on Part II, line 1	ı (see instruc	tions)			c c	% %	
(2) (3) (4)	al. Enter here and on Part II, line 1	ı (see instruc	tions)			c c	% %	
(2) (3) (4)	al. Enter here and on Part II, line 1t XI Supplemental Information	ı (see instruc	tions)			c c	% %	
(2) (3) (4)	II. Enter here and on Part II, line 1  T XI Supplemental Information	ı (see instruc	tions)			c c	% %	
(2) (3) (4)	al. Enter here and on Part II, line 1	(see instruc	tions)			c c	% %	
(2) (3) (4)	t XI Supplemental Information	ı (see instruc	tions)			c c	% %	
(2) (3) (4)	II. Enter here and on Part II, line 1  t XI Supplemental Information	(see instruc	tions)			c c	% %	
(2) (3) (4)	t XI Supplemental Information	(see instruc	tions)			c c	% %	
(2) (3) (4)	II. Enter here and on Part II, line 1	ı (see instruc	tions)			c c	% %	
(2) (3) (4)	II. Enter here and on Part II, line 1  t XI Supplemental Information	(see instruc	tions)			c c	% %	
(2) (3) (4)	t XI Supplemental Information	ı (see instruc	tions)			c c	% %	

#### **Unrelated Business Taxable Income** From an Unrelated Trade or Business

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990T for instructions and the latest information.

Open to Public Inspection for

Interr	al Revenue Service Do not enter SSN numbers on this form as it may be r	made pul	olic if your organization	is a 501(c)(3).	501(c)(3)	Organizati	ons Only
Α	Name of the organization			B Employer i	dentifi	cation r	number
Во	y Scouts of America			22-15763	300		
С	Unrelated business activity code (see instructions) 531190			<b>D</b> Sequence:	5	of	7
E	Describe the unrelated trade or business Real Estate Ren	tal					
P	art I Unrelated Trade or Business Income		(A) Income	(B) Expenses		(C) Ne	et
1a	Gross receipts or sales	1 1					
b	Less returns and allowances c Balance	1c					
2	Cost of goods sold (Part III, line 8)	2					
3	Gross profit. Subtract line 2 from line 1c	3					
4a	Capital gain net income (attach Sch D (Form 1041 or						
	Form 1120)). See instructions	4a					
b	Net gain (loss) (Form 4797) (attach Form 4797). See						
	instructions	4b					
С	Capital loss deduction for trusts	4c					
5	Income (loss) from a partnership or an S corporation (attach						
	statement)	5					
6	Rent income (Part IV)	6	37,907			3	7,907
7	Unrelated debt-financed income (Part V)	7					
8	Interest, annuities, royalties, and rents from a controlled						
	organization (Part VI)	8					
9	Investment income of section 501(c)(7), (9), or (17)						
	organizations (Part VII)	9					
10	Exploited exempt activity income (Part VIII)	10					
11	Advertising income (Part IX)	11					
12	Other income (see instructions; attach statement)	12					
13	Total. Combine lines 3 through 12	13	37,907			3'	7,907
P	art II Deductions Not Taken Elsewhere See instructions		nitations on deduc	tions. Deduction	ns m	ust be	
	directly connected with the unrelated business incom	ne					
1	Compensation of officers, directors, and trustees (Part X)			1			
2	Salaries and wages			_			
3	Repairs and maintenance			3			
4	Bad debts						
5	Interest (attach statement). See instructions						
6	Taxes and licenses			6			
7	Depreciation (attach Form 4562). See instructions		7				
8	Less depreciation claimed in Part III and elsewhere on return		8a	8b			0
9	Depletion			9			
10	Contributions to deferred compensation plans			10			
11	Employee benefit programs			11			
12	Excess exempt expenses (Part VIII)			12	:		
13	Excess readership costs (Part IX)			40			
14	Other deductions (attach statement)			14			
15	Total deductions. Add lines 1 through 14			15			
16	Unrelated business income before net operating loss deduction. Subtract lin	e 15 fror	m Part I, line 13,				
	1 (0)			1 40	. 1	2	7 007

For Paperwork Reduction Act Notice, see instructions.

Deduction for net operating loss. See instructions

Unrelated business taxable income. Subtract line 17 from line 16

Schedule A (Form 990-T) 2023

37,907

17

Schedule A (Form								<u>-15/63</u>		Page 、
Part VI In	nterest, Ar	nuities, Ro	yalties, and	Rents Fron	n Controll	ed Organ	izatior	<b>ıs</b> (see in	structio	ns)
						Exempt	Control	ed Organiza	tion	
1. N	ame of controlled organization	d	2. Employer identification number	incon	unrelated me (loss) structions)	<b>4.</b> Total of spe payments m		5. Part of controlling orç	led in the janization's	6. Deductions directly connected with income in column 5
(1)										
(2)										
(3)										
(4)			No.	nexempt Contro	olled Organiza	ations				
7. Taxable ir	inc		unrelated ne (loss) structions)	9. Total o	f specified nts made	10. that	Part of co is included olling organ gross inco	d in the nization's		Deductions directly connected with come in column 10
(4)										
(1)										
(2)										
(4)										
Totals						lin	here and e e 8, colum	n (A).		er here and on Part I, ine 8, column (B).
Part VII In	vestment	Income of	a Section 5	01(c)(7), (9),	or (17) Or	rganizatio	n (see	instruction	ns)	
	. Description of in			ount of income	3. Dedu directly co (attach st	uctions onnected		<b>4.</b> Set-asides ttach statement)		5. Total deductions and set-asides (add columns 3 and 4)
(1)										
(2)										
(3)										
(4)										
Totals			Enter he	ounts in column 2. re and on Part I, l, column (A).						Add amounts in column 5. Enter here and on Part I, line 9, column (B).
Part VIII E	xploited E	Exempt Act	ivity Income	, Other Tha	n Advertis	ing Incon	ne (se	e instructi	ons)	
	of exploited a								-	
			trade or busines	s. Enter here a	nd on Part I, li	ine 10, colum	nn (A)		2	
3 Expenses d	irectly conne	cted with produ	ction of unrelate	ed business inco	ome. Enter he	ere and on Pa	art I,			
line 10, colu	` '		or business. Sul						3	
lines 5 throu	igh 7								4	
5 Gross incon	ne from activ	ity that is not u	related busines	s income					5	
6 Expenses a	ttributable to	income entere	d on line 5						6	
7 Excess exe	mpt expense	s. Subtract line	5 from line 6, b							
<ol><li>Enter her</li></ol>	e and on Par	t II, line 12			<u> </u>		<u></u>		7	

1	t ix Advertising income							
	Name(s) of periodical(s). Check box if reporti	ing two or more	periodicals on a	consolidated bas	sis.			
	A							
	B							
	D							
Enter	amounts for each periodical listed above in the	ne corresponding	g column.					
		Α_		В		С	D	
2	Gross advertising income							_
а	Add columns A through D. Enter here and or	n Part I, line 11, d	column (A)			<u> </u>		
3	Direct advertising costs by periodical							
а	Add columns A through D. Enter here and or	n Part I, line 11, d	column (B)			<u> </u>		
4	Advertising gain (loss). Subtract line 3 from line							
	2. For any column in line 4 showing a gain,							
	complete lines 5 through 8. For any column in							
	line 4 showing a loss or zero, do not complete							
	lines 5 through 7, and enter -0- on line 8  Readership costs							
6	Circulation income							
7	Excess readership costs. If line 6 is less than							
	line 5, subtract line 6 from line 5. If line 5 is less							
	than line 6, enter -0-							
	Excess readership costs allowed as a							
	deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7							
	Add line 8, columns A through D. Enter the g	reater of the line	8a. columns tot	al or -0- here and	d on			
	Part II, line 13					<u> </u>		
Par								
-		,				3. Percentage	4. Compensation	
	1. Name			2. Title		of time devoted to business	attributable to unrelated business	
(1)							<b>%</b>	
(2)						C	%	
(2)						c c	% %	
(2)						c c	%	
(2) (3) (4)	<b>II.</b> Enter here and on Part II, line 1					c c	% %	
(2) (3) (4)		ı (see instruc	tions)			c c	% %	
(2) (3) (4)	al. Enter here and on Part II, line 1 t XI Supplemental Information	ı (see instruc	tions)			c c	% %	
(2) (3) (4)	II. Enter here and on Part II, line 1	ı (see instruc	tions)			c c	% %	
(2) (3) (4)	ıl. Enter here and on Part II, line 1 t XI Supplemental Information	ı (see instruc	tions)			c c	% %	
(2) (3) (4)	II. Enter here and on Part II, line 1	ı (see instruc	tions)			c c	% %	
(2) (3) (4)	al. Enter here and on Part II, line 1	ı (see instruc	tions)			c c	% %	
(2) (3) (4)	al. Enter here and on Part II, line 1t XI Supplemental Information	ı (see instruc	tions)			c c	% %	
(2) (3) (4)	II. Enter here and on Part II, line 1  T XI Supplemental Information	ı (see instruc	tions)			c c	% %	
(2) (3) (4)	al. Enter here and on Part II, line 1	(see instruc	tions)			c c	% %	
(2) (3) (4)	t XI Supplemental Information	ı (see instruc	tions)			c c	% %	
(2) (3) (4)	II. Enter here and on Part II, line 1  t XI Supplemental Information	(see instruc	tions)			c c	% %	
(2) (3) (4)	t XI Supplemental Information	(see instruc	tions)			c c	% %	
(2) (3) (4)	II. Enter here and on Part II, line 1	ı (see instruc	tions)			c c	% %	
(2) (3) (4)	II. Enter here and on Part II, line 1  t XI Supplemental Information	(see instruc	tions)			c c	% %	
(2) (3) (4)	t XI Supplemental Information	ı (see instruc	tions)			c c	% %	

#### **Unrelated Business Taxable Income** From an Unrelated Trade or Business

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990T for instructions and the latest information.

Open to Public Inspection for

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). 501(c)(3) Organizations Only A Name of the organization B Employer identification number Boy Scouts of America 22-1576300 722210 7 **C** Unrelated business activity code (see instructions) **D** Sequence: of E Describe the unrelated trade or business Retail Sales (A) Income (B) Expenses Part I **Unrelated Trade or Business Income** (C) Net 939,796 See Ex 6 1a Gross receipts or sales \_\_\_\_ **c** Balance 939,796 Less returns and allowances 1c Cost of goods sold (Part III, line 8) 491,242 2 2 Gross profit. Subtract line 2 from line 1c 448,554 448,554 Capital gain net income (attach Sch D (Form 1041 or Form 1120)). See instructions 4a Net gain (loss) (Form 4797) (attach Form 4797). See instructions 4b Capital loss deduction for trusts 4c 5 Income (loss) from a partnership or an S corporation (attach 5 Rent income (Part IV) 6 6 Unrelated debt-financed income (Part V) 7 8 Interest, annuities, royalties, and rents from a controlled organization (Part VI) Investment income of section 501(c)(7), (9), or (17) 9 organizations (Part VII) Exploited exempt activity income (Part VIII) 10 10 Advertising income (Part IX) 11 Other income (see instructions; attach statement) 12 12 448,554 Total. Combine lines 3 through 12 ..... 448,554 13 13 Deductions Not Taken Elsewhere See instructions for limitations on deductions. Deductions must be Part II directly connected with the unrelated business income Compensation of officers, directors, and trustees (Part X) 2 77,841 2 Salaries and wages Repairs and maintenance 2,884 3 Bad debts 4 4 Interest (attach statement). See instructions 5 5 6 1,747 Depreciation (attach Form 4562). See instructions 7 Less depreciation claimed in Part III and elsewhere on return 8b 8 9 9 10 Contributions to deferred compensation plans 10 Employee benefit programs 11 16,225 11 Excess exempt expenses (Part VIII) 12 12 Excess readership costs (Part IX) 13 13 76,377 Other deductions (attach statement)

See Exhibit 6 14 Total deductions. Add lines 1 through 14 15 175,074 15 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, 16 273,480 16

Deduction for net operating loss. See instructions

Unrelated business taxable income. Subtract line 17 from line 16

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Schedule A (Form 990-T) 2023

273,480

17

Schedule A (Form								<u>-15/63</u>		Page 、
Part VI In	nterest, Ar	nuities, Ro	yalties, and	Rents Fron	n Controll	ed Organ	izatior	<b>ıs</b> (see in	structio	ns)
						Exempt	Control	ed Organiza	tion	
1. N	ame of controlled organization	d	2. Employer identification number	incon	unrelated me (loss) structions)	<b>4.</b> Total of spe payments m		5. Part of controlling orç	led in the janization's	6. Deductions directly connected with income in column 5
(1)										
(2)										
(3)										
(4)			No.	nexempt Contro	olled Organiza	ations				
7. Taxable ir	inc		unrelated ne (loss) structions)	9. Total o	f specified nts made	10. that	Part of co is included olling organ gross inco	d in the nization's		Deductions directly connected with come in column 10
(4)										
(1)										
(2)										
(4)										
Totals						lin	here and e e 8, colum	n (A).		er here and on Part I, ine 8, column (B).
Part VII In	vestment	Income of	a Section 5	01(c)(7), (9),	or (17) Or	rganizatio	n (see	instruction	ns)	
	. Description of in			ount of income	3. Dedu directly co (attach st	uctions onnected		<b>4.</b> Set-asides ttach statement)		5. Total deductions and set-asides (add columns 3 and 4)
(1)										
(2)										
(3)										
(4)										
Totals			Enter he	ounts in column 2. re and on Part I, l, column (A).						Add amounts in column 5. Enter here and on Part I, line 9, column (B).
Part VIII E	xploited E	Exempt Act	ivity Income	, Other Tha	n Advertis	ing Incon	ne (se	e instructi	ons)	
	of exploited a								-	
			trade or busines	s. Enter here a	nd on Part I, li	ine 10, colum	nn (A)		2	
3 Expenses d	irectly conne	cted with produ	ction of unrelate	ed business inco	ome. Enter he	ere and on Pa	art I,			
line 10, colu	` '		or business. Sul						3	
lines 5 throu	igh 7								4	
5 Gross incon	ne from activ	ity that is not u	related busines	s income					5	
6 Expenses a	ttributable to	income entere	d on line 5						6	
7 Excess exe	mpt expense	s. Subtract line	5 from line 6, b							
<ol><li>Enter her</li></ol>	e and on Par	t II, line 12			<u> </u>		<u></u>		7	

1	t ix Advertising income							
	Name(s) of periodical(s). Check box if reporti	ing two or more	periodicals on a	consolidated bas	sis.			
	A							
	B							
	D							
Enter	amounts for each periodical listed above in the	ne corresponding	g column.					
		Α_		В		С	D	
2	Gross advertising income							_
а	Add columns A through D. Enter here and or	n Part I, line 11, d	column (A)			<u> </u>		
3	Direct advertising costs by periodical							
а	Add columns A through D. Enter here and or	n Part I, line 11, d	column (B)			<u> </u>		
4	Advertising gain (loss). Subtract line 3 from line							
	2. For any column in line 4 showing a gain,							
	complete lines 5 through 8. For any column in							
	line 4 showing a loss or zero, do not complete							
	lines 5 through 7, and enter -0- on line 8  Readership costs							
6	Circulation income							
7	Excess readership costs. If line 6 is less than							
	line 5, subtract line 6 from line 5. If line 5 is less							
	than line 6, enter -0-							
	Excess readership costs allowed as a							
	deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7							
	Add line 8, columns A through D. Enter the g	reater of the line	8a. columns tot	al or -0- here and	d on			
	Part II, line 13					<u> </u>		
Par								
-		,				3. Percentage	4. Compensation	
	1. Name			2. Title		of time devoted to business	attributable to unrelated business	
(1)							<b>%</b>	
(2)						C	%	
(2)						c c	% %	
(2)						c c	%	
(2) (3) (4)	<b>II.</b> Enter here and on Part II, line 1					c c	% %	
(2) (3) (4)		ı (see instruc	tions)			c c	% %	
(2) (3) (4)	al. Enter here and on Part II, line 1 t XI Supplemental Information	ı (see instruc	tions)			c c	% %	
(2) (3) (4)	II. Enter here and on Part II, line 1	ı (see instruc	tions)			c c	% %	
(2) (3) (4)	ıl. Enter here and on Part II, line 1 t XI Supplemental Information	ı (see instruc	tions)			c c	% %	
(2) (3) (4)	II. Enter here and on Part II, line 1	ı (see instruc	tions)			c c	% %	
(2) (3) (4)	al. Enter here and on Part II, line 1	ı (see instruc	tions)			c c	% %	
(2) (3) (4)	al. Enter here and on Part II, line 1t XI Supplemental Information	ı (see instruc	tions)			c c	% %	
(2) (3) (4)	II. Enter here and on Part II, line 1  T XI Supplemental Information	ı (see instruc	tions)			c c	% %	
(2) (3) (4)	al. Enter here and on Part II, line 1	(see instruc	tions)			c c	% %	
(2) (3) (4)	t XI Supplemental Information	ı (see instruc	tions)			c c	% %	
(2) (3) (4)	II. Enter here and on Part II, line 1  t XI Supplemental Information	(see instruc	tions)			c c	% %	
(2) (3) (4)	t XI Supplemental Information	(see instruc	tions)			c c	% %	
(2) (3) (4)	II. Enter here and on Part II, line 1	ı (see instruc	tions)			c c	% %	
(2) (3) (4)	II. Enter here and on Part II, line 1  t XI Supplemental Information	(see instruc	tions)			c c	% %	
(2) (3) (4)	t XI Supplemental Information	ı (see instruc	tions)			c c	% %	

## **Unrelated Business Taxable Income From an Unrelated Trade or Business**

OMB No. 1545-0047

2023

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

A Name of the organization B Employer identification number Boy Scouts of America 22-1576300 900099 7 **C** Unrelated business activity code (see instructions) **D** Sequence: **E** Describe the unrelated trade or business Sponsorship (A) Income Part I **Unrelated Trade or Business Income** (B) Expenses (C) Net 1a Gross receipts or sales Less returns and allowances 1c Cost of goods sold (Part III, line 8) 2 2 Gross profit. Subtract line 2 from line 1c Capital gain net income (attach Sch D (Form 1041 or Form 1120)). See instructions 4a Net gain (loss) (Form 4797) (attach Form 4797). See instructions 4b Capital loss deduction for trusts 4c 5 Income (loss) from a partnership or an S corporation (attach 5 Rent income (Part IV) 6 6 Unrelated debt-financed income (Part V) 7 8 Interest, annuities, royalties, and rents from a controlled organization (Part VI) Investment income of section 501(c)(7), (9), or (17) 9 organizations (Part VII) Exploited exempt activity income (Part VIII) 10 10 11 Advertising income (Part IX) 11 Other income (see instructions; attach statement) **Exhibit 9** 9,500 9,500 12 12 9,500 Total. Combine lines 3 through 12 ..... 9,500 13 13 Deductions Not Taken Elsewhere See instructions for limitations on deductions. Deductions must be Part II directly connected with the unrelated business income Compensation of officers, directors, and trustees (Part X) 2 Salaries and wages Repairs and maintenance 3 Bad debts 4 4 Interest (attach statement). See instructions 5 5 6

For Paperwork Reduction Act Notice, see instructions.

Employee benefit programs

Depreciation (attach Form 4562). See instructions

Less depreciation claimed in Part III and elsewhere on return

Total deductions. Add lines 1 through 14

Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13,

Unrelated business taxable income. Subtract line 17 from line 16 .....

Contributions to deferred compensation plans

Excess exempt expenses (Part VIII)

Excess readership costs (Part IX)

Other deductions (attach statement)

Deduction for net operating loss. See instructions

Schedule A (Form 990-T) 2023

9,500

9,500

8b

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Schedule A (Form								<u>-15/63</u>		Page 、
Part VI In	nterest, Ar	nuities, Ro	yalties, and	Rents Fron	n Controll	ed Organ	izatior	<b>ıs</b> (see in	structio	ns)
						Exempt	Control	ed Organiza	tion	
1. N	ame of controlled organization	d	2. Employer identification number	incon	unrelated me (loss) structions)	<b>4.</b> Total of spe payments m		5. Part of controlling orç	led in the janization's	6. Deductions directly connected with income in column 5
(1)										
(2)										
(3)										
(4)			No.	nexempt Contro	olled Organiza	ations				
7. Taxable ir	inc		unrelated ne (loss) structions)	9. Total o	f specified nts made	10. that	Part of co is included olling organ gross inco	d in the nization's		Deductions directly connected with come in column 10
(4)										
(1)										
(2)										
(4)										
Totals						lin	here and e e 8, colum	n (A).		er here and on Part I, ine 8, column (B).
Part VII In	vestment	Income of	a Section 5	01(c)(7), (9),	or (17) Or	rganizatio	n (see	instruction	ns)	
	. Description of in			ount of income	3. Dedu directly co (attach st	uctions onnected		<b>4.</b> Set-asides ttach statement)		5. Total deductions and set-asides (add columns 3 and 4)
(1)										
(2)										
(3)										
(4)										
Totals			Enter he	ounts in column 2. re and on Part I, l, column (A).						Add amounts in column 5. Enter here and on Part I, line 9, column (B).
Part VIII E	xploited E	Exempt Act	ivity Income	, Other Tha	n Advertis	ing Incon	ne (se	e instructi	ons)	
	of exploited a								-	
			trade or busines	s. Enter here a	nd on Part I, li	ine 10, colum	nn (A)		2	
3 Expenses d	irectly conne	cted with produ	ction of unrelate	ed business inco	ome. Enter he	ere and on Pa	art I,			
line 10, colu	` '		or business. Sul						3	
lines 5 throu	igh 7								4	
5 Gross incon	ne from activ	ity that is not u	related busines	s income					5	
6 Expenses a	ttributable to	income entere	d on line 5						6	
7 Excess exe	mpt expense	s. Subtract line	5 from line 6, b							
<ol><li>Enter her</li></ol>	e and on Par	t II, line 12			<u> </u>		<u></u>		7	

1	t ix Advertising income							
	Name(s) of periodical(s). Check box if reporti	ing two or more	periodicals on a	consolidated bas	sis.			
	A							
	B							
	D							
Enter	amounts for each periodical listed above in the	ne corresponding	g column.					
		Α_		В		С	D	
2	Gross advertising income							_
а	Add columns A through D. Enter here and or	n Part I, line 11, d	column (A)			<u> </u>		
3	Direct advertising costs by periodical							
а	Add columns A through D. Enter here and or	n Part I, line 11, d	column (B)			<u> </u>		
4	Advertising gain (loss). Subtract line 3 from line							
	2. For any column in line 4 showing a gain,							
	complete lines 5 through 8. For any column in							
	line 4 showing a loss or zero, do not complete							
	lines 5 through 7, and enter -0- on line 8  Readership costs							
6	Circulation income							
7	Excess readership costs. If line 6 is less than							
	line 5, subtract line 6 from line 5. If line 5 is less							
	than line 6, enter -0-							
	Excess readership costs allowed as a							
	deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7							
	Add line 8, columns A through D. Enter the g	reater of the line	8a. columns tot	al or -0- here and	d on			
	Part II, line 13					<u> </u>		
Par								
-		,				3. Percentage	4. Compensation	
	1. Name			2. Title		of time devoted to business	attributable to unrelated business	
(1)							<b>%</b>	
(2)						C	%	
(2)						c c	% %	
(2)						c c	%	
(2) (3) (4)	<b>II.</b> Enter here and on Part II, line 1					c c	% %	
(2) (3) (4)		ı (see instruc	tions)			c c	% %	
(2) (3) (4)	al. Enter here and on Part II, line 1 t XI Supplemental Information	ı (see instruc	tions)			c c	% %	
(2) (3) (4)	II. Enter here and on Part II, line 1	ı (see instruc	tions)			c c	% %	
(2) (3) (4)	ıl. Enter here and on Part II, line 1 t XI Supplemental Information	ı (see instruc	tions)			c c	% %	
(2) (3) (4)	II. Enter here and on Part II, line 1	ı (see instruc	tions)			c c	% %	
(2) (3) (4)	al. Enter here and on Part II, line 1	ı (see instruc	tions)			c c	% %	
(2) (3) (4)	al. Enter here and on Part II, line 1t XI Supplemental Information	ı (see instruc	tions)			c c	% %	
(2) (3) (4)	II. Enter here and on Part II, line 1  T XI Supplemental Information	ı (see instruc	tions)			c c	% %	
(2) (3) (4)	al. Enter here and on Part II, line 1	(see instruc	tions)			c c	% %	
(2) (3) (4)	t XI Supplemental Information	ı (see instruc	tions)			c c	% %	
(2) (3) (4)	II. Enter here and on Part II, line 1  t XI Supplemental Information	(see instruc	tions)			c c	% %	
(2) (3) (4)	t XI Supplemental Information	(see instruc	tions)			c c	% %	
(2) (3) (4)	II. Enter here and on Part II, line 1	ı (see instruc	tions)			c c	% %	
(2) (3) (4)	II. Enter here and on Part II, line 1  t XI Supplemental Information	(see instruc	tions)			c c	% %	
(2) (3) (4)	t XI Supplemental Information	ı (see instruc	tions)			c c	% %	

22-1576300		Federal Statements	<b>3</b>		
	Form 990-T, Part IV, Line 5 - Post 2017 NOL Carryover Amounts				
Cattle Sales	Activity Description	<u>UBIT Num</u> 900099	Available Carryover  \$ 85,512		
Total			\$ 85,512		

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22-1576300	Federal Statements		
Cattle Sales	Schedule A (990T), Part II, Line 14 - Other Deductions		
	Deduction Description	Deduction Amount	
See Exhibit 5 Total		\$ 163,389 \$ 163,389	

22-1576300	Federal	Statements		
Hotel, food & beverage sale Schedule A (990T), Part II, Line 14 - Other Deductions				
	Deduction Description	Deduction Amount		
See Exhibit 8 Total	•	\$ 149,268 \$ 149,268		

22-1576300	Federal Stat	ements		
Retail Sales	Schedule A (990T), Part II, Line 14 - Other Deductions			
	Deduction Description	Deduction Amount		
See Exhibit 6 Total	<b>Весенриен</b>	\$ 76,377 \$ 76,377		

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### SCHEDULE D (Form 1120)

Name

Department of the Treasury Internal Revenue Service

#### **Capital Gains and Losses**

Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.

Go to www.irs.gov/Form1120 for instructions and the latest information.

2022

Employer identification number

2023

OMB No. 1545-0123

Boy Scouts of America 22-1576300 Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year? Yes X No If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss. Short-Term Capital Gains and Losses—Assets Held One Year or Less Part I See instructions for how to figure the amounts to enter on (g) Adjustments to gain (h) Gain or (loss) the lines below. or loss from Form(s) Proceeds Cost Subtract column (e) from (sales price) (or other basis) 8949, Part I, line 2, column (d) and combine This form may be easier to complete if you round off cents to whole dollars column (g) the result with column (g) 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b . . . **1b** Totals for all transactions reported on Form(s) 8949 with **Box A** checked 2 Totals for all transactions reported on Form(s) 8949 with **Box B** checked 3 Totals for all transactions reported on Form(s) 8949 40 40 with Box C checked . 4 Short-term capital gain from installment sales from Form 6252, line 26 or 37 5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824 6 Unused capital loss carryover (attach computation) 7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h. 40 Long-Term Capital Gains and Losses—Assets Held More Than One Year See instructions for how to figure the amounts to enter on (g) Adjustments to gain (h) Gain or (loss) (d) (e) the lines below. or loss from Form(s) Proceeds Cost Subtract column (e) from (sales price) (or other basis) 8949, Part II, line 2, column (d) and combine This form may be easier to complete if you round off cents to whole dollars column (a) the result with column (g) 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However. if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b . . . **8b** Totals for all transactions reported on Form(s) 8949 with Box D checked 9 Totals for all transactions reported on Form(s) 8949 with **Box E** checked 10 Totals for all transactions reported on Form(s) 8949 31,983 31,983 with **Box F** checked 11 Enter gain from Form 4797, line 7 or 9 11 12 Long-term capital gain from installment sales from Form 6252, line 26 or 37 13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824 13 14 Capital gain distributions (see instructions) 14 31,983 15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h 15 Summary of Parts I and II **16** Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) 16 17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7) 17 983 18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns 32,023 Note: If losses exceed gains, see Capital Losses in the instructions.

#### Form 4797

## Sales of Business Property (Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2))

Attach to your tax return.

Go to www.irs.gov/Form4797 for instructions and the latest information.

**2023** 

Attachment Sequence No.

Department of the Treasury Internal Revenue Service

Name(s) shown on return Identifying number 22-1576300 Boy Scouts of America Enter the gross proceeds from sales or exchanges reported to you for 2023 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20. See instructions Enter the total amount of gain that you are including on lines 2, 10, and 24 due to the partial dispositions of MACRS assets 1b Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS assets 10 Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft—Most Property Held More Than 1 Year (see instructions) (e) Depreciation (f) Cost or other (g) Gain or (loss) (a) Description (b) Date acquired (c) Date sold (d) Gross allowed or basis, plus Subtract (f) from the of property (mo., day, yr.) (mo., day, yr.) allowable since improvements and sales price sum of (d) and (e) acquisition expense of sale through from Partnership K-1 Flow -1,606 Various | Various | -1,606Gain, if any, from Form 4684, line 39 Section 1231 gain from installment sales from Form 6252, line 26 or 37 4 4 Section 1231 gain or (loss) from like-kind exchanges from Form 8824 5 Gain, if any, from line 32, from other than casualty or theft 6 6 Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows -1,606Partnerships and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120-S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below. Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below. Nonrecaptured net section 1231 losses from prior years. See instructions Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions Ordinary Gains and Losses (see instructions) Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less): 1,606 11 Loss, if any, from line 7 Gain, if any, from line 7 or amount from line 8, if applicable 12 12 13 Gain, if any, from line 31 13 Net gain or (loss) from Form 4684, lines 31 and 38a 14 14 15 Ordinary gain from installment sales from Form 6252, line 25 or 36 15 Ordinary gain or (loss) from like-kind exchanges from Form 8824 16 -1,606 Combine lines 10 through 16 17 For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below. If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an 18a employee.) Identify as from "Form 4797, line 18a." See instructions Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 (Form 1040), Part I, line 4... 18b Form 4797 (2023) For Paperwork Reduction Act Notice, see separate instructions.

#### Form **8949**

Department of the Treasury Internal Revenue Service

#### Sales and Other Dispositions of Capital Assets

File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Go to www.irs.gov/Form8949 for instructions and the latest information.

2023

Attachment Sequence No. 12A

Name(s) shown on return

Social security number or taxpayer identification number

Boy Scouts of America

22-1576300

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

**Short-Term.** Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

**Note:** You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

Ochica	adic D, iii C	ia, you aicii	t required to repo	it tilese tialisaeti		1 0040 (300 111311	dolloris).
You must check Box complete a separate Fo for one or more of the b	orm 8949, page	1, for each app	olicable box. If you have	e more short-term tra	r your short-tern ansactions than	n transactions, will fit on this page	
	•	-	(s) 1099-B showing ba	-	he IRS (see <b>No</b> t	t <b>e</b> above)	
			(s) 1099-B showing ba		·		
X (C) Short-term							
(a) Description of property	(b) Date acquired	(c) Date sold or	<b>(d)</b> Proceeds	(e) Cost or other basis See the <b>Note</b> below	If you enter an enter a co	any, to gain or loss amount in column (g), de in column (f). arate instructions.	(h) Gain or (loss) Subtract column (e)
(Example: 100 sh. XYZ Co.)	1	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see <i>Column (e)</i> in the separate instructions.	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g).
Flow through	from Part	nership I	K-1				
			40				40
2 Totals. Add the amounts negative amounts). Enter Schedule D, line 1b (if Bo above is checked), or line	each total here and in	nclude on your ed), line 2 (if Box B	40				40

**Note:** If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column* (g) in the separate instructions for how to figure the amount of the adjustment.

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side

Social security number or taxpayer identification number

#### Boy Scouts of America

22-1576300

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line

8a; yo	u aren't requ	uired to repo	ort these transacti	ons on Form 894	9 (see instru	ıctions).	
You must check Box a separate Form 8949, more of the boxes, com	page 2, for each	h applicable bo	x. If you have more lo	ng-term transactions			ete
			(s) 1099-B showing ba	•	•	<b>te</b> above)	
` `			(s) 1099-B showing ba	sis <b>wasn't</b> reported t	o the IRS		
(F) Long-term to	ransactions not	reported to you	u on Form 1099-B		Adjustment, i	f any, to gain or loss	T
(a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis See the <b>Note</b> below	If you enter an enter a co	amount in column (g), ode in column (f). parate instructions.	(h) Gain or (loss) Subtract column (e)
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see <i>Column (e)</i> in the separate instructions.	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g).
Flow through	from Part	nership 1	K-1				
			31,983				31,983

2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked)

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an

adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

31,983

31,983

#### BOY SCOUTS OF AMERICA 22-1576300

#### 2023 FORM 990-T, SCHEDULE J, PART I Consolidated Periodicals 12/31/23

	Scout Life	Scouting	Total
Advertising Sales (See Exhibits 2 and 3)	350,593	3,000	353,593
Less: Intracompany Advertising Sales	0	0 0	0 0
Net Advertising Sales	350,593	3,000	353,593
Advertising Expenses	257,657	83,304	340,961
Less: Cost on Intracompany Sales	0	0	0
Net Advertising Expenses	257,657	83,304	340,961
NET GAIN (LOSS)	92,936	(80,304)	12,632

#### BOY SCOUTS OF AMERICA

#### Scout Life Magazine

#### 22-1576300

#### IRS FORM 990-T

12/31/23

CTR #	DESCRIPTION	ADVERTISING REVENUE/ EXPENSE Column F=D*A	READERSHIP REVENUE/ EXPENSE Column E= D-F	TOTAL REVENUE/ EXPENSE Column D= B-C	LESS 100% MEALS & ENTERTAINMENT Column C	GROSS REVENUES/ EXPENSES Column B	ADVERT ALLOC Column A
1570 1621 1621 1621 1510	REVENUES: Other Revenues Subscriptions Single Copy Sales Advertising Sales Other Revenue	350,593.00	5,265.99 4,256,048.82 12,100.66 5.00	5,265.99 4,256,048.82 12,100.66 350,593.00 5.00		5,265.99 4,256,048.82 12,100.66 350,593.00 5.00	
	TOTAL REVENUES	350,593.00	4,273,420.47	4,624,013.47	0.00	4,624,013.47	
1510 1281 1551 1601 1611 1621	ALLOCATED EXPENSES: Boy's Life Editorial Advertising Sales Admin Circularization/ Distribution Magazine Production Magazine Div Publisher Administrative Accounts  DIRECT EXPENSES:	33,568.98 0.00 38,707.70 20,497.99 16,359.12 14,752.36 123,886.15	946,149.48 133,770.82 1,090,985.59 577,740.71 461,085.80 415,798.89 3,625,531.29	979,718.46 133,770.82 1,129,693.29 598,238.70 477,444.92 430,551.25 3,749,417.44	0.00 0.00 0.00 0.00 0.00 0.00	979,718.46 133,770.82 1,129,693.29 598,238.70 477,444.92 430,551.25 3,749,417.44	3.42639% 3.42639% 3.42639% 3.42639% 3.42639%
1581	Advertising Sales Administration	133,770.82		133,770.82	0.00	133,770.82	

**EXHIBIT 2** 

TOTAL DIRECT EXPENSES	133,770.82	0.00	133,770.82	0.00	133,770.82
	100,110.02	0.00	100,110.02	0.00	100,110.02
TOTAL EXPENSES	257,656.97	3,625,531.29	3,883,188.26	0.00	3,883,188.26
NET GAIN (LOSS)	92,936.03	647,889.18	740,825.21	0.00	740,825.21

#### BOY SCOUTS OF AMERICA Scouting Magazine 22-1576300 IRS FORM 990-T 12/31/2023

**EXHIBIT 3** 

				ALLOCABLE			
		ADVERTISING	READERSHIP	INCOME	LESS 100%	GROSS	
соѕт		REVENUE/	REVENUE/	TOTAL	OF MEALS &	REVENUES/	ADVERTISING
CTR#		EXPENSE	EXPENSE	REVENUE/EXPENSE	ENTERTAINMENT	EXPENSES	ALLOCATION
		Column F=D*A	Column E= D-F	Column D= B-C	Column C	Column B	Column A
	REVENUES:						
1622	Earned Subscriptions		711,763.96	711,763.96		711,763.96	
1622	Advertising Sales	3,000.00		3,000.00		3,000.00	
1622	Royalty Income		42,745.36	42,745.36		42,745.36	
	TOTAL SALES	3,000.00	754,509.32	757,509.32	0.00	757,509.32	
	ALLOCATED EXPENSES:						
1552	Distribution / Circulation Exper	1,815.25	42,676.28	44,491.53	0.00	44,491.53	4.080%
1602	Magazine Production	383.01	9,004.56	9,387.57	0.00	9,387.57	4.080%
1612	Publishing Administration	5,766.33	135,565.19	141,331.52	0.00	141,331.52	4.080%
1622	Scouting Administration	7,283.42	171,231.75	178,515.17	0.00	178,515.17	4.080%
		15,248.01	358,477.78	373,725.79	0.00	373,725.79	
	DIRECT EXPENSES:						
1522	Scouting Magazine Editor		196,928.12	196,928.12	0.00	196,928.12	
1582	Advertising Sales Admin	68,055.56		68,055.56	0.00	68,055.56	
		68,055.56	196,928.12	264,983.68	0.00	264,983.68	
	TOTAL EXPENSES	83,303.57	555,405.90	638,709.47	0.00	638,709.47	

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Boy Scouts of America
22-1576300

Net Operating Loss Deduction Amount Available for Future Years
2023 Form 990-T, Page 1

Exhibit 4

					Po	st 2017 NOL b	y Silo			
			Net	Investment	Sponsorship	Cattle	Advertising	Real Estate	Food & Beverage	
	Pre 2018	Post 2017	Sales	Income	Revenue	Sales	Income	Rental	Sales	
Year	NOL	NOL	453000	900099	900099	900099	511120	531190	722513	
2003	1,595,685									
2004	2,109,869									
2005	1,510,529									
2006	1,694,011									
2007	2,961,950									
2008	2,527,010									
2009	2,416,214									
2010	1,653,152									
2011	2,677,541									
2012	3,125,794									
2013	3,167,483									
2014	1,772,279									
2015	1,491,967									
2016	1,638,038									
2017	1,804,389									
2018		3,255,753	(341,844)	(643,879)			(2,096,736)	(173,294)		
2019		2,472,950	(90,968)			(95,253)	(2,176,569)	(110,160)		
2020		298,006	(257 <b>,</b> 708)			(32,868)			(7,430)	
2021		288,292		(40,735)		(43,494)			(204,063)	
2022		85,512	112,244	36,882	-	(85,512)	87 <b>,</b> 615	42,000	212,664	
2023										
TOTALS	32,145,911	6.400.513	(690,520)	(684,614)	_	(257,127)	(4,185,690)	(241,454)	1,171	

30%	50%	60%	100%
Contribution	Contribution	Contribution	Contribution
Carryforward	Carryforward	Carryforward	Carryforward
187	3,450		
	998		
28	168		
803	4,894		
		12	
		160	3
		13	
		121	
		121	
1,018	9,510	306	3

#### BOY SCOUTS OF AMERICA 22-1576300

# SCHEDULE A FORM 990-T, PAGE 1, PART I PHILMONT SCOUT RANCH - CATTLE DEPARTMENT STATEMENT OF INCOME AND EXPENSE 12/31/23

INCOME:	
Cattle Sales - Gross	\$207,919
Cattle Births	1,740
Cattle Growth	836
Total	210,496
Less: Inventory Value of Cattle Sales and Deaths	16,624
TOTAL INCOME	193,872
EXPENSES:	
Administrative:	
Salaries and Wages	0
Employee Benefits	0
Dues and Subscriptions	250
Travel	0
Miscellaneous	0
Equipment Rental	0
Program Supplies	27,195
Maintenance and Repairs	0
Feed	25,068
Total	52,513
General Expense:	
Management Service	61,165
Insurance	3,936
Taxes	45,775
Total	110,876
Depreciation	0
TOTAL EXPENSES	163,389
NET INCOME (LOSS)	\$30,483

### BOY SCOUTS OF AMERICA 22-1576300

## Schedule A Form 990-T OTHER SALES ACTIVITIES STATEMENT OF INCOME AND EXPENSE 12/31/2023

	Amazon Retail Sales	Florida Sea Base Jewelry Sales *	Northern Tier Jewelry Sales *	Ruby Welcome Center *	Philmont Misc. Sales *	Total
GROSS SALES	42,811	14,112	700	880,502	1,671	939,796
COST OF GOODS SOLD	17,764	5,235	440	464,238	3,565	491,242
GROSS PROFIT	25,047	8,877	260	416,264	(1,894)	448,554
DIRECT OPERATING EXPENSES:						
SALARIES AND WAGES				74,700	3,141	77,841
EMPLOYEE BENEFITS				16,225		16,225
PAYROLL TAXES				1,507	240	1,747
TAXES						0
MAINTENANCE AND REPAIRS				2,884		2,884
SUPPLIES AND OPERATING EXPENSES				41,775	3,322	45,097
TRAVEL				2,650		2,650
INDEPENDENT CONTRACTORS						0
INFORMATION TECHNOLOGY				18,837		18,837
OFFICE SUPPLIES AND INSURANCE				2,899		2,899
MANAGEMENT SERVICES	6,422					6,422
DEPRECIATION				472		472
Line 14 - Total Other Expenses	6,422			66,633	3,322	76,377
TOTAL	6,422	0	0	161,949	6,703	175,074
NET INCOME (LOSS)	\$18,625	\$8,877	\$260	\$254,315	(\$8,597)	\$273,480

<sup>\*</sup> Sales of jewelry at high adventure bases includes items that are not related to the Scouting program.

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#### Boy Scouts of America

### 2023 Form 990T - Food and Lodging Unrelated Business Income - Exhibit 7 22-1576300

LIDID		UBI activity
UBI Revenues:	Maria C. Ladrina Curata	525 702
	Meals & Lodging-Guests	535,793
	Program & Special Events Inc	160,927
35.493%	5 Total UBI Revenue	696,721
Total Expenses:		
70001's	Payroll	177,522
76000	Facility Repairs & Maintenance	8,585
78510	Permits & License	506
70900's	Benefits	36,574
	Other Deductions:	
72050's	Travel	383
72252	Office Supplies	1,581
72451	Postage	257
72650	Equipment Maintenance	224
72652	Equipment Rental	5,144
73155	Outside Services	9,437
74051	Software Purchases	3
74052	Software Support & Maintenance	2,763
74750	Electricity	248
74751	Fuel	2,857
74754	Waste Removal	1,023
76001	Grounds Maintenance	166
76250	Burglar & Fire Alarm	319
76517	Temporary Services Expense	14,532
77000	Advertising	13,315
77005	Public Relations	71
77258	Program Entertainment	1,420
77261	Program Supplies	5,633
77304	Food Purchases	76,057
77313	Housekeeping Supplies	10,620
77428	Interorg Supply Purchases	677
77606	Credit Card Charges	3
77857	Packing Materials	27
78250	Miscellaneous Taxes	2,234
78753	Cash Over/Short	49
79070	Communication Interorg Charge	228
	Total Other Expenses	149,268
Total Expenses Alloca	ted to UBI Activity	372,455
	Net Revenue (Expenses)	324,266

#### BOY SCOUTS OF AMERICA 22-1576300 2023 SCHEDULE A FORM 990-T Income (loss) from partnership

EIN	Name	2023 Income	2023 Income (expense)		
		Form 990-T Line 5	Form 990-T Line 4a and Schedule D		
26-2474514	BSA Commingled Endowment Fund LP	(722,878)	30,417		
	Totals	(722,878)	30,417		

#### Boy Scouts of America 22-1576300 Schhedule A Form 990-T Sponsorships 12/31/2023

	Sponsor	signed contract	2022 income	GIK for		2% return benefit	FMV of sponsor- ship			Cost to
Name	ship	in files	recorded	2023	2023	limit	benefits	UBI	QSP	BSA
Ducks Unlimited	yes	yes				-	-	-		-
Polaris					50,000	1,000	6,000	6,000	44,000	-
Prodigy Disc					15,000	300	-			-
Sustainable Forestry Initiative					2,995	60	-			-
Tridave						-	-			-
US Army					25,000	500	-	-	25,000	-
US Navy					25,000	500	3,500	3,500	21,500	-
		Totals		-	117,995	2,360	9,500	9,500	90,500	-