Form 990-T	j Ex	cempt Organi						n [OMB No 1545-0047
Form # J J U - I			-		der section 6		• •		@@ 40
•	For cale	ndar year 2019 or other t	-					°	2019
Department of the Treasury Internal Revenue Service	▶ 00	► Go to www irs g not enter SSN numbers						:)(3) -	Open to Public Inspection for 501(c)(3) Organizations Only
A Check box if	 	Name of organization (ne changed and see in			D Emplo	yer identification number
address changed		1	_					(Emplo	yees' trust, see instructions)
B Exempt under section]	BOY SCOUTS C	F AMERI	CA 9	2 ATLANTA AF	REA C	OUNCIL		
X 501(C)(03)	Print	Number, street, and roo	m or suite no 1	f a P O	box, see instructions			58-05	566122
408(e) 220(e	Type								ated business activity code structions)
408A 530(a)	1800 CIRCLE						,	,
529(a)	4	City or town, state or pr		y, and Z	(IP or foreign postal co	de		0000	2.1
C Book value of all assets at end of year		ATLANTA, GA						90000	
87,446,100.		up exemption number eck organization type			•	501/0	\ texat	401(2)	trust Other trust
H Enter the number o						501(c		401(a)	trust Other trust (or first) unrelated
trade or business he			ies or busine	5565		dy one		•	e than one, describe the
		e end of the previous s	entence cor	nolete		•	•		
trade or business, th		•	cc., co.	iipicto	Tarto Fario II, comp	,,,,,,	5.1005.0 111 107 050		
-	-	corporation a subsidia	ry in an affili	ated gr	oup or a parent-sub	sidiary c	controlled group?		. ▶ Yes X No
-		identifying number of t	-	-	on 🕨	-			
J The books are in car	e of ▶JC	YCE HAGERTY			Т-	elephon	e number ► 77	0-989-	-8820
Part I Unrelated	Trade o	or Business Incon	ne		(A) Income		(B) Expen	ses	(C) Net
1a Gross receipts or	sales						•		
b Less returns and allow			c Balance 🕨	1c					
		ule A, line 7)		2					
		2 from line 1c		3	•				
		ittach Schedule D)		4a					
• , , ,		Part II, line 17) (attach Fo		4b				_/	
		rusts		4c			3	/	<u> </u>
			ment)	6					J
	nanced	come (Schedule E)		7	189,	701.	31	,752.	157,949.
8 Interest annuities rov	alties, and re	Ms from a controlled organizal	on (Schedule F)	8					
9 Investment income of	alsection 50	1(c)(7) (9) or (17) organizali	on (Schedule G)	9					
10 Exploited exempt	activity ii	ncome (Schedule I)		10					
11 Advertising incor	ne (Sched	lule J) . U.T tions atlach-schedule)		11					
				12					
13 Total Combine li	nes 3 thr	ough 12	<u> </u>	13	189,			,752.	157,949.
					ns for limitation	is on d	leductions) (L	Deduction	ons must be directly
		ne unrelated busin							T
14 Compensation of15 Salaries and wag	officers,	directors, and trustees	Schedule K)	<i>.</i>		• •		14	
16 Repairs and mair	tenance		/					16	-
18 Interest (attach s	chedule)	(see instructions).						. 18	
		`							8,534.
20 Depreciation (att	ach Form	4562)			20				***************************************
		on Schedule A and els						21b	
		. /							
		compensation plans ,							
		5							
		Schedule I)							
		chedule J)							-
		chedule)							8,534.
		s 14 through 27							149,415.
		le income before ne gloss arising in tax ye							147,413.
/	-	g loss arising in tax ye e income. Subtract line	-	_	•		•	-	149,415.
For Paperwork Reduct							<u> </u>	-1-4	Form 990-T (2019)

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	990-7/(2		58-0566122		Page 2
Pai	t Wi	Total Unrelated Business Taxable Income			
32	Total	of unrelated business taxable income computed from all unrelated trades or businesses (see	, l		
	ınstruc	ions)		149,	415.
33	Amoun	s paid for disallowed fringes	33		
34	Charita	ble contributions (see instructions for limitation rules)	34		
35	Total	inrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line	1		
	34 fron	the sum of lines 32 and 33	35	149,	415.
36		on for net operating loss arising in tax years beginning before January 1, 2018 (see			
	ınstruc	ons)	36		
37	Total o	unrelated business taxable income before specific deduction. Subtract line 36 from line 35	37	149,	415.
38	Specifi	deduction (Generally \$1,000, but see line 38 instructions for exceptions) $\dots \dots \dots $	38	1,	000.
39	Unrela	ed business taxable income Subtract line 38 from line 37 If line 38 is greater than line 37.1	1		
	enter t	smaller of zero or line 37	39	148,	415.
Par	t IV	Tax Computation	•		
40			40	31,	167.
41	_	Taxable at Trust Rates See instructions for tax computation income tax on	1		
	the am	unt on line 39 from Tax rate schedule or Schedule D (Form 1041),	41		
42	Proxy t		42		
43	•	-	43		
44		· · · · · · · · · · · · · · · · · · ·	44		
45		dd lines 42, 43, and 44 to line 40 or 41, whichever applies	45	31,	167.
Par	t V 🗍	Tax and Payments	i i		
46 a	Foreign	ax credit (corporations attach Form 1118, trusts attach Form 1116) 46a			
		redits (see instructions)			
		business credit Attach Form 3800 (see instructions)			
d	Credit f	or prior year minimum tax (attach Form 8801 or 8827)			
			46e		
47		-	47	31,	167.
48			48		
49		3 I 7"	49	31,	167.
50) F	50		
51 a		ts. A 2018 overpayment credited to 2019	1		
		timated tax payments			
С	Tax dep	osited with Form 8868			
		organizations Tax paid or withheld at source (see instructions)	:		
		withholding (see instructions)	4		
		or small employer health insurance premiums (attach Form 8941)	İ		
		edits, adjustments, and payments Form 2439			
•	F	orm 4136 Other Total ▶ 51g			
52	Total p		52	33,	065.
53	Estimat		53		
54		— <u> </u>	54		
55	Overpa	rment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid $\dots \dots \dots $	55	1,	898.
56	Enter the	amount of line 55 you want Credited to 2020 estimated tax	56	1,	898.
Par	l VI	Statements Regarding Certain Activities and Other Information (see instructions)			
57	At any	time during the 2019 calendar year, did the organization have an interest in or a signature or or	other authority	Yes	No
	over a	financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may	have to file		
	FinCEN	Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the foreign Bank and Financial Accounts If "Yes," enter the name of the foreign Bank and Financial Accounts If "Yes," enter the name of the foreign Bank and Financial Accounts If "Yes," enter the name of the foreign Bank and Financial Accounts If "Yes," enter the name of the foreign Bank and Financial Accounts If "Yes," enter the name of the foreign Bank and Financial Accounts If "Yes," enter the name of the foreign Bank and Financial Accounts If "Yes," enter the name of the foreign Bank and Financial Accounts If "Yes," enter the name of the foreign Bank and Financial Accounts If "Yes," enter the name of the foreign Bank and Financial Accounts If "Yes," enter the name of the foreign Bank and Financial Accounts If "Yes," enter the name of the foreign Bank and Financial Accounts III (Yes, "Yes," enter the name of the foreign Bank and Financial Accounts III (Yes, "Yes, "Ye	oreign country		
	here 🕨		j ,		X
58	During 1	ne tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign	n trust?		Х
		see instructions for other forms the organization may have to file			
59		e amount of tax-exempt interest received or accrued during the tax year > \$			
	Ur	der penalties of perjury people that I have examined this return, including accompanying schedules and statements, and to the bes	t of my knowledge	and bel	ief, it is
Sign	tr.	e, correct and complete Declaration of preparer other than taxpayer) is based on all information of which preparer has any knowledge			
Here			the IRS discuss the preparer sh		
	_		nstructions)?X Ye		No
		Print/Type preparer's name Preparer's signature A Date	DTIN	7	
Paid		MARC A AZAR MARC A AZAR MARC A AZAR CheckL self-em	─ ' "	3934	9
Prep		Firm's name ► SMITH & HOWARD, P.C.	50 505		
Use	Only		404-874-		
		Phone in the state of the state	<u></u>		

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Total dividends-received deductions included in column 8

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•

Schedule F - Interest, Ann	idities, regulite			trolled Or			ations (so	.c mandon	51137	
Name of controlled organization	2 Employer identification numb	per	et unrelate s) (see ins	ed income tructions)	ł	of specif	ied included	5 Part of column 4 that included in the controllin organization's gross inco		6 Deductions directly connected with income in column 5
(1)										
(2)										<u>.</u>
(3)					_ `					<u></u>
(4)										_
Nonexempt Controlled Organiz						1 40	Dart of column	0.45-40	- 44	Daduations directly
7 Taxable Income	8 Net unrelated ii (loss) (see instruc	I		tal of specifi ments made		10 Part of column 9 included in the control organization's gross in		ontrolling		Deductions directly nected with income in column 10
(1)						<u> </u>				
(2)					.		-			
(3)					·					
(4)	-					Δ.	ld columns 5 a	and 10	Δ.	d columns 6 and 11
Totals					▶	Ent Pa	er here and on rt I, line 8, colu	page 1, ımn (A)	Ente	er here and on page 1, t I, line 8, column (B)
Schedule G-Investment Ir	ncome of a Sec	ction 501(c	c)(7), (9	9), or (17	') Orga	nizati	on (see ins	tructions)		
1 Description of income	2 Amount of	income		3 Deduction of the directly contact (attach school)	nnected			et-asides schedule)	5 Total deductions and set-asides (col 3 plus col 4)	
(1)										
(2)										
(3)										
(4)	<u> </u>		18.1.27.3		h was succe	en e efficient	cus nouscaire unim	marka war "Tuawan" ku y	sas nama i e	
Totals ▶ Schedule I-Exploited Exe	Enter here and Part I, line 9, c	olumn (A)	er Thai	Advert	sing Ir	come		uctions)		Enter here and on page 1 Part I, line 9, column (B)
Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expens directly connected production unrelated business inc	es with n of	4 Net incor from unrelat or business 2 minus col If a gain, co cols 5 thro	ne (loss) ed trade (column umn 3) ompute	5 Gross income from activity that is not unrelated business income		6 Expenses altributable to column 5		7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)								İ		
(2)								 		•
(3)								· · · · · · · · · · · · · · · · · · ·		
(4)										
Totals	Enter here and on page 1, Part I, line 10, col (A)	Enter here ar page 1, Pa line 10, col	nti, 🚡							Enter here and on page 1, Part II, line 25
Schedule J- Advertising In	icome (see instr	uctions)								
Part I Income From Peri	iodicals Report	ed on a Co	nsolid	ated Bas	sis					
1 Name of periodical	2 Gross advertising income	3 Direct advertising of	- :	4 Advert gain or (los 2 minus co a gain, coi cols 5 thro	s) (col of 3) If npute		Circulation ncome	6 Reade costs	•	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)			134		統令的原					
(2)			1.70 70	77.5.0.5.W				_		TENENT AVER
(3)			60%							
(4)			4. 4.		H. W. W.					
Totals (carry to Part II, line (5))										Form 990-T (2019)

Part II income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
Totals from Part I ▶					NAMES OF STREET	
Totals, Part II (lines 1-5) ▶	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 26

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
1)		%	•
2)		%	
3)		%	
4)		%	
otal Enter here and on page 1, Part II, line 14		•	

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