

## See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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

A	Fo	r the 2	108 calendar year, or tax year beginning and	ending						
国	Che	ck If	Please C Name of organization	_	D Employer identific	ation number				
7	• •	licable:	use IRS CROSSROADS OF AMERICA COUNCIL 🦰 🕖 🦞							
තු		lddress shange	point of BSA FOUNDATION, INC.							
q		vame change	type. Doing Business As		41-20	72251				
9		nitial eturn	Number and street (or P.O. box if mall is not delivered to street address)	Room/suite	E Telephone number	<del></del>				
a	יר־	remin-	Specific P O BOX 1966		317-925-1900					
J.	/	imended etum	bons City or town, state or country, and ZIP + 4		G Gross receipts \$	424,204.				
7	$\neg$	hpplica-	INDIANAPOLIS, IN 46206-1966		H(a) Is this a group re					
		ion cending	F Name and address of principal officer:SCOTT CLABAUGH		1	Yes X No				
夏			1900 NORTH MERIDIAN ST., INDIANAPOLIS,	IN						
	To	V-0V0m	ot status: X 501(c) (3 ) ◀ (insert no.)		1 ' '	uded?YesNo list. (see instructions)				
5			► N/A		H(c) Group exemption					
	_		anization X Corporation Trust Association Other ▶	I Voor		State of legal domicile IN				
			ummary		orioiniation 2001 W	State of regar dofffiche #14				
	Ψ.		efly describe the organization's mission or most significant activities: MANA	CINC T	не виромиви	T FUND OF				
Activities & Governance			HE BOY SCOUTS OF AMERICA, CROSSROADS OF			I TOND OF				
ž			eck this box In the organization discontinued its operations or dispo-			··········				
Š			and the second s		1.1	8				
ě					··· ·· · · · · · · · · · · · · · · · ·	8				
oč			mber of independent voting members of the governing body (Part VI, line 1b)		[]					
Ţ			tal number of employees (Part V, line 2a)							
<u> </u>			tal number of volunteers (estimate if necessary)		_	^				
4	!		tal gross unrelated business revenue from Part VIII, line 12, column (C)			0.				
	╁	b Ne	t unrelated business taxable income from Form 990-T, line 34			0.				
		• •	turrelated business taxable income from Part VIII, line 12, column (C)  turrelated business taxable income from Form 990-T, line 34  Intributions and grants (Part VIII, line 1h)  pagram service revenue (Part VIII, line 2g)  pestment income (Part VIII, column (A), lines 3, 4, and 7d)  per revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	ያ ⊢	Prior Year	Current Year				
9	:		ntributions and grants (Part VIII, line 1h)	· ·	114,349.	122,061.				
Revenue			ogram service revenue (Part VIII, line 2g)	··· ··	100 104	200 140				
á	1		restment income (Part VIII, column (A), lines 3, 4, and 7d)	• ·	123,124.	302,143.				
	1		her revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e							
_	$\neg$		tal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		237,473.	424,204.				
	'		ants and similar amounts paid (Part IX, column (A), lines 1·3)							
	'		nefits paid to or for members (Part IX, column (A), line 4)	·						
ď	3   .		laries, other compensation, employee benefits (Part IX, column (A), lines 5-10)							
Expenses	! :	16a Pro	ofessional fundraising fees (Part IX, column (A), line 11e)			<del>~~~~</del>				
Š		<b>b</b> To	tal fundraising expenses (Part IX, column (D), line 25)							
Ц	' ] ·	17 Ot	her expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		87,499.	473,077.				
	.	18 To	tal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		87,499.	473,077.				
_		19 Re	venue less expenses. Subtract line 18 from line 12		149,974.	<48,873.>				
sets or	Ses				Beginning of Year	End of Year				
sets	alar	20 To	tal assets (Part X, line 16)		11,690,642.	9,270,887.				
Net As		21 To	tal liabilities (Part X, line 26)			393,500.				
ž	5	22 Ne	t assets or fund balances. Subtract line 21 from line 20	,	11,690,642.	8,877,387.				
1	ar	t II 🔞	Signature Block							
		Ur	nder penalties of pequry, I declare that I have examined this return, including accompanying schedules at d complete. Declaration of preparer (other than officer) is based on all information of which preparer has a	nd statements,	and to the best of my knowledg	ge and belief, it is true, correct,				
				ery retermonger						
Si	gn		much theopson							
Н	ere		Signature of officer		Date					
			BRUCE JACOBSON, TRUSTEE, CHAIR							
			Type or print name and title							
D-	:4	Pi	eparer's Date			r's identifying number tructions)				
Pa		si	gnature CPA 9-3-	09 sei	ployed     Company   Compa					
	٠.		m's name (or LONDON WITTE & COMPANY, LLP		EIN ►					
US	e O	se se	If-employed), \$\lambda 111 MONUMENT CIRCLE SUITE 3880							
			INDIANAPOLIS, IN 46204-5117		Phone no. ► 3	17-634-4000				
Ma	ay t	he IRS	discuss this return with the preparer shown above? (see instructions)			X Yes No				
		12-18-0		eparate ins	tructions.	Form <b>990</b> (2008)				
		-								

# CROSSROADS OF AMERICA COUNCIL 41-2072251 Form 990 (2008) BSA FOUNDATION, INC. Page 2 Part III Statement of Program Service Accomplishments (see Instructions) Briefly describe the organization's mission: MANAGING THE ENDOWMENT FUND OF THE BOY SCOUTS OF AMERICA, CROSSROADS OF AMERICA COUNCIL. Did the organization undertake any significant program services during the year which were not listed on Yes X No If "Yes", describe these new services on Schedule O. Yes X No Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes", describe these changes on Schedule O. Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 473,077. including grants of \$ ) (Expenses \$ ) (Revenue \$ (Code: MANAGING THE ENDOWMENT FUND OF THE BOY SCOUTS OF AMERICA, CROSSROADS OF AMERICA COUNCIL. (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ ) (Revenue \$ (Code: ) (Expenses \$ including grants of \$

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

(Expenses \$ including grants of \$

) (Revenue \$

4e Total program service expenses ►\$

473,077. (Must equal Part IX, Line 25, column (B).)

Form 990 (2008)

#### Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? X X 2 Is the organization required to complete Schedule B, Schedule of Contributors? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for X X Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II ... 4 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice Х on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I ...... Dld the organization receive or hold a conservation easement, including easements to preserve open space, X the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete X ..... Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide X credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV ..... X 10 10 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? X If "Yes." complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable Did the organization receive an audited financial statement for the year for which it is completing this return that was 12 Х prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII ...... 12 X 13 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . . X 14a Did the organization maintain an office, employees, or agents outside of the U.S.? 14a b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, X 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity 15 X 15 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals X 16 X 17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I . . . . . 17 Х Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 18 18 X Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 19 19 X 20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H 20 .... X 21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II ..... 21 X 22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III .... X 23 23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J ... ... ... 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. X 24a 24b b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a X 25a b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a Х 25b pnor year? If "Yes," complete Schedule L, Part I Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified Х 26 person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial X contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III Form 990 (2008)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee	1. 1		₹Ş.
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an			
	indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other	Sec. 1		
	person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV	28a		X
b	Have a family member who had a direct or indirect business relationship with the organization?			
	If "Yes," complete Schedule L, Part IV	28b		X
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional		1	
	corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c		X
9	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	<u> </u>	X
0	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
!	Did the organization liquidate, terminate, or dissolve and cease operations?		ļ	
	If "Yes," complete Schedule N, Part I	31		X,
2	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
_	Schedule N, Part II	32		X
3	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	1	ļ	
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	ļ	X
4	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	X	
5	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	1	ļ	
	If "Yes," complete Schedule R, Part V, line 2	35		Х
6	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36	<u> </u>	X
7	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	1		
	and that is treated as a partnership for federal income tax purposes? If "Yes, complete Schedule R, Part VI	37	1	X

Pari 1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns Enter -0- If not applicable		Yes	No No
	U.S. Information Returns Enter 0- If not applicable		Yes	No
	U.S. Information Returns Enter 0- If not applicable		C7 77.	
		Atron Mil	-` 1	1.4
_		⊻∾୷ଞ	Ç.3	
þ	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	<u>0 ;;;;</u> ]		2%
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	15 25		ŔŨĬ
	(gambling) winnings to prize winners?	1c		X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	Kin A		
	filed for the calendar year ending with or within the year covered by this return	0 🐫		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	13.0		#: J
За	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3ъ		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			Į
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
	If 'Yes," enter the name of the foreign country:	1,2,2,3		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and	87.55	\$ \$60	8.,)
	Financial Accounts.	(0.5)		12
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited	-		1
	Tax Shelter Transaction?	5c		
	Did the organization solicit any contributions that were not tax deductible?	6a		X
þ	If "Yes," did the organization include with every sollicitation an express statement that such contributions or gifts		]	
	were not tax deductible?	6b	4	ļ
7	Organizations that may receive deductible contributions under section 170(c).	( ) ( )	×	<b>.</b>
	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?		<u> </u>	<u>X</u>
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	. 7b	ļ	ļ
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c	<u></u>	<u> X</u>
	If "Yes," indicate the number of Forms 8282 filed during the year	_\*\*\;	×	<b>K</b> 2.0
6	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal	1.1	X 7	K (* )
	benefit contract?	7e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	-	X
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g	-	X
	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	. 7h	<u> </u>	X
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3)			
	supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have	" " 8	1	X
_	excess business holdings at any time during the year?	·   <u>८०,८</u>	<del>्रि</del> ररङ्	180
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.	0.00	<b>*</b> `~3	
	Did the organization make any taxable distributions under section 49667	. <u>' 9a</u>	<del> </del>	<del> </del>
_	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	£25 >	127
10	Section 501(c)(7) organizations. Enter: N/A			
a	Initiation fees and capital contributions included on Part VIII, line 12  Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b	નું,;ં,;ે		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>-</b> [%]		
11		1000		<b>K</b> ró
	Gross income from members or shareholders	<b>-</b>  \$\forall \sigma		
D				
12-	amounts due or received from them.)  Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	PXX	T
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b	1.50	1000°	<b>\$</b> 2.3
	II 165, Gitter tile amount of tax-exempt interest received of accided during the year 417.44 .   120	Form	990	(2008)

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Sect	ion A. Governing Body and Management			
			Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances,	35.65		×20 (28)
	processes, or changes in Schedule O. See instructions.			
	Enter the number of voting members of the governing body			##K.
	Enter the number of voting members that are independent		***	
	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors or trustees, or key employees to a management company or other person?	3		Χ_
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		<u>X</u>
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		<u>X</u>
6	Does the organization have members or stockholders?	6		<u>X</u>
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the			
	governing body?	7a	Х	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	(*,\$	1 12	
	by the following:	\	P***	13827
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9a	Does the organization have local chapters, branches, or affiliates?	9a	X	<u></u>
ь	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,			į
	and branches to ensure their operations are consistent with those of the organization?	9b	X	
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must			
	describe in Schedule O the process, if any, the organization uses to review the Form 990	10	X	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		<u> X</u>
Sec	tion B. Policies			
			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	<u> </u>
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise		١	
	to conflicts?	12b	X	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		l	
	in Schedule O how this is done	12c	+	<u> </u>
13	Does the organization have a written whistleblower policy?	13	X	<b>├</b> ──
14	Does the organization have a written document retention and destruction policy?	14	X	<del> </del>
15	Did the process for determining compensation of the following persons include a review and approval by independent	<b>N</b> .		300
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision:	****	(K. 1. 2	్ష్మాస
а	The organization's CEO, Executive Director, or top management official?	15a		X
þ	Other officers or key employees of the organization?	15b	<del>                                     </del>	X
	Describe the process in Schedule O. (see instructions)		<b>N</b>	۱, ۱, ۱, ۱, ۱, ۱, ۱, ۱, ۱, ۱, ۱, ۱, ۱, ۱
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a		B.	1 ° 0 ''
	taxable entity during the year?	16a	<u> </u>	X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation			1.
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's		<b>18</b> 75).	<b>*</b> ***
	exempt status with respect to such arrangements?	16b		1
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ►IN			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available	e for		
	public inspection. Indicate how you make these available. Check all that apply.			
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy,	ınd fin	ancıal	
	statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the person who possesses the books and person of the person of	ation:	<b>-</b>	
	KEVIN MCPHERSON - 317-925-1900			
ponen	1900 N. MERIDIAN ST., INDIANAPOLIS, IN 46202		000	
83200 12-18	© -08	For	n <b>990</b>	(2008)

41-2072251

Form 990 (2008) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors** 

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

X Check this box if the organization did no (A) Name and Title	(B) Average			(C Posi	2) tion		,	<b>(D)</b> Reportable	(E) Reportable	(F) Estimated
	hours per week	Individual trustee or director	estant funditulism	c all		Highest compensated Co		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
JACOBSON, BRUCE TRUSTEE, CHAIR	0.30	х						0.	0.	0.
ANDERSON, STEFAN TRUSTEE	0.30	х						0.	0.	0.
HOLT, STEVEN TRUSTEE	0.30							0.	0.	0.
HUNT, JACKSON TRUSTEE	0.30	х						0.	0.	0.
HURT, STAN TRUSTEE	0.30	Х						0.	0.	0.
KAPPES, PHILLIP TRUSTEE	0.30	x						0.	_0.	0.
RAPP, GEORGE TRUSTEE	0.30	x						0.	0.	0.
SHAHEEN, YVONNE TRUSTEE	0.30	х						0.	0.	0.
		_								
										<u> </u>
		-	_		ļ	_				
										- 000

Form 990 (2008)

hours week    Part   Pa	<b>(A)</b> Name and title	(B) Average		í	(C Posi	-			(D) Reportable	<b>(E)</b> Reportable	(F) Estimated
19 Total  Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization  Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule I for such individual  For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,007 if "Yes," complete Schedule I for such person  Section B. Independent Contractors  Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.  (A)  Name and business address  Description of services  Compensation  2 Total number of Independent contractors (including those in 1) who received more than \$100,000 in compensation		hours per		heck	all	hat	арр		compensation from the organization	compensation from related organizations	compensation from the organization and related
Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization    Yes			hdiv	Insti	<b>8</b>	Keye	H G	Form			Organization
Total number of Individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization    Yes			-	-							
Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization  Yes  Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person  Section B. Independent Contractors  Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.  (A)  Name and business address  Description of services  Compensation  Total number of Independent contractors (including those in 1) who received more than \$100,000 in compensation							ļ				
Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization    Yes			-	-				_			
Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization  Yes  Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person  ection B. Independent Contractors  Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.  (A)  (B)  (C)  Compensation  Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation											
Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization  Yes  Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person  Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.  (A)  (B)  Name and business address  Description of services  Compensation  Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation							-				
Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization  Yes  Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person  Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.  (A)  (B)  Name and business address  Description of services  Compensation  Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation			-	-							
Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization  Yes  Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person  Section B. Independent Contractors  Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.  (A)  Name and business address  Description of services  Compensation  Total number of Independent contractors (including those in 1) who received more than \$100,000 in compensation					i	_					
line 1a? If "Yes," complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person  6 Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.  (A)  (B)  (C)  Compensation  (A)  Name and business address  Description of services  Compensation  2 Total number of Independent contractors (including those in 1) who received more than \$100,000 in compensation	2 Total number of individuals (including th	ose in 1a) who r	ecel	ved r	nore	the		100,			<b>&gt;</b>
and related organizations greater than \$150,000? If "Yes," complete Schedule J for such Individual	line 1a? If "Yes," complete Schedule J fo	or such individua	al	<b>.</b> .			<i>.</i>				. 3 X
Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.  (A) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	and related organizations greater than \$ 5 Did any person listed on line 1a receive	150,000? <i>If</i> "Ye or accrue comp	s," c ensa	omp ition	lete fron	Sch n an	edu. y un	le J rela	fo <i>r such individual</i> . ted organization for ser	vices rendered to	4 2
the organization.  (A)  Name and business address  Description of services  Compensation  Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation	Section B. Independent Contractors										
Name and business address  Description of services  Compensation  Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation		compensated	naer	æna	ent ·		tract	ors	that received more than		
► 1.7 2000 A . 14.7 2000 M		ess address								services	(C) Compensation
► 1.7 2000 A . 14.7 2000 M											
► 1.7 2000 A . 14.7 2000 M								-			
► 1.7 2000 in 1.7 2000 w					-						
	2 Total number of Independent contracto from the organization ▶	rs (including the	se in	1) v	vho	rece	eived	mc	re than \$100,000 in co	mpensation	

41-2072251 Page 10

## Part X Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	ot include amounts reported on lines 6b, 3b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundralsing expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0 m(\$ [4,4,5]
5	Compensation of current officers, directors,				
	trustees, and key employees				,
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages			<u> </u>	
8	Pension plan contributions (include section 401(k)			÷	
	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):	-			ļ
а	Management				
b	Legal			· · · · · · · · · · · · · · · · · · ·	
C	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	80,077.	80,077.		
g	Other		,		
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	393,000.	393,000.		
22	Depreciation, depletion, and amortization				,
23	Insurance			<del>, , , , , , , , , , , , , , , , , , , </del>	<u> </u>
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
а					
þ					
C					
d					
е					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	473,077.	473,077.	0.	0.
26	Joint Costs. Check here 🕨 🔲 if following				
	SOP 98-2 Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundralsing solicitation		L		5 000 (2000)

832010 12-18-08

Par	T.X.	Balance Sheet	<del></del>		
	- <u></u> -		(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		1	
	2	Savings and temporary cash investments	29,939.	2	2,949.
	3	Pledges and grants receivable, net	500.	3	929.
	4	Accounts receivable, net	6,048.	4	11,657.
	5	Receivables from current and former officers, directors, trustees, key			
		employees, or other related parties. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section			
- 1		4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete			
		Part II of Schedule L		6	, , , , , , , , , , , , , , , , , , ,
Ø	7	Notes and loans receivable, net		7	-
Assets	8	Inventories for sale or use		8	
&	9	Prepaid expenses and deferred charges	-	9	
		Land, buildings, and equipment: cost basis 10a			\$" (9 (\$ \ \) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
		Land, buildings, and equipment: cost basis 10a  Less: accumulated depreciation. Complete	{(%,333 t - %~);	11 3	
	D	l t	1 3 7 4 7 150 A C 73 10		13. 12. 12. 12. 13. 13. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14
	4.4	Part VI of Schedule D		10c	
	11	Investments - publicly traded securities	8,320,417.	11	6 600 211
	12	Investments • other securities. See Part IV, line 11	0,320,417.		6,688,211.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets	2 222 720	14	2 567 141
j	15	Other assets. See Part IV, line 11	3,333,738.		2,567,141.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	11,690,642.		9,270,887
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
S.	21	Escrow account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees,	18 WESSEL 19 18 8 8 8	[., : :	
abi		highest compensated employees, and disqualified persons. Complete Part II	PN 1007 X 38 3	} >	Prince Surviva Dankie
_		of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable		24	-
	25	Other liabilities. Complete Part X of Schedule D	0.	25	393,500
	26	Total liabilities. Add lines 17 through 25	0.	26	393,500
		Organizations that follow SFAS 117, check here		6.0	
တ္က		lines 27 through 29, and lines 33 and 34.	The state of the s	ŧï.	
alances	27	Unrestricted net assets	4,223,351.	27	1 1 2 2 2 4 2
alaı	28	Temporarily restricted net assets	1,934,778.		
ш п	29	Permanently restricted net assets	5,532,513.		4,779,269
Š		Organizations that do not follow SFAS 117, check here	. 30 30 7 20		
F		complete lines 30 through 34.			
Net Assets or Fund	30	Capital stock or trust principal, or current funds	***	30	
Se	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ž	32	Retained earnings, endowment, accumulated income, or other funds		32	<del> </del>
Š	l	Table 4 and a second second second	11,690,642.		8,877,387
	33	Total net assets or fund balances	11,690,642.	-	9,270,887
:Dai	34    XI	Total liabilities and net assets/fund balances	11,000,042.	34	7,210,001
4 14	LA CAP	Financial Statements and Reporting			Yes No
			٦		<del></del>
1		punting method used to prepare the Form 990: Cash X Accrual	Other		
2a		the organization's financial statements compiled or reviewed by an independent			
		e the organization's financial statements audited by an independent accountant?			
C		es" to lines 2a or 2b, does the organization have a committee that assumes response	•		
		w, or compilation of its financial statements and selection of an independent acc			
За		result of a federal award, was the organization required to undergo an audit or a	· · · · · · · · · · · · · · · · · · ·	gle Au	
	Act a	and OMB Circular A-133?			за Х
Ь	If 'Y	es," did the organization undergo the required audit or audits?	<u> </u>	<u> </u>	3b
83201	1 12-18	3-08			Form <b>990</b> (2008)

#### SCHEDULE A (Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

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

CROSSROADS OF AMERICA COUNCIL

BSA FOUNDATION, INC.

2008
Open to Public
Inspection

Employer identification number

41-2072251

Department of the Treasury Internal Revenue Service

Name of the organization

Reason for Public Charity Status (All organizations must complete this part.) (see instructions) The organization is not a private foundation because it is: (Please check only one organization) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H.) A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete the Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions) 11 X An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. a X Type i **b** Type II c Type III - Functionally integrated d Type III - Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any grit or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below. No X the governing body of the supported organization? 11g(i) A family member of a person described in (i) above? h Provide the following information about the organizations the organization supports.

(I) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section	in col. (I) It	organization sted in your document?	organizat	u notify the ion in col. r support?	(vi) Is organizatio (I) organiz U.S	the on in col. ed in the .?	(vii) Amount of support
		(see instructions))	Yes	No	Yes	No	Yes	No	
CROSSROADS		170(B)(1)(							-
OF AMERICA C	35-0867962	A)(VI)	Х		Х	L	Х		
					ĺ	]			
				ļ <u>.</u>		<u> </u>			
			<del> </del>		ļ				
<del></del>				-	<u> </u>			ļļ	
	 		. 1. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2.		 		62 725% 7	2 7.0	
Total			100 m						

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

Schedule A (Form 990 or 990-EZ) 2008

	edule A (Form 990 or 990-EZ) 2008	· <u>_</u>					Page 2
Pź	rt II Support Schedule for			Sections 170	(b)(1)(A)(iv) and	1 170(b)(1)(A)(v	ī)
_	(Complete only if you checke	d the box on line 5	, 7, or 8 of Part I.)				<del></del>
	ction A. Public Support		# 1 ppg=	[ ,,,,,,,,	4 4 0007	410000	
	endar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	, , ,		į				
	membership fees received. (Do not						
_	include any "unusual grants.")	-					
2	Tax revenues levled for the organ-						
	ization's benefit and either paid to	1					
_	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to	]					
	the organization without charge	<u></u>					
4	Total. Add lines 1 · 3	 		**************************************	53		
5	The portion of total contributions		Yī a walan				
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included	Pala Josef					
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Rose North	17. 2 ( 66%) - 14. 43.		
	Public Support. Subtract line 5 from line 4	1992 (Section 1987)		W 2 : 6 : 7 (C)		1979 J. W. 194	
	ction B. Total Support	T .	ı			1	·····
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
	Amounts from line 4						
8	Gross income from Interest,						
	dividends, payments received on						
	securities loans, rents, royalties		Í				
	and income from similar sources						
9	Net income from unrelated business		ļ				
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain	İ	ļ				
	or loss from the sale of capital						
	assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10				<u> </u>		
12	Gross receipts from related activities	, etc. (see instructi	ons)			12	
13	First five years. If the Form 990 is fo	r the organization'	s first, second, this	d, fourth, or fifth to	ax year as a sectlo	n 501(c)(3)	. —
_	organization, check this box and sto				<del></del>	<del></del>	<u></u>
<u>5e</u>	ction C. Computation of Pub		<del></del>			, <u>.</u>	100 00
14		•		• • •		<del> </del>	100.00 %
15	Public support percentage from 200					15	<u>%</u>
16	a 33 1/3% support test - 2008. If the	_					x and
	stop here. The organization qualifies						
	o 33 1/3% support test - 2007. If the	-		•			
	and stop here. The organization qua						
17	a 10% -facts-and-circumstances tes	_					· · · · · · · · · · · · · · · · · · ·
	and if the organization meets the "fac						. —
	meets the "facts and circumstances"	_	•		•		
1	o 10% -facts-and-circumstances tes	_				· ·	
	more, and if the organization meets t				-		,
	organization meets the "facts-and-cir		_	•		-	▶⊨
18	Private foundation If the organization	on did not chack a	hay an line 13, 16	a 16b 17a or 17i	h check this hav s	and oon instruction	

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Schedule A (Form 990 or 990-EZ) 2008

Pa	dule A (Form 990 or 990-EZ) 2008 It III   Support Schedule for O	rganizations	Described in	Section 509(a)	(2) (Complete only	if you	checked the be	Page 3 ox on line 9 of Part I				
Sec	tion A. Public Support											
Cale	ndar year (or fiscal year beginning in)▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007		e) 2008	(f) Total				
1	Gifts, grants, contributions, and											
	membership fees received. (Do not											
	include any "unusual grants.")											
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose											
3	Gross receipts from activities that											
•	are not an unrelated trade or bus-											
	iness under section 513			•	•							
	Tax revenues levied for the organ-					<del>                                     </del>						
4	- 1				}							
	ization's benefit and either paid to											
	or expended on its behalf					1						
5	The value of services or facilities		-									
	furnished by a governmental unit to					ļ		1				
	the organization without charge					L						
6	Total. Add lines 1 - 5					<u> </u>						
7a	Amounts included on lines 1, 2, and		1									
	3 received from disqualified persons											
b	Amounts Included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000				•							
_	· · · · · · · · · · · · · · · · · · ·		ļ — — — — — — — — — — — — — — — — — — —			$\vdash$		<b></b>				
	Add lines 7a and 7b				30		<del>Jakeriaa</del>	<del> </del>				
	Public support (Subtract line 7c from line 6.)	<u></u>	<u>kwise ti nim</u>	18 18 18 10 10 10 10 10 10 10 10 10 10 10 10 10				i				
sec	tion B. Total Support											
Cale	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007		(e) 2008	(f) Total				
	endar year (or fiscal year beginning in)  Amounts from line 6	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007		(e) 2008	(f) Total				
9	· ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007		(e) 2008	(f) Total				
9 10a	Amounts from line 6	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007		(e) 2008	(f) Total				
9 10a	Amounts from line 6	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007		(e) 2008	(f) Total				
9 10a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income	(a) 2004	(b) 2005	(c) 2006	(d) 2007		(e) 2008	(f) Total				
9 10a b	Amounts from line 6	(a) 2004	(ъ) 2005	(c) 2006	(d) 2007		(e) 2008	(f) Total				
9 10a b	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is	(a) 2004	(ъ) 2005	(c) 2006	(d) 2007		(e) 2008	(f) Total				
9 10a b	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital			(c) 2006	(d) 2007			(f) Total				
9 10a b	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalities and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain	(a) 2004	(b) 2005	(c) 2006	(d) 2007		(e) 2008	(f) Total				
9 10a b	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)											
9 10a b	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support (Add lines 9, 10c, 11, and 12)	ر منظم المنظم										
9 10a b 11 12 13 14	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for check this box and stop here	The organization'	s first, second, thi									
9 10a b 11 12 13 14 Sec	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for check this box and stop here	the organization'	s first, second, thi	d, fourth, or fifth t	ax year as a section	20 n 50 n		zation,				
9 10a b 11 12 13 14 Sec	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for check this box and stop here  tion C. Computation of Public support percentage for 2008 (lines 1).	the organization'	s first, second, this	rd, fourth, or fifth t	ax year as a section	n 501		zation,				
9 10a b 11 12 13 14 Sec 15	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for check this box and stop here  tion C. Computation of Public support percentage for 2008 (in Public support percentage from 2007)	the organization' <b>c Support Pe</b> ine 8, column (f) c  Schedule A, Part	s first, second, this ercentage divided by line 13, to IV-A, line 27g	rd, fourth, or fifth t	ax year as a section	20 n 50 n		zation,				
9 10a 5 11 12 13 14 Sec 15	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalities and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for check this box and stop here tion C. Computation of Public support percentage from 2007	the organization' c Support Pe ine 8, column (f) c Schedule A, Part	s first, second, this ercentage divided by line 13, tr. IV-A, line 27g ne Percentage	rd, fourth, or fifth t	ax year as a section	15 16		zation,				
9 10a b 11 12 13 14 Sec 15 16 Sec	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalities and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for check this box and stop here ction C. Computation of Public support percentage for 2008 (in Public support percentage from 2007)	the organization'  c Support Perione 8, column (f) or Schedule A, Partistment Incom 08 (line 10c, column 10c, colu	s first, second, this ercentage fivided by line 13, t IV-A, line 27g ne Percentage mn (f) divided by line	column (f))	ax year as a section	n 501		zation,				
9 10a b 11 12 13 14 Sec 15 16 Sec 17 18	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalities and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support (add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for check this box and stop here  ction C. Computation of Public support percentage for 2008 (investment income percentage for 20 investment income percentage from 2012)	the organization' ic Support Pe ine 8, column (f) or Schedule A, Part stment Incom 08 (line 10c, colu	s first, second, this ercentage tivided by line 13, t IV-A, line 27g ne Percentage mn (f) divided by li Part IV-A, line 27h	column (f))	ax year as a section	n 501 15 16	(c)(3) organi	zation,				
9 10a b 11 12 13 14 Sec 15 16 Sec 17 18	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalities and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for check this box and stop here  ction C. Computation of Public support percentage for 2008 (in Public support percentage from 2007 tion D. Computation of Investineent income percentage from 2013 1/3% support tests - 2008. If the	the organization' ic Support Perine 8, column (f) or Schedule A, Partistment Incom 08 (line 10c, colur 2007 Schedule A, organization did r	s first, second, this ercentage divided by line 13, at IV-A, line 27g ne Percentage mn (f) divided by line Part IV-A, line 27h not check the box	column (f))	ax year as a section	15 16 17 18 33 1/3	(c)(3) organi	zation,				
9 10a b 11 12 13 14 Sec 15 16 Sec 17 18	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalities and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support (add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for check this box and stop here  ction C. Computation of Public support percentage for 2008 (investment income percentage for 20 investment income percentage from 2012)	the organization' ic Support Perine 8, column (f) or Schedule A, Partistment Incom 08 (line 10c, colur 2007 Schedule A, organization did r	s first, second, this ercentage divided by line 13, at IV-A, line 27g ne Percentage mn (f) divided by line Part IV-A, line 27h not check the box	column (f))	ax year as a section	15 16 17 18 33 1/3	(c)(3) organi	zation,				
9 10a b 11 12 13 14 Sec 15 16 Sec 17 18 19a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalities and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for check this box and stop here  ction C. Computation of Public support percentage for 2008 (in Public support percentage from 2007 tion D. Computation of Investineent income percentage from 2013 1/3% support tests - 2008. If the	the organization' ic Support Pe ine 8, column (f) of Schedule A, Part stment Incom 08 (line 10c, column 007 Schedule A, organization did ind stop here. The	s first, second, this ercentage fivided by line 13, t IV-A, line 27g ne Percentage mn (f) divided by line Part IV-A, line 27h not check the box e organization qual	ne 13, column (f)) on line 14, and linifies as a publicly	ax year as a section	15 16 17 18 33 1/3	(c)(3) organi	zation,				
9 10a b 11 12 13 14 Sec 15 16 Sec 17 18 19a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for check this box and stop here ction C. Computation of Public support percentage for 2008 (investment income percentage from 2017) Total support percentage from 2017 Total support percentage from 2017 Total support percentage from 2017 Total support percentage from 2018 Tublic support percentage from 2018 Tublic support percentage from 2018 Total Support tests - 2008. If the more than 33 1/3%, check this box and stop here	the organization' ic Support Pe ine 8, column (f) of Schedule A, Part stment Incom 08 (line 10c, colui 2007 Schedule A, organization did r organization did r organization did r	s first, second, this ercentage divided by line 13, t IV-A, line 27g ne Percentage mn (f) divided by line 17 line 27h not check the box organization quainot check a box or	ne 13, column (f)) on line 14, and linifies as a publicity of line 14 or line 19.	ax year as a sectlo	15 16 17 18 33 1/3 aution ore th	(c)(3) organi	zation,				
9 10a b 11 12 13 14 Sec 15 16 Sec 17 18 19a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for check this box and stop here  ction C. Computation of Public support percentage from 2007 Total Support tests - 2008. If the more than 33 1/3%, check this box and 33 1/3% support tests - 2007. If the	the organization' ic Support Pe ine 8, column (f) of Schedule A, Part stment Incom 08 (line 10c, column 09 (line 1	s first, second, this ercentage divided by line 13, at IV-A, line 27g ne Percentage mn (f) divided by line 27h not check the box e organization qual not check a box or top here. The organization page.	rd, fourth, or fifth to column (f))	ax year as a sectlon  e 15 is more than a supported organiza, and line 16 is man as a publicly supported s	15 18 33 1/3 atton ore the	1%, and line an 33 1/3%, organization	zation,				

# Schedule D (Form 990)

Department of the Treasury Internal Revenue Service **Supplemental Financial Statements** 

Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

2008 Open to Public Inspection

Name of the organization

CROSSROADS OF AMERICA COUNCIL

Employer identification number 41–2072251

Schedule D (Form 990) 2008

13.	DSA FOUNDATION, INC		41-20/2251
Pa			s or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w		
	are the organization's property, subject to the organization's e	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor ac	tvisors in writing that grant funds may be	e used only
Take 1	for charitable purposes and not for the benefit of the donor or		
Pa	t非 Conservation Easements. Complete if the organic		Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (e.g., recreation or pl	easure) Preservation of an his	storically important land area
	Protection of natural habitat	Preservation of certification	ied historic structure
	Preservation of open space		
2	Complete lines 2a-2d if the organization held a qualified conse	ervation contribution in the form of a con	servation easement on the last day
	of the tax year.		
			Held at the End of the Year
а	Total number of conservation easements	· · · · · · · · · · · · · · · · · · ·	2a
b	Total acreage restricted by conservation easements		2b
C	Number of conservation easements on a certified historic stru		
ď	Number of conservation easements included in (c) acquired a	fter 8/17/06	2d
3	Number of conservation easements modified, transferred, rele		
	year ▶	·	•
4	Number of states where property subject to conservation eas	ement is located	
5	Does the organization have a written policy regarding the pen-	odic monitoring, inspection, violations, a	nd .
	enforcement of the conservation easements it holds?		Yes No
6	Staff or volunteer hours devoted to monitoring, inspecting, an	d enforcing easements during the year	<b>&gt;</b>
7	Amount of expenses incurred in monitoring, inspecting, and e	nforcing easements during the year 🟲 🕏	S
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170	0(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIV, describe how the organization reports conservation		
	include, if applicable, the text of the footnote to the organizati	on's financial statements that describes	the organization's accounting for
FRANCE	conservation easements.		
Pa	Organizations Maintaining Collections of	Art, Historical Treasures, or C	ther Similar Assets.
	Complete if the organization answered "Yes" to Form 9	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116, not	to report in its revenue statement and b	alance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	ucation, or research In furtherance of pu	blic service, provide, in Part XIV, the text of
	the footnote to its financial statements that describes these it	ems.	
b	If the organization elected, as permitted under SFAS 116, to r	eport in its revenue statement and balar	ice sheet works of art, historical treasures,
	or other similar assets held for public exhibition, education, or		
	these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		▶ \$
	(ii) Assets included in Form 990, Part X		<b>&gt;</b> \$
2	If the organization received or held works of art, historical trea		
	the following amounts required to be reported under SFAS 11		with the programme
а	Revenues included in Form 990, Part Vill, line 1		<b>▶</b> \$
ь	Assets Included in Form 990, Part X		↓
			· · · · · · · · · · · · · · · · · · ·

9200E1

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

### CROSSROADS OF AMERICA COUNCIL

		DO OF AME		COOMC.	LL		<i>1</i> 1	_202	7225	l Da	~~ <b>?</b>
_	· · · · · · · · · · · · · · · · · · ·	DATION, II				Oth -			_		ge Z
	MI Organizations Maintaining Co		-								
3	3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all										
	that apply):										
а	Public exhibition	d	_		ange progra						
b	Scholarly research	e	ЩФ	ther							
c	: LI Preservation for future generations  Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.										
4	•							in Part	XIV.		
5	During the year, did the organization solicit or	receive donations of	of art, his	torical treas	sures, or oth	er similar	assets	_		_	,
	to be sold to raise funds rather than to be mal								Yes		No
Par	Trust, Escrow and Custodial		. Comple	te if organiz	zation answe	ered "Yes	to Form 99	0, Part	IV, line	e, or	
	reported an amount on Form 990, Part	X, line 21.									
1a	Is the organization an agent, trustee, custodia	ın or other intermed	liary for c	ontributions	s or other as	sets not	included				
	on Form 990, Part X?							∟	Yes	L	No
b	If "Yes," explain the arrangement in Part XIV a	ind complete the fo	llowing ta	able:							
									Amount	t	
c	Beginning balance						. 1c				
d	Additions during the year						. 1d				
e	Distributions during the year						1e				
f	Ending balance			. <i></i>			1f				
2a	Did the organization include an amount on Fo							. $\square$	Yes		No
	If "Yes," explain the arrangement in Part XIV.										
	t V Endowment Funds. Complete if	organization answe	ered 'Yes	to Form 9	90, Part IV,	line 10.					
		(a) Current year	(b) Pr	ior year	(c) Two yea	rs back	(d) Three year	s back	(e) Four	years	back
1a	Beginning of year balance	11690642.				₹\$\$##.	);		.7% }:	~ //	×
ь	Contributions	122,061.	September 1	443.47.78	2000 C			3324		<u> </u>	3.75
c	Investment earnings or losses	<2462239.	> 🐎 « 🤄	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~					Sant.		
d	Grants or scholarships	393,000.				<del>\(\frac{1}{2}\)\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</del>		~~ <u>~</u> ;;;	78.43	<u> </u>	
	Other expenditures for facilities			3.0% .:							
_	and programs		, , , ,			384	n kadinaka.	0.000			12.00
f	Administrative expenses	80,077.				1,554	<u></u>	\> 6°%	Q . 2	· ///	* * * *
	End of year balance	3,877,387.		,		*****	<del>(), ()</del>	<u> </u>	<b>₩</b>		<u> </u>
	, , , , , , , , , , , , , , , , , , , ,			<u></u>	<u> </u>						
	Provide the estimated percentage of the year end balance held as:  a Board designated or quasi-endowment ►%										
	Permanent endowment ► 54.00	%									
-	00.00										
3a	Are there endowment funds not in the posses	=	ation tha	t are held a	nd administ	ered for t	he organizat	lon			
0.	by:	oolon or the organiz	<b></b>		.,,,					Yes	No
	(i) unrelated organizations								3a(i)	102	X
	Ph late decrease to the state of								3a(ii)		Х
h	(ii) related organizations								3b		
4	Describe in Part XIV the Intended uses of the	•					• •	• ••			
-	Investments - Land, Building				. Part X. line	10.					
L	Description of investment	(a) Cost or o			or other		epreciation	$\top$	(d) Boo	k valu	
	Description of Investment	basis (Investr			(other)	(0, 0	الاستفادة والم	1	,4, 500		-
1-	Land	<del></del>	7		·	77 53		껆			
	Land	II				1	<u></u>	1		_	
	Buildings							<del> </del>			
	Leasehold improvements	1				1					
	Equipment			_		1		$\dashv$			
	Other		(mn /P)	(ma 10(a) )		·	1	<b>-</b>			0.
iota	i. Add iines Ta-19. (Column (a) snould equal Fo	нні ээо, гал <b>х, с</b> ов	ו ,(ס) וזוזוג	HIN IU(C).)	<u> </u>	<u> </u>					<u> </u>

CUSTODIAL ACCOUNTS

DUE TO RELATED PARTY

393,000.

Total. (Column (b) should equal Form 990, Part X, col (B) line 25)

393,500.

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

832053 12-23-08

08/19/2009 14:51 #705 P.002/002

	CROSSROADS OF AMERICA COUN	CIL					
Sche	dule D (Form 990) 2008 BSA FOUNDATION, INC.				41-	2072251	Page 4
Par	*XI Reconciliation of Change in Net Assets from Form 990 to	Finar	icial Si	tatemen			
1	Total revenue (Form 990, Part VIII, column (A), line 12)				····	424	,204.
2	Total expenses (Form 990, Part IX, column (A), line 25)						,077.
3	Excess or (deficit) for the year. Subtract line 2 from line 1					<48	,873.>
4	Net unrealized gains (losses) on investments				<del></del>	<2,764	
5	Donated services and use of facilities			, ,			,
6	Investment expenses			··· <del>  </del>			
7	Prior period adjustments				<del></del> -		
8	Other (Describe in Part XIV)						
9	Total adjustments (net). Add lines 4-8					<2,764	.382.>
10	Excess or (defloit) for the year per financial statements, Combine lines 3 and 9				·····	<2,813	
Pai	*XII Reconciliation of Revenue per Audited Financial Stateme				er Retur		<del></del>
1	Total revenue, gains, and other support per audited financial statements					<2,813	,255.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				FEE		
а	Net unrealized gains on investments	2a	<3,	237,4	59.		
b	Donated services and use of facilities		T		5200		
c	Recoveries of prior year grants						
d	Other (Describe in Part XIV)				ASS.		
	Add lines 2a through 2d					<3,237	,459.
3	Subtract line 2e from line 1						,204.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				ख्यान्यर म श्रीकृतिक		<del></del>
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	l				
	Other (Describe in Part XIV)				5 (\$ 6 % C		
	Add fines 4a and 4b				4c	1	0.
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)					424	,204.
Pa	t XIII Reconciliation of Expenses per Audited Financial Statem					urn	
1	Total expenses and losses per audited financial statements				1		0.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				F. 87		
а	Donated services and use of facilities	_   2a	}		0.		
	Prior year adjustments			•			
¢	Losses reported on Form 990, Part IX, line 25		T				
	Other (Describe in Part XIV)					1	
9	Add lines 2a through 2d				. 2e		0.
3	Subtract line 2e from line 1				3		0.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					2	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	1	80,0	77.	¥	
b	Other (Describe in Part XIV)	4b	J	393,0	00.		
c	Add Imes 4a and 4b					473	,077.
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)		·····		. 5	473	,077.
14	rt XIV Supplemental Information						
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part I	II, lines	1a and 4	; Part IV, I	nes 1b enc	2b; Part V, In	e 4; Part
	art XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.						
TH	E ORGANIZATION'S ENDOWMENT FUNDS ARE USED	TO E	ROVI	DE A	SOURCE	OF REV	ENUE
TO	ASSIST IN FUNDING THE MISSION AND OPERATI	ONS	OF T	HE OR	GANIZ/	ATION.	
							-
TH:	E AMOUNT ON PART XIII, LINE 4B REPRESENTS	JOMA	MT P	AYABL	E TO A	FFILIAT	E.
				_			
			<del>,</del>				
		·					
				_			

## SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

## Supplemental Information to Form 990

➤ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008
Copen to Public
Inspection

Name of the organization

CROSSROADS OF AMERICA COUNCIL BSA FOUNDATION, INC.

Employer identification number 41-2072251

FORM 990, PART VI, SECTION A, LINE 10: PRIOR TO FINALIZING THE FORM 990,
THE "990 REVIEW COMMITTEE" OF THE CROSSROADS OF AMERICA COUNCIL, BOY SCOUTS
OF AMERICA REVIEWS A DRAFT COPY OF THE FOUNDATION'S FORM 990. UPON THEIR
APPROVAL, ALL FOUNDATION BOARD MEMBERS WILL REVIEW THE FINAL FORM 990
BEFORE FILING.
FORM 990, PART VI, SECTION B, LINE 12C: 1. ANNUAL BOARDS RESOLUTIONS
APPROVE BOTH OFFICER AND EMPLOYEE CONFLICT OF INTEREST POLICY (MONTH
APPROVED - JANUARY).
2. ALL EMPLOYEES OF THE CROSSROADS OF AMERICA COUNCIL, BOY SCOUTS OF
AMERICA ARE REQUIRED TO SIGN A CONFLICT OF INTEREST POLICY.
3. CONFLICT OF INTEREST POLICY IS REVIEWED ANNUALLY.
4. THE CROSSROADS OF AMERICA COUNCIL, BOY SCOUTS OF AMERICA DIRECTOR OF
SUPPORT SERVICES MONITORS ALL CONTRACTUAL ARRANGEMENTS FOR POTENTIAL
CONFLICTS OF INTEREST AND BRINGS ANY SUCH INSTANCES TO THE CROSSROADS OF
AMERICA COUNCIL, BOY SCOUTS OF AMERICA FOUNDATION BOARD OF TRUSTEE'S
ATTENTION.
FORM 990, PART VI, SECTION C, LINE 19: THESE DOCUMENTS ARE MADE AVAILABLE
UPON REQUEST.
FORM 990, PART VI, SECTION B, LINE 15(A)
COMPENSATION QUESTIONS ARE NOT APPLICABLE AS THE FOUNDATION HAS NO
EMPLOYEES.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

2008 Oper to Public Inspection OMB No 1545-0047

Schedule R (Form 990) 2008 Employer identification number 41-2072251Direct controlling entity Direct controlling entlty 170(B)(1)(A)(VI End-of-year assets Public charity status (if section 501(c)(3)) Attach to Form 990. To be completed by organizations that answered "Ves" to Form 990, Part IV, lines 33, 34, 35, 36, or 37. Œ Exempt Code Total income section 501(0)(3) ê Legal domicile (state or Legai domicile (state or foreign country) foreign country) ➤ See separate instructions. INDIANA LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. CROSSROADS OF AMERICA COUNCIL, BOY SCOUTS OF TO PREPARE YOUNG PROPLE TO MAKE ETHICAL CHOICES OVER THEIR LIFETIMES BY INST CROSSROADS OF AMERICA COUNCIL Primary activity Primary activity ® <u>@</u> BSA FOUNDATION, INC. Mattill | Identification of Related Tax-Exempt Organizations AMERICA, INC. - 35-0867962, P.O. BOX 1966, Part : Identification of Disregarded Entities Name, address, and EIN Name, address, and EIN of related organization of disregarded entity INDIANAPOLIS, IN 46206-1966 Name of the organization Department of the Treasury internal Revenue Service

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CROSSROADS OF AMERICA COUNCIL BSA FOUNDATION, INC.

Code V-UBI General or amount in box menaging 20 of Schedule K-1 (Form 1065) Yes No

(H)
Disproportionate allocations?

€

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Share of end-of-year assets <u>©</u> Type of entity (C corp, S corp, or trust) Œ Share of total income E Direct controlling entity <u>@</u> Predominant income (related, investment, unrelated) Legal domicile (state or foreign country) <u>©</u> (D)
(D) Direct controlling entity Primary activity Ô 次表示》。 译解t】》 Identification of Related Organizations Taxable as a Corporation or Trust Legal domicile (state or foreign country) Q Primary activity <u>@</u> Name, address, and EIN of related organization Name, address, and EIN of related organization Schedule R (Form 990) 2008 ₹

Percentage ownership Schedule R (Form 990) 2008 £ Share of end-of-year assets Share of total Income Ē 23 832162 12-23-08

41-2072251 CROSSROADS OF AMERICA COUNCIL Schedule R (Form 990) 2008 BSA FOUNDATION, INC.

		Yes No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		IL
	:	
<b>b</b> Gift, grant, or capital contribution to other organization(s)	:	
c Gift, grant, or capital contribution from other organization(s)	:	
d Loans or loan guarantees to or for other organization(s)	: : : : : : : : : : : : : : : : : : : :	V ;
e Loans or loan guarantees by other organization(s)	:	10
		0.5
f Sale of assets to other organization(s),	:	1
g Purchase of assets from other organization(s)		1
h Exchange of assets	:	14 X
t, or other assets to c		<b>-</b>
		- 10 C 10
Lease of facilities, equipment, or other assets from other organization(s)	: .	X i-
k Performance of services or membership or fundralsing solicitations for other organization(s)		. 1k
Performance of services or membership or fundraising solicitation	: : : : : : : : : : : : : : : : : : : :	=
		TT.
	:	-
a clearing of para employees	: : : : : : : : : : : : : : : : : : : :	
		7
	: : : : : : : : : : : : : : : : : : : :	2 4
p Reimbursement paid by other organization for expenses		2 (2) (2) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4
		- 100 miles
	:	<u> </u>
r Other transfer of cash or property from other organization(s)		- - - -
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	transaction threshold	
•	9	ξ
(A) Name of other organization(s)	(b) Transaction type (a-r)	Amount involved
(4)		
	-	
2.4	Sct	Schedule R (Form 990) 2008

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CROSSROADS OF AMERICA COUNCIL BSA FOUNDATION, INC.

Schedule R (Form 990) 2008

Port VI Unrelated Organizations Taxable as a Partnership

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

that was not a related organization. See instructions regarding exclusion for certain investment partnerships.	Islon for certain investment partners	-					
(A)	<u>(a)</u>	<u>©</u>	<u>0</u>			<u> </u>	
Name, address, and EIN of antity	Primary activity	Legal domicile (state or foreign	Are all pertners section 501(c)(3)	Share of end-of- year assets	Dispropor- tionate	Code V-UBI amount in box 20	General or managing partner?
(many)		country)	Yes No			(Form 1065)	1 - 1
			_				
					-		
				`			
						Schedule R (Form 990) 2008	n 990) 2008

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						<del>=</del>
FORM NP-20	LIST OF	OFFICERS,	DIRECTORS A	ND TRUSTEES	STATEMENT	1

NAME AND ADDRESS	TITLE
JACOBSON, BRUCE 800 EAST 96TH STREET SUITE 500 INDIANAPOLIS, IN 46240	TRUSTEE, CHAIR
ANDERSON, STEFAN 2705 W. TWICKINGHAM DRIVE MUNCIE, IN 47304	TRUSTEE
HOLT, STEVEN 83 S 9TH STREET NOBLESVILLE, IN 46060	TRUSTEE
HUNT, JACKSON 5089 ESTEB RD RICHMOND, IN 47374	TRUSTEE
HURT, STAN 1967 CHELMSFORD STREET CARMEL, IN 46032	TRUSTEE
KAPPES, PHILLIP 1700 ONE AMERICAN SQUARE INDIANAPOLIS, IN 46282	TRUSTEE
RAPP, GEORGE 200 FOREST BLVD INDIANAPOLIS, IN 46240	TRUSTEE
SHAHEEN, YVONNE 11808 ROLLING SPRINGS DRIVE CARMEL, IN 46033	TRUSTEE