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Form **990-EZ**Department of the Treasury  
Internal Revenue Service**Short Form  
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)

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.

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

OMB No 1545-1150

**2008****Open to Public  
Inspection****A** For the 2008 calendar year, or tax year beginning **OCTOBER 1**, 2008, and ending **SEPTEMBER 30**, 2009**B** Check if applicable:

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

Please use IRS label or print or type. See Specific Instructions.

**C** Name of organization**BSA TRUST - PONY EXPRESS COUNCIL**

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

Room/suite

**% COMMERCE BANK P.O. BOX 1119**

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

**ST. JOSEPH, MO 64502****D** Employer identification number**44-6012744****E** Telephone number**816-233-1351****F** Group Exemption Number ▶

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

**G** Accounting method ☒ Cash ☐ Accrual  
Other (specify) ▶**I** Website: ▶ **N/A****H** Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)**J** Organization type (check only one) – ☒ 501(c) ( 3 ) ◀ (insert no ) ☐ 4947(a)(1) or ☐ 527**K** Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **314,299****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

|            |                                                                                                                                                            |                                                                                                                                           |           |          |
|------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------|
| Revenue    | <b>1</b>                                                                                                                                                   | Contributions, gifts, grants, and similar amounts received . . . . .                                                                      | <b>1</b>  | 17,792   |
|            | <b>2</b>                                                                                                                                                   | Program service revenue including government fees and contracts . . . . .                                                                 | <b>2</b>  | 0        |
|            | <b>3</b>                                                                                                                                                   | Membership dues and assessments . . . . .                                                                                                 | <b>3</b>  | 0        |
|            | <b>4</b>                                                                                                                                                   | Investment income . . . . .                                                                                                               | <b>4</b>  | 24,786   |
|            | <b>5a</b>                                                                                                                                                  | Gross amount from sale of assets other than inventory . . . . .                                                                           | <b>5a</b> | 271,721  |
|            | <b>b</b>                                                                                                                                                   | Less: cost or other basis and sales expenses . . . . .                                                                                    | <b>5b</b> | 322,956  |
|            | <b>c</b>                                                                                                                                                   | Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)                                 | <b>5c</b> | (51,235) |
|            | <b>6</b>                                                                                                                                                   | Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/> |           |          |
|            | <b>a</b>                                                                                                                                                   | Gross revenue (not including \$ 0 of contributions reported on line 1) . . . . .                                                          | <b>6a</b> | 0        |
| Expenses   | <b>b</b>                                                                                                                                                   | Less: direct expenses other than fundraising expenses . . . . .                                                                           | <b>6b</b> | 0        |
|            | <b>c</b>                                                                                                                                                   | Net income or (loss) from special events and activities (Subtract line 6b from line 6a) . . . . .                                         | <b>6c</b> | 0        |
|            | <b>7a</b>                                                                                                                                                  | Gross sales of inventory, less returns and allowances . . . . .                                                                           | <b>7a</b> | 0        |
|            | <b>b</b>                                                                                                                                                   | Less: cost of goods sold . . . . .                                                                                                        | <b>7b</b> | 0        |
|            | <b>c</b>                                                                                                                                                   | Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .                                                  | <b>7c</b> | 0        |
|            | <b>8</b>                                                                                                                                                   | Other revenue (describe ▶ ) . . . . .                                                                                                     | <b>8</b>  | 0        |
|            | <b>9</b>                                                                                                                                                   | <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 . . . . .                                                                   | <b>9</b>  | (8,657)  |
|            | <b>10</b>                                                                                                                                                  | Grants and similar amounts paid (attach schedule) SCHEDULE O . . . . .                                                                    | <b>10</b> | 23,287   |
|            | <b>11</b>                                                                                                                                                  | Benefits paid to or for members . . . . .                                                                                                 | <b>11</b> | 0        |
| Net Assets | <b>12</b>                                                                                                                                                  | Salaries, other compensation, and employee benefits . . . . .                                                                             | <b>12</b> | 0        |
|            | <b>13</b>                                                                                                                                                  | Professional fees and other payments to independent contractors . . . . .                                                                 | <b>13</b> | 8,134    |
|            | <b>14</b>                                                                                                                                                  | Occupancy, rent, utilities, and maintenance . . . . .                                                                                     | <b>14</b> | 0        |
|            | <b>15</b>                                                                                                                                                  | Printing, publications, postage, and shipping . . . . .                                                                                   | <b>15</b> | 0        |
|            | <b>16</b>                                                                                                                                                  | Other expenses (describe ▶ ) . . . . .                                                                                                    | <b>16</b> | 0        |
|            | <b>17</b>                                                                                                                                                  | <b>Total expenses.</b> Add lines 10 through 16 . . . . .                                                                                  | <b>17</b> | 31,421   |
|            | <b>18</b>                                                                                                                                                  | Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .                                                                 | <b>18</b> | (40,078) |
| <b>19</b>  | Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) . . . . . | <b>19</b>                                                                                                                                 | 676,759   |          |
| <b>20</b>  | Other changes in net assets or fund balances (attach explanation) SCHEDULE O . . . . .                                                                     | <b>20</b>                                                                                                                                 | 280,825   |          |
| <b>21</b>  | Net assets or fund balances at end of year Combine lines 18 through 20 . . . . .                                                                           | <b>21</b>                                                                                                                                 | 917,506   |          |

**Part II Balance Sheets.** If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

|                                                                                                 | (A) Beginning of year | (B) End of year   |
|-------------------------------------------------------------------------------------------------|-----------------------|-------------------|
| <b>22</b> Cash, savings, and investments . . . . .                                              | 686,810               | <b>22</b> 927,557 |
| <b>23</b> Land and buildings . . . . .                                                          | 0                     | <b>23</b> 0       |
| <b>24</b> Other assets (describe ▶ ) . . . . .                                                  | 0                     | <b>24</b> 0       |
| <b>25</b> Total assets . . . . .                                                                | 686,810               | <b>25</b> 927,557 |
| <b>26</b> Total liabilities (describe ▶ DUE MIC-O-SAY ) . . . . .                               | 10,051                | <b>26</b> 10,051  |
| <b>27</b> Net assets or fund balances (line 27 of column (B) must agree with line 21) . . . . . | 676,759               | <b>27</b> 917,506 |

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

Form **990-EZ** (2008)

SCANNED FEB 22 2010

**Part III Statement of Program Service Accomplishments** (See the instructions for Part III)

What is the organization's primary exempt purpose? **PROVIDE SUPPORT FOR BOY SCOUTS ACTIVITIES**  
 Describe what was achieved in carrying out the organization's exempt purposes in a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title

**Expenses**  
 (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others)

**28** SEE SCHEDULE O

(Grants \$ 23,287) If this amount includes foreign grants, check here ☐ **28a** 23,287

**29**

(Grants \$ ) If this amount includes foreign grants, check here ☐ **29a**

**30**

(Grants \$ ) If this amount includes foreign grants, check here ☐ **30a**

**31** Other program services (attach schedule)

(Grants \$ ) If this amount includes foreign grants, check here ☐ **31a**

**32 Total program service expenses** (add lines 28a through 31a) **32** 23,287

**Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated (See the instructions for Part IV)

| (a) Name and address                                       | (b) Title and average hours per week devoted to position | (c) Compensation (If not paid, enter -0-) | (d) Contributions to employee benefit plans & deferred compensation | (e) Expense account and other allowances |
|------------------------------------------------------------|----------------------------------------------------------|-------------------------------------------|---------------------------------------------------------------------|------------------------------------------|
| DIRCK CLARK<br>5325 FARAON, ST JOSEPH, MO 64506            | PRESIDENT/MEMBER<br>1                                    | 0                                         | 0                                                                   |                                          |
| CLARK HAMPTON<br>6 ANTILLES DR, ST JOSEPH, MO 64506        | V-PRES MKTG/MEMBER<br>1                                  | 0                                         | 0                                                                   |                                          |
| NICK ROBB<br>ROBIDOUX CENTER, ST JOSEPH, MO 64501          | EXEC V-PRES/MEMBER<br>1                                  | 0                                         | 0                                                                   |                                          |
| KEN BAKER<br>16155 W 147TH TERR, OLATHE, KS 66062          | V-PRES FACILITIES/MEMBER<br>1                            | 0                                         | 0                                                                   |                                          |
| BOB SCHILLING<br>PO BOX 6246, ST JOSEPH, MO 64506          | V-PRES FINANCE/MEMBER<br>1                               | 0                                         | 0                                                                   |                                          |
| KEN SIEMENS<br>3007 FREDERICK, ST JOSEPH, MO 64506         | V-PRES ENDOWMENT/MEMBER<br>1                             | 0                                         | 0                                                                   |                                          |
| DR SOLON HAYNES<br>3529 FREDERICK AVE, ST JOSEPH, MO 64506 | V-PRES LFL/MEMBER<br>1                                   | 0                                         | 0                                                                   |                                          |
| GAYLON WHITMER<br>709 W 6TH ST, STEWARTSVILLE, MO 64490    | V-PRES RELATIONSHIPS/MEMBER<br>1                         | 0                                         | 0                                                                   |                                          |
| MIKE INSCO<br>400 JULES, STE 430, ST JOSEPH, MO 64501      | V-PRES VENTURING/MEMBER<br>1                             | 0                                         | 0                                                                   |                                          |
| BEN ERNST<br>2303 VILLAGE DR, ST JOSEPH, MO 64508          | TREASURER/MEMBER<br>1                                    | 0                                         | 0                                                                   |                                          |
| MARTHA BRADLEY<br>403 S BEECH ST, SAVANNAH, MO 64485       | COMMISSIONER/MEMBER<br>1                                 | 0                                         | 0                                                                   |                                          |
| JARED BROONER<br>3101 FREDERICK AVE, ST JOSEPH, MO 64506   | LEGAL COUNSEL/MEMBER<br>1                                | 0                                         | 0                                                                   |                                          |
| RICK TURNER<br>PO BOX 27, BETHANY, MO 64424                | ASST. LEGAL COUNSEL/MEMBER<br>1                          | 0                                         | 0                                                                   |                                          |
| ALAN FRANKS<br>PO BOX 8157, ST JOSEPH, MO 64508            | SECRETARY/SCOUT EXECUTIVE<br>1                           | 0                                         | 0                                                                   |                                          |
| MARVIN ATKINS<br>1918 LOVERS LANE, ST JOSEPH, MO 64505     | MEMBER<br>1                                              | 0                                         | 0                                                                   |                                          |
| BRYAN BECKER<br>800 KANSAS AVE, ATCHISON, KS 66002         | MEMBER<br>1                                              | 0                                         | 0                                                                   |                                          |
| RICK BERGER<br>PO BOX 187, ATCHISON, KS 66002              | MEMBER<br>1                                              | 0                                         | 0                                                                   |                                          |
| SEE SCHEDULE O                                             |                                                          |                                           |                                                                     |                                          |

**Part V Other Information** (Note the statement requirements in the instructions for Part VI.)

|     |                                                                                                                                                                                                                                                                | Yes | No |
|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 33  | Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity                                                                                                                       |     | X  |
| 34  | Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes                                                                                                                   |     | X  |
| 35  | If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T                    |     |    |
| a   | Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?                                                                                                                 |     | X  |
| b   | If "Yes," has it filed a tax return on Form 990-T for this year?                                                                                                                                                                                               |     |    |
| 36  | Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N                                                                                                               |     | X  |
| 37a | Enter amount of political expenditures, direct or indirect, as described in the instructions. <b>37a</b> 0                                                                                                                                                     |     |    |
| b   | Did the organization file Form 1120-POL for this year?                                                                                                                                                                                                         |     | X  |
| 38a | Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?                                        |     | X  |
| b   | If "Yes," complete Schedule L, Part II and enter the total amount involved <b>38b</b>                                                                                                                                                                          |     |    |
| 39  | Section 501(c)(7) organizations. Enter                                                                                                                                                                                                                         |     |    |
| a   | Initiation fees and capital contributions included on line 9 <b>39a</b>                                                                                                                                                                                        |     |    |
| b   | Gross receipts, included on line 9, for public use of club facilities <b>39b</b>                                                                                                                                                                               |     |    |
| 40a | Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under: section 4911 <b>0</b> ; section 4912 <b>0</b> ; section 4955 <b>0</b>                                                                                   |     |    |
| b   | Section 501(c)(3) and (4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I <b>40b</b> |     | X  |
| c   | Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <b>0</b>                                                                                                                      |     |    |
| d   | Enter amount of tax on line 40c reimbursed by the organization <b>0</b>                                                                                                                                                                                        |     |    |
| e   | All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T <b>40e</b>                                                                                            |     | X  |
| 41  | List the states with which a copy of this return is filed <b>41</b>                                                                                                                                                                                            |     |    |
| 42a | The books are in care of <b>JULIE WHITE</b> Telephone no. <b>816-233-1351</b><br>Located at <b>PO BOX 8157, ST JOSEPH, MO</b> ZIP + 4 <b>64508-8157</b>                                                                                                        |     |    |
| b   | At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? <b>42b</b>            |     | X  |
|     | If "Yes," enter the name of the foreign country: <b>42c</b>                                                                                                                                                                                                    |     | X  |
|     | See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.                                                                                                                              |     |    |
| c   | At any time during the calendar year, did the organization maintain an office outside of the U.S.? <b>42c</b>                                                                                                                                                  |     | X  |
|     | If "Yes," enter the name of the foreign country <b>43</b>                                                                                                                                                                                                      |     |    |
| 43  | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 – Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <b>43</b>                                     |     |    |
| 44  | Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ <b>44</b>                                                                                                                                   |     | X  |
| 45  | Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ <b>45</b>                                                                            |     | X  |

**Part VI Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46–49 and complete the tables for lines 50 and 51

- |                                                                                                                                                                                                          | Yes        | No |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|----|
| <b>46</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . . | <b>46</b>  | X  |
| <b>47</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II . . . . .                                                                                           | <b>47</b>  | X  |
| <b>48</b> Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .                                                                       | <b>48</b>  | X  |
| <b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization? . . . . .                                                                                           | <b>49a</b> | X  |
| <b>b</b> If "Yes," was the related organization(s) a section 527 organization? . . . . .                                                                                                                 | <b>49b</b> |    |
- 50** Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

| (a) Name and address of each employee paid more than \$100,000 | (b) Title and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans & deferred compensation | (e) Expense account and other allowances |
|----------------------------------------------------------------|----------------------------------------------------------|------------------|---------------------------------------------------------------------|------------------------------------------|
| NONE                                                           |                                                          |                  |                                                                     |                                          |
|                                                                |                                                          |                  |                                                                     |                                          |
|                                                                |                                                          |                  |                                                                     |                                          |
|                                                                |                                                          |                  |                                                                     |                                          |
|                                                                |                                                          |                  |                                                                     |                                          |
|                                                                |                                                          |                  |                                                                     |                                          |
|                                                                |                                                          |                  |                                                                     |                                          |
| Total number of other employees paid over \$100,000 ▶          |                                                          |                  |                                                                     |                                          |

- 51** Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

| (a) Name and address of each independent contractor paid more than \$100,000      | (b) Type of service | (c) Compensation |
|-----------------------------------------------------------------------------------|---------------------|------------------|
| NONE                                                                              |                     |                  |
|                                                                                   |                     |                  |
|                                                                                   |                     |                  |
|                                                                                   |                     |                  |
|                                                                                   |                     |                  |
|                                                                                   |                     |                  |
| Total number of other independent contractors each receiving over \$100,000 . . ▶ |                     |                  |

|                                 |                                                                                                                                                                                                                                                                                                                       |                |                                                 |                                                       |
|---------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-------------------------------------------------|-------------------------------------------------------|
| <b>Sign Here</b>                | Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. |                |                                                 |                                                       |
|                                 | BY: <u>Lori Boyer, Trust officer</u><br>Signature of officer<br>Commerce Bank, Trustee of the Boy Scouts Trust<br>BY: <u>Lori Boyer, Trust officer</u><br>Type or print name and title                                                                                                                                |                | Date <u>2/4/2010</u>                            |                                                       |
| <b>Paid Preparer's Use Only</b> | Preparer's signature                                                                                                                                                                                                                                                                                                  | Date           | Check if self-employed <input type="checkbox"/> | Preparer's Identifying Number (See instructions)      |
|                                 | Firm's name (or yours if self-employed), address, and ZIP + 4<br><u>MARTIN &amp; HANWAY CPAS, P.C.</u><br><u>3725 GENE FIELD ROAD, STE B ST JOSEPH, MO 64506</u>                                                                                                                                                      | <u>1-23-10</u> | <input type="checkbox"/>                        | EIN <u>20-4030026</u><br>Phone no <u>816-232-0450</u> |

May the IRS discuss this return with the preparer shown above? See instructions . . . . . ☒ Yes ☐ No

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

Department of the Treasury  
Internal Revenue Service

**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.

OMB No 1545-0047

**2008**

**Open to Public Inspection**

Name of the organization

BSA TRUST - PONY EXPRESS COUNCIL

Employer identification number

44-6012744

**Part I Reason for Public Charity Status** (All organizations must complete this part) (see instructions)

The organization is not a private foundation because it is: (Please check only **one** organization)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**. (Attach Schedule H.)
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)

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

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

a ☐ Type I      b ☒ Type II      c ☐ Type III—Functionally integrated      d ☐ Type III—Other

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

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

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

- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? ☐

- (ii) A family member of a person described in (i) above? ☐

- (iii) A 35% controlled entity of a person described in (i) or (ii) above? ☐

|          | Yes | No |
|----------|-----|----|
| 11g(i)   |     | X  |
| 11g(ii)  |     | X  |
| 11g(iii) |     | X  |

- 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 (see instructions)) | (iv) Is the organization in col (i) listed in your governing document? |    | (v) Did you notify the organization in col (i) of your support? |    | (vi) Is the organization in col (i) organized in the U S? |    | (vii) Amount of support |
|---------------------------------------------------|------------|---------------------------------------------------------------------------------------------|------------------------------------------------------------------------|----|-----------------------------------------------------------------|----|-----------------------------------------------------------|----|-------------------------|
|                                                   |            |                                                                                             | Yes                                                                    | No | Yes                                                             | No | Yes                                                       | No |                         |
| PONY EXPRESS COUNCIL OF THE BOY SCOUTS OF AMERICA | 44-0546279 | 7                                                                                           | X                                                                      |    | X                                                               |    | X                                                         |    | 23,287                  |
|                                                   |            |                                                                                             |                                                                        |    |                                                                 |    |                                                           |    |                         |
|                                                   |            |                                                                                             |                                                                        |    |                                                                 |    |                                                           |    |                         |
|                                                   |            |                                                                                             |                                                                        |    |                                                                 |    |                                                           |    |                         |
|                                                   |            |                                                                                             |                                                                        |    |                                                                 |    |                                                           |    |                         |
|                                                   |            |                                                                                             |                                                                        |    |                                                                 |    |                                                           |    |                         |
| <b>Total</b>                                      |            |                                                                                             |                                                                        |    |                                                                 |    |                                                           |    | 23,287                  |

**Part II** **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**  
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ►                                                                                                                                                                          | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") . . . . .                                                                                                    |          |          |          |          |          |           |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .                                                                                                     |          |          |          |          |          |           |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .                                                                                             |          |          |          |          |          |           |
| <b>4 Total.</b> Add lines 1-3 . . . . .                                                                                                                                                                                |          |          |          |          |          |           |
| <b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . . |          |          |          |          |          |           |
| <b>6 Public support.</b> Subtract line 5 from line 4 . . . . .                                                                                                                                                         |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ►                                                                                                                                                            | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008  | (f) Total                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|-----------|--------------------------|
| <b>7</b> Amounts from line 4 . . . . .                                                                                                                                                                   |          |          |          |          |           |                          |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .                                                        |          |          |          |          |           |                          |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .                                                                                    |          |          |          |          |           |                          |
| <b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) . . . . .                                                                                       |          |          |          |          |           |                          |
| <b>11 Total support.</b> Add lines 7 through 10 . . . . .                                                                                                                                                |          |          |          |          |           |                          |
| <b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .                                                                                                                      |          |          |          |          | <b>12</b> |                          |
| <b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . |          |          |          |          |           | <input type="checkbox"/> |

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

|                                                                                                                                                                                                                                                                                                                                                                                                                      |           |                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--------------------------|
| <b>14</b> Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) . . . . .                                                                                                                                                                                                                                                                                                           | <b>14</b> | %                        |
| <b>15</b> Public support percentage from 2007 Schedule A, Part IV-A, line 26f . . . . .                                                                                                                                                                                                                                                                                                                              | <b>15</b> | %                        |
| <b>16a 33⅓% support test—2008.</b> If the organization did not check the box on line 13, and line 14 is 33⅓% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .                                                                                                                                                                                 |           | <input type="checkbox"/> |
| <b>b 33⅓% support test—2007.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33⅓% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .                                                                                                                                                                              |           | <input type="checkbox"/> |
| <b>17a 10%-facts-and-circumstances test—2008.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .    |           | <input type="checkbox"/> |
| <b>b 10%-facts-and-circumstances test—2007.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . |           | <input type="checkbox"/> |
| <b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .                                                                                                                                                                                                                                                               |           | <input type="checkbox"/> |

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ►                                                                                                                                                     | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") . . . . .                                                                               |          |          |          |          |          |           |
| <b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . .       |          |          |          |          |          |           |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .                                                                                   |          |          |          |          |          |           |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .                                                                                |          |          |          |          |          |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .                                                                        |          |          |          |          |          |           |
| <b>6 Total.</b> Add lines 1-5 . . . . .                                                                                                                                                           |          |          |          |          |          |           |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .                                                                                                      |          |          |          |          |          |           |
| <b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000 . . . . . |          |          |          |          |          |           |
| <b>c</b> Add lines 7a and 7b . . . . .                                                                                                                                                            |          |          |          |          |          |           |
| <b>8 Public support</b> (Subtract line 7c from line 6) . . . . .                                                                                                                                  |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ►                                                                                                                                                                                     | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6 . . . . .                                                                                                                                                                                            |          |          |          |          |          |           |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .                                                                               |          |          |          |          |          |           |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .                                                                                                        |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b . . . . .                                                                                                                                                                                          |          |          |          |          |          |           |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .                                                                                   |          |          |          |          |          |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) . . . . .                                                                                                                |          |          |          |          |          |           |
| <b>13 Total support.</b> (Add lines 9, 10c, 11, and 12) . . . . .                                                                                                                                                                 |          |          |          |          |          |           |
| <b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . <input type="checkbox"/> |          |          |          |          |          |           |

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

|                                                                                                            |           |   |
|------------------------------------------------------------------------------------------------------------|-----------|---|
| <b>15</b> Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)) . . . . . | <b>15</b> | % |
| <b>16</b> Public support percentage from 2007 Schedule A, Part IV-A, line 27g . . . . .                    | <b>16</b> | % |

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

|                                                                                                                                                                                                                                                                                                      |           |   |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---|
| <b>17</b> Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)) . . . . .                                                                                                                                                                                      | <b>17</b> | % |
| <b>18</b> Investment income percentage from 2007 Schedule A, Part IV-A, line 27h . . . . .                                                                                                                                                                                                           | <b>18</b> | % |
| <b>19a 33⅓% support tests—2008.</b> If the organization did not check the box on line 14, and line 15 is more than 33⅓%, and line 17 is not more than 33⅓%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization ► <input type="checkbox"/>         |           |   |
| <b>b 33⅓% support tests—2007.</b> If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33⅓%, and line 18 is not more than 33⅓%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization ► <input type="checkbox"/> |           |   |
| <b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>                                                                                                                                        |           |   |



**Part IV** **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10, Part II, line 17a or 17b, or Part III, line 12. Provide any other additional information (see instructions)

Area with horizontal dashed lines for supplemental information.

**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.

OMB No 1545-0047

**2008**

**Open to Public  
Inspection**

Name of the organization

BSA TRUST - PONY EXPRESS COUNCIL

Employer identification number

44-6012744

FORM 990EZ, PART I, LINE 10

1. PONY EXPRESS COUNCIL OF THE BOY SCOUTS OF AMERICA, PO BOX 8157, ST JOSEPH, MO 64508; THEY ARE THE SOLE BENEFICIARY OF THE BSA TRUST; RECEIVED \$23,287.

FORM 990EZ, PART I, LINE 20

ADJUSTMENTS TO PRIOR YEARS ACTIVITY. THERE WERE TWO INVESTMENT TRUST ACCOUNTS THAT WERE NOT PREVIOUSLY REPORTED AS PART OF THE BSA TRUST, BUT SHOULD HAVE BEEN BASED ON THE EIN. SO THIS IS THE TWO BEGINNING BALANCES AT COST.

FORM 990EZ, PART III

ALL OF THE DIFFERENT INVESTMENT TRUST ACCOUNTS PROVIDE SUPPORT TO SCOUTING ACTIVITIES AND PROGRAMS OF THE PONY EXPRESS COUNCIL OF THE BOY SCOUTS OF AMERICA. THE LEARNING FOR LIFE TRUST CAN ONLY BE USED FOR LEARNING FOR LIFE ACTIVITIES. THE CAMP GEIGER TRUST CAN ONLY BE USED FOR MAINTENANCE AND ACTIVITIES AT CAMP GEIGER. THE BOY SCOUT TRUST CAN BE USED FOR BOY SCOUT OPERATIONS. THE DOG SOLDIER TRUST CAN ONLY BE USED FOR THE MIC-O-SAY ACTIVITIES. THE SERVICE CENTER TRUST AND THE SI ROSITSKY TRUST CAN BE USED FOR MAINTENANCE FOR THE SERVICE CENTER. THE PONY EXPRESS COUNCIL OF THE BOY SCOUTS OF AMERICA IS THE SOLE BENEFICIARY OF ALL TRUST ACCOUNTS IN THIS RETURN.

FORM 990EZ, PART IV

| NAME & ADDRESS                                        | TITLE & AVG HRS | COMPENSATION | CONTRIBUTIONS |
|-------------------------------------------------------|-----------------|--------------|---------------|
| CHARLES BIGLER, 1905 HOYT DR, CHILLICOTHE, MO 64601   | MEMBER, 1       | 0            | 0             |
| CHRIS BIX, 4600 MADISON AVE, KANSAS CITY, MO 64112    | MEMBER, 1       | 0            | 0             |
| GARY BLACK, 1818 E 9TH, TRENTON, MO 64683             | MEMBER, 1       | 0            | 0             |
| JIM BOCELL, 702 N 25TH ST, APT 1, ST JOSEPH, MO 64506 | MEMBER, 1       | 0            | 0             |

|                                  |                                |
|----------------------------------|--------------------------------|
| Name of the organization         | Employer identification number |
| BSA TRUST - PONY EXPRESS COUNCIL | 44-6012744                     |

## FORM 990EZ, PART IV CONT.

|                                                              |           |   |   |
|--------------------------------------------------------------|-----------|---|---|
| DON CARRICK, 19841 FOXRIDGE, ST JOSEPH, MO 64505             | MEMBER, 1 | 0 | 0 |
| THOMAS CHAPMAN, PO BOX 228, CHILLICOTHE, MO 64601            | MEMBER, 1 | 0 | 0 |
| GREG CLEVINGER, 164 S MAIN, PARKVILLE, MO 64152              | MEMBER, 1 | 0 | 0 |
| JEREMY CLEVINGER, 2620 NE 56TH TERR, GLADSTONE, MO 64119     | MEMBER, 1 | 0 | 0 |
| ROD COUTS, 114 E THIRD, MARYVILLE, MO 64468                  | MEMBER, 1 | 0 | 0 |
| STEVEN DAVIES, 1120 1ST AVE, E, HORTON, KS 66439             | MEMBER, 1 | 0 | 0 |
| ROGER DENTON, 929 RIVERSIDE DR, ATCHISON, KS 66002           | MEMBER, 1 | 0 | 0 |
| GREGG DIERINGER, 27960 S SCOUT RIDGE DR, MARYVILLE, MO 64461 | MEMBER, 1 | 0 | 0 |
| MIKE EISENHAUER, 2750 SW AUDOBON RD, PLATTSBURG, MO 64477    | MEMBER, 1 | 0 | 0 |
| BRENT ELLIOTT, PO BOX 54, MAYSVILLE, MO 64469                | MEMBER, 1 | 0 | 0 |
| MATT GERSTNER, PO BOX 909, ST JOSEPH, MO 64502               | MEMBER, 1 | 0 | 0 |
| MICHAEL GODBY, 9393 HERITAGE HILLS DR, CAMERON, MO 64429     | MEMBER, 1 | 0 | 0 |
| MARK HAMPTON, 4TH & JULES, ST JOSEPH, MO 64501               | MEMBER, 1 | 0 | 0 |
| JOHN HAPAK, 1401 HARRIS AVE, TRENTON, MO 64683               | MEMBER, 1 | 0 | 0 |
| GARY HIGHFILL, 1316 DEKALB DR, CAMERON, MO 64429             | MEMBER, 1 | 0 | 0 |
| SCOTT HODGIN, PO BOX 909, ST JOSEPH, MO 64502                | MEMBER, 1 | 0 | 0 |
| JIM HOWER, JR, 2101 N 35TH TERR, ST JOSEPH, MO 64506         | MEMBER, 1 | 0 | 0 |
| BRAD LAGER, PO BOX 316, SAVANNAH, MO 64485                   | MEMBER, 1 | 0 | 0 |
| DAVID LEWIS, JR, PO BOX 7315, ST JOSEPH, MO 64507            | MEMBER, 1 | 0 | 0 |
| CHAD MCCOY, PO BOX 1167, CHILLICOTHE, MO 64601               | MEMBER, 1 | 0 | 0 |
| BILL MCMURRAY, 2810 JOSLIN LANE, ST JOSEPH, MO 64506         | MEMBER, 1 | 0 | 0 |
| STEVE MILLER, 3131 E 1ST ST, MARYVILLE, MO 64468             | MEMBER, 1 | 0 | 0 |
| DAVID MOLINA, 616 PARK AVE, CHILLICOTHE, MO 64601            | MEMBER, 1 | 0 | 0 |
| BOB MOORE, 5325 FARAON, ST JOSEPH, MO 64506                  | MEMBER, 1 | 0 | 0 |
| BILL MURPHY, 514 UTAH, ATCHISON, KS 66002                    | MEMBER, 1 | 0 | 0 |
| SCOTT MURPHY, 5202 FARAON, ST JOSEPH, MO 64506               | MEMBER, 1 | 0 | 0 |

**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.

OMB No 1545-0047

**2008**

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Name of the organization

BSA TRUST - PONY EXPRESS COUNCIL

Employer identification number

44-6012744

FORM 990EZ, PART IV CONT

|                                                           |           |   |   |
|-----------------------------------------------------------|-----------|---|---|
| MIKE NELLESTEIN, 802 N RIVERSIDE RD, ST JOSEPH, MO 64507  | MEMBER, 1 | 0 | 0 |
| KEN PADEN, 5522 ROCK SPRINGS RD, ST JOSEPH, MO 64505      | MEMBER, 1 | 0 | 0 |
| JAYSON PERSON, 501 FARAON ST, ST JOSEPH, MO 64501         | MEMBER, 1 | 0 | 0 |
| BEVERLY PITTS, 17351 SE STATE ROUTE E, GOWER, MO 64454    | MEMBER, 1 | 0 | 0 |
| DAVID POWELL, 6477 SW GRIDLEY RD, STEWARTSVILLE, MO 64490 | MEMBER, 1 | 0 | 0 |
| JOSEPH POWERS, 519 N 10TH, ST JOSEPH, MO 64501            | MEMBER, 1 | 0 | 0 |
| ALLEN REAVIS, 115 N 5TH, ATCHISON, KS 66002               | MEMBER, 1 | 0 | 0 |
| BRETT RICHMOND, 3331 PETERSON AVE, FREMONT, NE 68025      | MEMBER, 1 | 0 | 0 |
| KEN SHEARIN, 1100 FREDERICK AVE, ST JOSEPH, MO 64501      | MEMBER, 1 | 0 | 0 |
| JASON SOPER, 106 S 7TH ST, STE 301, ST JOSEPH, MO 64501   | MEMBER, 1 | 0 | 0 |
| TODD STILLINGS, 215 N 5TH ST, ATCHISON, KS 66002          | MEMBER, 1 | 0 | 0 |
| LARRY STOBBS, 3301 LANTERN LANE, ST JOSEPH, MO 64506      | MEMBER, 1 | 0 | 0 |
| ED STROUD, 6419 SE RIVERSIDE TER, ST JOSEPH, MO 64507     | MEMBER, 1 | 0 | 0 |
| ROGER THOM, 4622 N HOLLY CT, KANSAS CITY, MO 64116        | MEMBER, 1 | 0 | 0 |
| DAVE THOMPSON, 3509 EMERALD LANE, ST JOSEPH, MO 64506     | MEMBER, 1 | 0 | 0 |
| BILL TITCOMB, PO BOX 308, ST JOSEPH, MO 64501             | MEMBER, 1 | 0 | 0 |
| ED TROMPETER, 1300 MAIN, ATCHISON, KS 66002               | MEMBER, 1 | 0 | 0 |
| ANDREW TROUT, 240 NE PARKWAY, ST JOSEPH, MO 64506         | MEMBER, 1 | 0 | 0 |
| ANDREW WERRING, 303 PARALLEL, ATCHISON, KS 66002          | MEMBER, 1 | 0 | 0 |