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Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

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

OMB No 1545-0047

2009Open to Public
Inspection

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

A For the 2009 calendar year, or tax year beginning**and ending****B** Check if applicable

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

Please use IRS label or print or type
See Specific Instructions**C Name of organization**OZARK TRAILS COUNCIL TRUST FUND #306,
BANK OF AMERICA, NA, TRUSTEE, CHICAGO, IL**Doing Business As**Number and street (or P O box if mail is not delivered to street address) Room/suite
1616 S. EASTGATECity or town, state or country, and ZIP + 4
SPRINGFIELD, MO 65809**F Name and address of principal officer:** DEAN R ERTEL
SAME AS C ABOVE**D Employer identification number**

43-1901317

E Telephone number

(417) 883-1636

G Gross receipts \$

1,465,885.

H(a) Is this a group return for affiliates? ☐ Yes ☒ No**H(b) Are all affiliates included?** ☐ Yes ☐ No
If "No," attach a list (see instructions)**H(c) Group exemption number** ▶ 1761**I Tax-exempt status** ☒ 501(c) (3) (Insert no) ☐ 4947(a)(1) or ☐ 527**J Website:** ▶ N/A**K Form of organization** ☐ Corporation ☒ Trust ☐ Association ☐ Other ▶**L Year of formation** 1950**M State of legal domicile** MO**Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: TO PROVIDE SUPPORT FOR SCOUTING IN THE OZARK TRAILS COUNCIL, BOY SCOUTS OF AMERICA.			
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3	Number of voting members of the governing body (Part VI, line 1a)	3	94	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	94	
	5	Total number of employees (Part V, line 2a)	5	0	
	6	Total number of volunteers (estimate if necessary)	6	0	
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.	
	7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
	Revenue	8	Contributions and grants (Part VIII, line 1h)	1,364,758.	8,532.
		9	Program service revenue (Part VIII, line 2g)		
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	24,852.	-207,366.	
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		2,683.	
12		Total revenue - add lines 8 through 11 (must equal Part VII, column (A), line 12)	1,389,610.	-196,151.	
Expenses		13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
		14	Benefits paid to or for members (Part IX, column (A), line 4)		
		15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		
		16a	Professional fundraising fees (Part IX, column (A), line 11e)	8,400.	
		16b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 4,069.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	4,041.	5,086.	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	12,441.	5,086.	
	19	Revenue less expenses. Subtract line 18 from line 12	1,377,169.	-201,237.	
	Net Assets or Fund Balances	20	Total assets (Part X, line 16)	2,891,583.	3,350,668.
		21	Total liabilities (Part X, line 26)	137,254.	122,069.
22		Net assets or fund balances. Subtract line 21 from line 20	2,754,329.	3,228,599.	

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer: *Ken [Signature]* Date: 10-21-2010
 BANK OF AMERICA, NA, AS TRUSTEE
 Type or print name and title

Paid Preparer's Use Only

Preparer's signature: *Rebecca W. Davis, CPA* Date: 10-11-10
 Firm's name (or yours if self-employed), address, and ZIP + 4: DAVIS, LYNN & MOOTS, P.C.
 3828 SOUTH AVENUE
 SPRINGFIELD, MO 65807

Check if self-employed ☐

Preparer's identifying number (see instructions)

EIN ▶

Phone no ▶ (417) 882-0904

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

Part III Statement of Program Service Accomplishments

- 1 Briefly describe the organization's mission: SEE SCHEDULE O FOR CONTINUATION
THE EXECUTIVE BOARD OF OZARK TRAILS COUNCIL, INC., BOY SCOUTS OF
AMERICA #306, HAS APPROVED THE CREATION AND ESTABLISHMENT OF THE OZARK
TRAILS COUNCIL TRUST FUND, FOR THE BENEFIT OF SCOUTING IN THE
TERRITORY COVERED BY THE LOCAL COUNCIL CHARTER, FOR THE GENERAL
- 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No
 If "Yes," describe these new services on Schedule O.
- 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No
 If "Yes," describe these changes on Schedule O.
- 4 Describe the 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.

4a (Code:) (Expenses \$ including grants of \$) (Revenue \$ -204,683.)
PROVIDED SUPPORT TO THE PROGRAMS OF OZARKS TRAILS COUNCIL, INC., BOY
SCOUTS OF AMERICA #306, WHOSE MISSION IS TO PROMOTE THE ABILITY OF BOYS
AND YOUNG MEN AND WOMEN TO DO THINGS FOR THEMSELVES AND OTHERS,
TRAINING THEM IN SCOUTCRAFT, AND TEACHING THEM PATRIOTISM, COURAGE,
SELF-RELIANCE, AND KINDRED VIRTUES, USING THE METHODS WHICH ARE NOW IN
COMMON USE BY THE BOY SCOUTS OF AMERICA.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services. (Describe in Schedule O.)
 (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ► \$

Part IV Checklist of Required Schedules

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

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Part IV Checklist of Required Schedules (continued)

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

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

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Part V Statements Regarding Other IRS Filings and Tax Compliance

	Yes	No
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		
1b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)		
3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
3b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
4b If "Yes," enter the name of the foreign country: <u>See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.</u>		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7 Organizations that may receive deductible contributions under section 170(c).		
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d If "Yes," indicate the number of Forms 8282 filed during the year		
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
9 Sponsoring organizations maintaining donor advised funds.		
a Did the organization make any taxable distributions under section 4966?		
b Did the organization make a distribution to a donor, donor advisor, or related person?		
10 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on Part VIII, line 12		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11 Section 501(c)(12) organizations. Enter:		
a Gross income from members or shareholders		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year		

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.**Section A. Governing Body and Management**

	Yes	No
1a Enter the number of voting members of the governing body	94	
1b Enter the number of voting members that are independent	94	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		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?		X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a material diversion of the organization's assets?		X
6 Does the organization have members or stockholders?	X	
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	X	
7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	X	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)

	Yes	No
10a Does the organization have local chapters, branches, or affiliates?		X
b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
11A Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done		X
13 Does the organization have a written whistleblower policy?	X	
14 Does the organization have a written document retention and destruction policy?	X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official		X
b Other officers or key employees of the organization		X
If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed: **NONE**

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 for public inspection. Indicate how you make these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial 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: **DEAN R ERTEL - (417) 883-1636**
1616 S. EASTGATE, SPRINGFIELD, MO 65809

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Total								10,298.	0.	0.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **0**

- 3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 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

	Yes	No
3		X
4		X
5		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. **NONE**

(A) Name and business address	(B) Description of services	(C) Compensation

- 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0**

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	8,532.			
	g	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f		8,532.			
Program Service Revenue	2 a		Business Code				
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f					
	3	Investment income (including dividends, interest, and other similar amounts)		544.			544.
4	Income from investment of tax-exempt bond proceeds						
5	Royalties						
Other Revenue	6 a	Gross Rents	(i) Real	(ii) Personal			
	b	Less: rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
	b	Less: cost or other basis and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss)			-207,910.	-207,910.	
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a				
	b	Less: direct expenses	b				
	c	Net income or (loss) from fundraising events					
	9 a	Gross income from gaming activities. See Part IV, line 19	a				
	b	Less: direct expenses	b				
	c	Net income or (loss) from gaming activities					
	10 a	Gross sales of inventory, less returns and allowances	a				
	b	Less: cost of goods sold	b				
	c	Net income or (loss) from sales of inventory					
	Miscellaneous Revenue			Business Code			
	11 a	OTHER INCOME	900099	2,683.	2,683.		
	b						
c							
d	All other revenue						
e	Total. Add lines 11a-11d		2,683.				
12	Total revenue. See instructions		-196,151.	-205,227.	0.	544.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the 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				
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				
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):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	4,119.		824.	3,295.
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				
22 Depreciation, depletion, and amortization				
23 Insurance				
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.)				
a MISCELLANEOUS	967.		193.	774.
b				
c				
d				
e				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	5,086.	0.	1,017.	4,069.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	11,671.	1	4,890.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	46,417.	3	105,292.
	4 Accounts receivable, net		4	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a		
	b Less: accumulated depreciation	10b	10c	
	11 Investments - publicly traded securities		11	2,251,078.
	12 Investments - other securities. See Part IV, line 11	2,833,495.	12	989,408.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	2,891,583.	16	3,350,668.	
Liabilities	17 Accounts payable and accrued expenses	12,237.	17	
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D	125,017.	25	122,069.
	26 Total liabilities. Add lines 17 through 25	137,254.	26	122,069.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	-178,713.	27	256,817.
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets	2,933,042.	29	2,971,782.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	2,754,329.	33	3,228,599.
	34 Total liabilities and net assets/fund balances	2,891,583.	34	3,350,668.

Form 990 (2009)

Part XI Financial Statements and Reporting

- 1 Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
- b Were the organization's financial statements audited by an independent accountant?
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:
☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form 990 (2009)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization **OZARK TRAILS COUNCIL TRUST FUND #306,
BANK OF AMERICA, NA, TRUSTEE, CHICAGO, IL** Employer identification number
43-1901317

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

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 ☒ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
- a ☐ Type I b ☒ Type II c ☐ Type III - Functionally integrated d ☐ Type III - 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?
- h Provide the following information about the supported organization(s).

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

(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	
OZARK TRAILS COUNCIL #30	44-0546294	7	X						79,047.
Total									79,047.

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

Schedule A (Form 990 or 990-EZ) 2009

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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

Schedule A (Form 990 or 990-EZ) 2009

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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ☐

b 33 1/3% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ☐

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

Schedule D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization **OZARK TRAILS COUNCIL TRUST FUND #306,
BANK OF AMERICA, NA, TRUSTEE, CHICAGO, IL** Employer identification number
43-1901317

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► _____

4 Number of states where property subject to conservation easement is located ► _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ► _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

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

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

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

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

(i) Revenues included in Form 990, Part VIII, line 1	► \$ _____
(ii) Assets included in Form 990, Part X	► \$ _____

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

a Revenues included in Form 990, Part VIII, line 1	► \$ _____
b Assets included in Form 990, Part X	► \$ _____

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

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

(check all that apply):

a ☐ Public exhibitiond ☐ Loan or exchange programsb ☐ Scholarly researche ☐ Other _____c ☐ Preservation for future generations

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

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

to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes☐ No**Part IV Escrow and Custodial Arrangements.** Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes☐ No

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

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes☐ No

b If "Yes," explain the arrangement in Part XIV.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	2,754,328.	2,113,735.			
b Contributions	8,532.	1,362,111.			
c Net investment earnings, gains, and losses	468,142.	-709,077.			
d Grants or scholarships					
e Other expenditures for facilities and programs	1,922.	11,633.			
f Administrative expenses	481.	808.			
g End of year balance	3,228,599.	2,754,328.			

2 Provide the estimated percentage of the year end balance held as:

a Board designated or quasi-endowment ▶ 2.00 %

b Permanent endowment ▶ 98.00 %

c Term endowment ▶ .00 %

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

(i) unrelated organizations

(ii) related organizations

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

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

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))

0.

Schedule D (Form 990) 2009

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

Total. (Col (b) must equal Form 990, Part X, col (B) line 12) ▶	989,408.
---	-----------------

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

Total. (Col (b) must equal Form 990, Part X, col (B) line 13) ►

Part IX Other Assets. See Form 990, Part X, line 15**Total.** (Column (b) must equal Form 990, Part X, col (B) line 15.)

Part X	Other Liabilities. See Form 990, Part X, line 25.
---------------	--

Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	122,069.
--	----------

2. FIN 48 Footnote. 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.

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	-196,151.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	5,086.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-201,237.
4	Net unrealized gains (losses) on investments	4	675,508.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	-1.
9	Total adjustments (net). Add lines 4 through 8	9	675,507.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	474,270.

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

1	Total revenue, gains, and other support per audited financial statements	1	479,358.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	675,508.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	675,508.
3	Subtract line 2e from line 1	3	-196,150.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	-1.
c	Add lines 4a and 4b	4c	-1.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	-196,151.

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

1	Total expenses and losses per audited financial statements	1	5,086.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	5,086.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	5,086.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4: MOST OF THE ENDOWMENT FUND INCOME IS USED FOR THE

COUNCIL'S GENERAL OPERATING NEEDS, AND THE RESTRICTED INCOME IS USED PER EACH RESTRICTION.

PART XI, LINE 8 - OTHER ADJUSTMENTS:

ROUNDING

PART XII, LINE 4B - OTHER ADJUSTMENTS:

Part XIV Supplemental Information (continued)

ROUNDING

PART X, LINE 2: THE FIN 48 FOOTNOTE TO THE ORGANIZATION'S FINANCIAL STATEMENTS READS AS FOLLOWS: THE COUNCIL ADOPTED THE PROVISIONS OF FASB ASC 740-10-25 (FORMERLY FASB INTERPRETATION NO. 48, "ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES" [FIN 48] ON JANUARY 1, 2009. UNDER FIN 48, AN ORGANIZATION MUST RECOGNIZE THE TAX BENEFIT ASSOCIATED WITH TAX TAKEN FOR TAX RETURN PURPOSES WHEN IT IS MORE LIKELY THAN NOT THE POSITION WILL BE SUSTAINED. THE IMPLEMENTATION OF FIN 48 HAD NO IMPACT ON THE COUNCIL'S FINANCIAL STATEMENTS. THE COUNCIL DOES NOT BELIEVE THERE ARE ANY MATERIAL UNCERTAIN TAX POSITIONS AND, ACCORDINGLY, IT WILL NOT RECOGNIZE ANY LIABILITY FOR UNRECOGNIZED TAX BENEFITS. NO INTEREST OR PENALTIES WERE ACCRUED AS OF JANUARY 1, 2009, AS A RESULT OF THE ADOPTION OF FIN 48. FOR THE YEAR ENDED DECEMBER 31, 2009, THERE WERE NO INTEREST OR PENALTIES RECORDED OR INCLUDED IN THE COUNCIL'S FINANCIAL STATEMENTS.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization

OZARK TRAILS COUNCIL TRUST FUND #306,
BANK OF AMERICA, NA, TRUSTEE, CHICAGO, IL

Employer identification number
43-1901317

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

PURPOSE STATED IN THE ACT OF CONGRESS APPROVED JUNE 15, 1916, CREATING
THE BOY SCOUTS OF AMERICA.

FORM 990, PART VI, SECTION A, LINE 6: ACTIVE MEMBERS MAY ELECT THE
MEMBERS OF THE GOVERNING BODY. MEMBERS AT LARGE AND EXECUTIVE BOARD
MEMBERS HAVE A RIGHT TO VOTE FOR MEMBERS OF THE BOARD AND OFFICERS OF OUR
COUNCIL. THE EXECUTIVE BOARD FOLLOWS THE RULES AND REGULATIONS OF THE BOY
SCOUTS OF AMERICA AND ADMINISTERS THE PROGRAM, SERVING 12,352 YOUTH AND
VOLUNTEERS OVER A 31 COUNTY SERVICE AREA.

FORM 990, PART VI, SECTION A, LINE 7A: ACTIVE MEMBERS MAY ELECT MEMBERS AT
LARGE, REGULAR MEMBERS OF THE EXECUTIVE BOARD, AND OFFICERS OF THE TRUST
OTHER THAN THE SCOUT EXECUTIVE.

FORM 990, PART VI, SECTION A, LINE 7B: ACTIVE MEMBERS MAY VOTE AT THE
ANNUAL MEETING TO RECEIVE AND APPROVE FINANCIAL STATEMENTS SHOWING THE
FINANCIAL POSITION OF THE TRUST AS OF THE CLOSE OF ITS MOST RECENT COMPLETE
FISCAL YEAR AND THE RESULTS OF OPERATIONS DURING SUCH YEAR, AND TRANSACTING
SUCH OTHER BUSINESS AS MAY COME BEFORE THE MEETING. ACTIVE MEMBERS MAY
VOTE IN OTHER REGULAR MEETINGS AND SPECIAL MEETINGS, INCLUDING PROPOSALS TO
MERGE OR CONSOLIDATE.

FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 IS DISTRIBUTED TO THE
EXECUTIVE COMMITTEE FOR APPROVAL BEFORE THE FORM IS FILED WITH THE IRS.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization

OZARK TRAILS COUNCIL TRUST FUND #306,
BANK OF AMERICA, NA, TRUSTEE, CHICAGO, IL

Employer identification number
43-1901317

FORM 990, PART VI, SECTION C, LINE 19: GOVERNING DOCUMENTS, THE CONFLICT
OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE
PUBLIC UPON REQUEST.

FORM 990, PART VII, LINE 1A:

COMPENSATION OF TRUSTEE

BANK OF AMERICA'S TRUSTEE'S FEE OF \$10,289 LISTED IN PART VII OF THIS
RETURN WAS REPORTED AS AN EXPENSE ON FORM 990 OF OZARK TRAILS COUNCIL
#306 - BOY SCOUTS OF AMERICA, WHICH IS A RELATED ORGANIZATION (SEE
SCHEDULE R). SPECIFICALLY, IT IS A PORTION OF "ALL OTHER EXPENSES" OF
\$41,745 ON LINE 24F OF PART IX OF THE COUNCIL'S FORM 990. THE COUNCIL
RECORDS EXPENSES AND INCOME IN ACCORDANCE WITH FUND ACCOUNTING AND
FINANCIAL REPORTING GUIDELINES ISSUED BY THE NATIONAL SCOUT OFFICE.

FORM 990, PART XI, LINE 2C:

THE ORGANIZATION DID NOT CHANGE ITS PROCESS IN THE LAST YEAR FOR
OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND SELECTION OF AN
INDEPENDENT ACCOUNTANT.

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

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?

a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity

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)

e Loans or loan guarantees by other organization(s)

f Sale of assets to other organization(s)

g Purchase of assets from other organization(s)

h Exchange of assets

i Lease of facilities, equipment, or other assets to other organization(s)

j Lease of facilities, equipment, or other assets from other organization(s)

k Performance of services or membership or fundraising solicitations for other organization(s)

l Performance of services or membership or fundraising solicitations by other organization(s)

m Sharing of facilities, equipment, mailing lists, or other assets

n Sharing of paid employees

o Reimbursement paid to other organization for expenses

p Reimbursement paid by other organization for expenses

q Other transfer of cash or property to other organization(s)

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

(a) Name of other organization(s)	(b) Transaction type (a-r)	(c) Amount involved
(1) OZARK TRAILS COUNCIL #306, BOY SCOUTS OF AMERICA	O	1,384.
(2) OZARK TRAILS COUNCIL #306, BOY SCOUTS OF AMERICA	Q	79,047.
(3) OZARK TRAILS COUNCIL #306, BOY SCOUTS OF AMERICA	R	21,124.
(4)		
(5)		
(6)		

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.

[illegible]

FORM 990

PART V-A - LIST OF OFFICERS, DIRECTORS,
TRUSTEES AND KEY EMPLOYEES

STATEMENT 1

Name, Address and Title	Average Hours Worked Per Week and Percentage of Time Devoted to: A) Fundraising B) Management C) Exempt Purposes	Compensation	Contribution to Employee Benefit Plans	Expense Account and Other Allowances
			A) Retirement B) Other Benefit	
TODD AESCHLIMAN PO BOX 505 BRANSON, MO 65615 BOARD MEMBER	0 01 A) 80% B) 20% C)	0	A) B) 0 00	0
CARL ALLISON 3141 S VENTURA SPRINGFIELD, MO 65804 BOARD MEMBER	0 01 A) 80% B) 20% C)	0	A) B) 0 00	0
LEE ALLPHIN 27644 NYLEN LANE STARK CITY, MO 64866 BOARD MEMBER	0 01 A) 80% B) 20% C)	0	A) B) 0 00	0
DAPHNE ANDERSON 4591 E CULLODEN LN SPRINGFIELD, MO 65809 BOARD MEMBER	0 01 A) 80% B) 20% C)	0	A) B) 0 00	0
MARK ANDERSON 4591 E CULLODEN LN SPRINGFIELD, MO 65809 BOARD MEMBER	0 01 A) 80% B) 20% C)	0	A) B) 0 00	0
JOHN ARATA 811 LARIAT LANE ROLLA, MO 65401 VP--VENTURING	0 01 A) 80% B) 20% C)	0	A) B) 0 00	0
JAMES ARNESON 1360 E BRADFORD PKWY SPRINGFIELD, MO 65804 BOARD MEMBER	0 01 A) 80% B) 20% C)	0	A) B) 0 00	0
KEVIN AUSBURN 5116 COPPER RIDGE SPRINGFIELD, MO 65809 PAST PRESIDENT	0 01 A) 80% B) 20% C)	0	A) B) 0 00	0
ROSS AUSBURN 4318 E BERKELEY SPRINGFIELD, MO 65809 BOARD MEMBER	0 20 A) 80% B) 20% C)	0	A) B) 0 00	0
TOM BABIK 2521 S REGINA AVE SPRINGFIELD, MO 65807 BOARD MEMBER	0 01 A) 80% B) 20% C)	0	A) B) 0 00	0
BRUCE BELL 1515 S ESTATE AVE SPRINGFIELD, MO 65804 BOARD MEMBER	0 01 A) 80% B) 20% C)	0	A) B) 0 00	0
SANDRA BELL 1515 S ESTATE AVE SPRINGFIELD, MO 65804 BOARD MEMBER	0 01 A) 80% B) 20% C)	0	A) B) 0 00	0

FORM 990

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			A) Retirement B) Other Benefit	
GARY BISHOP 1402 E FARM RD 96 SPRINGFIELD, MO 65803 BOARD MEMBER	0 01 A) 80% B) 20% C)	0	A) B) 0 00	0
GLEN CAMERON PO BOX 526 POINT LOOKOUT, MO 65726 VP--LFL	0 01 A) 80% B) 20% C)	0	A) B) 0 00	0
DAVID CANE 3265 S NATIONAL AVE SPRINGFIELD MO 65807 BOARD MEMBER	0 01 A) 80% B) 20% C)	0	A) B) 0 00	0
KIRK CHRISTIANSEN 10954 HANLEY DR ROLLA, MO 65401 BOARD MEMBER	0 01 A) 80% B) 20% C)	0	A) B) 0 00	0
MICHAEL CLARKE 6725 E FARM ROAD 138 SPRINGFIELD, MO 65802 INTERNATIONAL REPRESENTATIVE	0 01 A) 80% B) 20% C)	0	A) B) 0 00	0
PIERRE CLOTHIAUX 3838 E FOREST RIDGE LN ROGERSVILLE, MO 65742 BOARD MEMBER	0 01 A) 80% B) 20% C)	0	A) B) 0 00	0
ANDRE COLTRIN 225 LEGEND ROAD BRANSON, MO 65616 BOARD MEMBER	0 01 A) 80% B) 20% C)	0	A) B) 0 00	0
MICHAEL CORDONNIER 3715 E SUGAR HILL STREET SPRINGFIELD, MO 65809 VP--PROPERTIES	0 01 A) 80% B) 20% C)	0	A) B) 0 00	0
PAT COX 899 MEADOW LN BRANSON, MO 65616 BOARD MEMBER	0 01 A) 80% B) 20% C)	0	A) B) 0 00	0
MARSHALL CREIGHTON 355 TRUMAN NEWBURG, MO 65550 BOARD MEMBER	0 01 A) 80% B) 20% C)	0	A) B) 0 00	0
BOB CRUDGINGTON 102 SHADY LN WILLOW SPRINGS, MO 65793 BOARD MEMBER	0 01 A) 80% B) 20% C)	0	A) B) 0 00	0
RILEY DANIELS 2500 E KEARNEY SPRINGFIELD, MO 65898 BOARD MEMBER	0 01 A) 80% B) 20% C)	0	A) B) 0 00	0

FORM 990

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			A) Retirement B) Other Benefit	
BILL DAVIDSON 5778 DEER PARK JOPLIN, MO 64804 BOARD MEMBER	0 01 A) 80% B) 20% C)	0	A) B) 0 00	0
BOB DOCK 5011 S CHARLESTON AVENUE SPRINGFIELD, MO 65804 BOARD MEMBER	0 01 A) 80% B) 20% C)	0	A) B) 0 00	0
DEAN ERTEL 1616 S EASTGATE SPRINGFIELD, MO 65809 SECRETARY	0 40 A) 80% B) 20% C)	0	A) B) 0 00	0
DAVID ESLICK 3311 S ELMIRA AVENUE SPRINGFIELD, MO 65807 BOARD MEMBER	0 01 A) 80% B) 20% C)	0	A) B) 0 00	0
DAVID EVANS 206 GRACE AVENUE WEST PLAINS, MO 65775 BOARD MEMBER	0 01 A) 80% B) 20% C)	0	A) B) 0 00	0
JAMES FISCUS 16 MCFARLAND DRIVE ROLLA, MO 65401 BOARD MEMBER	0 01 A) 80% B) 20% C)	0	A) B) 0 00	0
J HOWARD FISK PO BOX 10405 SPRINGFIELD, MO 65808 BOARD MEMBER	0 01 A) 80% B) 20% C)	0	A) B) 0 00	0
TOM FLANIGAN 1513 S MAIN CARTHAGE, MO 64836 BOARD MEMBER	0 01 A) 80% B) 20% C)	0	A) B) 0 00	0
BILL FOSTER 5779 S CASTLEBAY SPRINGFIELD, MO 65809 BOARD MEMBER	0 01 A) 80% B) 20% C)	0	A) B) 0 00	0
SCOTT GIBBINS 1616 S EASTGATE SPRINGFIELD, MO 65809 ASSISTANT SCOUT EXECUTIVE	0 01 A) 80% B) 20% C)	0	A) B) 0 00	0
BRENT GREEN 1615 S INGRAM MILL RD SPRINGFIELD, MO 65804 BOARD MEMBER	0 01 A) 80% B) 20% C)	0	A) B) 0 00	0
LOUIS GRIESEMER SPRINGFIELD UNDERGROUND INC PO BOX 2240 SPRINGFIELD, MO 65801 COUNCIL CAMPING CHAIRMAN	0 01 A) 80% B) 20% C)	0	A) B) 0 00	0

FORM 990

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			A) Retirement B) Other Benefit	
BRENT GRENINGAR 2043 S GARRISON AVE CARTHAGE, MO 64836 BOARD MEMBER	0 01 A) 80% B) 20% C)	0	A) B) 0 00	0
GRANT HADEN 5249 E FOXGROVE LANE SPRINGFIELD, MO 65802 BOARD MEMBER	0 01 A) 80% B) 20% C)	0	A) B) 0 00	0
JOHNATHON HADEN PO BOX 10547 SPRINGFIELD, MO 65808 VP--EXPLORING	0 01 A) 80% B) 20% C)	0	A) B) 0 00	0
ROBERT HAMMERSCHMIDT PO BOX 2817 SPRINGFIELD, MO 65801 BOARD MEMBER	0 01 A) 80% B) 20% C)	0	A) B) 0 00	0
DONALD HANCOCK 1825 WILLOW WOODS DRIVE NIXA, MO 65714 VP--MEMBERSHIP	0 01 A) 80% B) 20% C)	0	A) B) 0 00	0
ROBERT HARRINGTON 127 S WOODMONT DR JOPLIN, MO 64801 BOARD MEMBER	0 01 A) 80% B) 20% C)	0	A) B) 0 00	0
SHAWN HARRIS 4704 PARK HAVEN RD NIXA, MO 65714 BOARD MEMBER	0 01 A) 80% B) 20% C)	0	A) B) 0 00	0
GENE HARTLEY 2524 S FRANKLIN AVE SPRINGFIELD, MO 65807 BOARD MEMBER	0 01 A) 80% B) 20% C)	0	A) B) 0 00	0
MARK HASELTINE PO BOX 50643 SPRINGFIELD, MO 65805 COUNCIL COMMISSIONER	0 01 A) 80% B) 20% C)	0	A) B) 0 00	0
NICK HEATHERLY 3848 E KINGSBURY STREET SPRINGFIELD, MO 65809 BOARD MEMBER	0 01 A) 80% B) 20% C)	0	A) B) 0 00	0
RANDY HENDERSON PO BOX 729 MONETT, MO 65708 BOARD MEMBER	0 01 A) 80% B) 20% C)	0	A) B) 0 00	0
BRAD HODSON 505 UTAH STREET PITTSBURG KS 66762 BOARD MEMBER	0 01 A) 80% B) 20% C)	0	A) B) 0 00	0

FORM 990

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			A) Retirement B) Other Benefit	
CALEB HORTON 2097 SOUTH FR RD 219 SPRINGFIELD, MO 65809 BOARD MEMBER	0 01 A) 80% B) 20% C)	0	A) B) 0 00	0
PATSY HURST 694 E HWY 400 WEIR, KS 66781 BOARD MEMBER	0 01 A) 80% B) 20% C)	0	A) B) 0 00	0
TED HURST 694 E HWY 400 WEIR, KS 66781 BOARD MEMBER	0 01 A) 80% B) 20% C)	0	A) B) 0 00	0
EARL JOHNSON 117 LEDGESTONE LN BRANSON WEST, MO 65737 BOARD MEMBER	0 01 A) 80% B) 20% C)	0	A) B) 0 00	0
DAVID JONES 1811 E HOLIDAY SPRINGFIELD, MO 65804 BOARD MEMBER	0 01 A) 80% B) 20% C)	0	A) B) 0 00	0
JEFF JUSTUS PO BOX 785 BRANSON, MO 65615 BOARD MEMBER	0 01 A) 80% B) 20% C)	0	A) B) 0 00	0
PAUL KIRK 2754 S GLENDALE AVENUE SPRINGFIELD, MO 65804 VP-DEVELOPMENT/FOS CHAIRMAN	0 80 A) 80% B) 20% C)	0	A) B) 0 00	0
PHIL KNOT 902 SPRINGFIELD RD WILLOW SPRINGS, MO 65793 BOARD MEMBER	0 01 A) 80% B) 20% C)	0	A) B) 0 00	0
RUSS LEWIS 2095 S HILLSIDE DR SPRINGFIELD, MO 65809 BOARD MEMBER	0 01 A) 80% B) 20% C)	0	A) B) 0 00	0
BILL LITTLE 301 S DENVER PL BOLIVAR, MO 65613 BOARD MEMBER	0 01 A) 80% B) 20% C)	0	A) B) 0 00	0
YOLANDA LORGE 318 PARK CENTRAL E , SUITE 623 SPRINGFIELD, MO 65806 BOARD MEMBER	0 01 A) 80% B) 20% C)	0	A) B) 0 00	0
LES MACE 2516 S SHERIDAN DLVD SPRINGFIELD, MO 65804 BOARD MEMBER	0 01 A) 80% B) 20% C)	0	A) B) 0 00	0

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			A) Retirement B) Other Benefit	
RON MARTIN 3301 S LONE PINE SPRINGFIELD, MO 65804 BOARD MEMBER	0 01 A) 80% B) 20% C)	0	A) B) 0 00	0
TOM MCLOUD 1949 E SUNSHINE STE 1-106 SPRINGFIELD, MO 65804 BOARD MEMBER	0 01 A) 80% B) 20% C)	0	A) B) 0 00	0
DAN MCKENZIE 5609 E CATALPA SPRINGFIELD, MO 65809 BOARD MEMBER	0 01 A) 80% B) 20% C)	0	A) B) 0 00	0
MARY MCKENZIE 5609 E CATALPA SPRINGFIELD, MO 65809 BOARD MEMBER	0 01 A) 80% B) 20% C)	0	A) B) 0 00	0
EUGENE MCMEEN 6526 GENEVA DRIVE JOPLIN, MO 64801 BOARD MEMBER	0 01 A) 80% B) 20% C)	0	A) B) 0 00	0
MIKE MCPHERSON 17123 HAWTHORNE RD CARTHAGE, MO 64836 BOARD MEMBER	0 01 A) 80% B) 20% C)	0	A) B) 0 00	0
KEVIN MITCHELSON 209 ELMWOOD DRIVE PITTSBURG, KS 66762 BOARD MEMBER	0 01 A) 80% B) 20% C)	0	A) B) 0 00	0
BILL MONDAY O BANNON BANK PO BOX 890 BUFFALO, MO 65622 BOARD MEMBER	0 01 A) 80% B) 20% C)	0	A) B) 0 00	0
LYLE MORGAN 470 FIELDCREST DRIVE PITTSBURG, KS 66762 BOARD MEMBER	0 01 A) 80% B) 20% C)	0	A) B) 0 00	0
JACK MUENCH 520 E ELM REPUBLIC, MO 65738 BOARD MEMBER	0 01 A) 80% B) 20% C)	0	A) B) 0 00	0
M FRED MULLINAX PO BOX 17 POINT LOOKOUT, MO 65726 BOARD MEMBER	0 01 A) 80% B) 20% C)	0	A) B) 0 00	0
THOMAS NETZER 5536 S LAKERIDGE SPRINGFIELD, MO 65804	0 01 A) 80% B) 20%	0	A) B) 0 00	0

FORM 990

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			A) Retirement B) Other Benefit	
BOARD MEMBER	C)			
ROBERT NICHOLS 1 S MAIN SUITE 102 WEBB CITY, MO 64870 VP-FINANCE	A) 0 20 80% B) 20% C)	0	A) B) 0 00	0
MICK NITSCH 1602 E REPUBLIC RD SPRINGFIELD, MO 65814 BOARD MEMBER	A) 0 01 80% B) 20% C)	0	A) B) 0 00	0
JOHN PRATT 2249 E WILDWOOD CR DRIVE N SPRINGFIELD, MO 65804 PRESIDENT	A) 0 20 80% B) 20% C)	0	A) B) 0 00	0
JACK PURVIS 712 S SYCAMORE ST BRANSON, MO 65616 BOARD MEMBER	A) 0 01 80% B) 20% C)	0	A) B) 0 00	0
GARY REED 542 SCOTT ST CARTHAGE, MO 64836 BOARD MEMBER	A) 0 01 80% B) 20% C)	0	A) B) 0 00	0
STEPHEN REED 919 N WASHINGTON STREET NEVADA, MO 64772 BOARD MEMBER	A) 0 01 80% B) 20% C)	0	A) B) 0 00	0
STEVE RICE 4476 E FARM RD 166 SPRINGFIELD, MO 65809 BOARD MEMBER	A) 0 01 80% B) 20% C)	0	A) B) 0 00	0
JIM ROGERS 1201 CRYSTAL HILL SPRINGFIELD, MO 65802 BOARD MEMBER	A) 0 01 80% B) 20% C)	0	A) B) 0 00	0
WILLIAM ROHLFING 443 HOLCOMB ROAD BRANSON, MO 65616 VP-ADMINISTRATION/PRESIDENT ELECT	A) 0 20 80% B) 20% C)	0	A) B) 0 00	0
JEANETTE ROUSE PO BOX 158 WILLOW SPRINGS, MO 65793 VP-PROGRAM	A) 0 01 80% B) 20% C)	0	A) B) 0 00	0
TOM ROUSE PO BOX 158 WILLOW SPRINGS, MO 65793 BOARD MEMBER	A) 0 01 80% B) 20% C)	0	A) B) 0 00	0
MARVIN SCHOENECKE PO BOX 587 POINT LOOKOUT, MO 65726	A) 0 01 80% B) 20%	0	A) B) 0 00	0

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			A) Retirement B) Other Benefit	
BOARD MEMBER	C)			
GARY SMITH 1713 OAK RIDGE DRIVE NEOSHO, MO 64850 BOARD MEMBER	0 01 A) 80% B) 20% C)	0	A) B) 0 00	0
WARREN SOPER 205 N OSAGE CT NIXA, MO 65714 BOARD MEMBER	0 01 A) 80% B) 20% C)	0	A) B) 0 00	0
BRIAN STRAUGHAN 2620 E SUNSHINE STREET SPRINGFIELD, MO 65804 BOARD MEMBER	0 01 A) 80% B) 20% C)	0	A) B) 0 00	0
PATRICK SWEENEY PO BOX 4609 SPRINGFIELD, MO 65809 BOARD MEMBER	0 01 A) 80% B) 20% C)	0	A) B) 0 00	0
JAMES TURNER 1308 HIGHLAND DR ROLLA, MO 65401 BOARD MEMBER	0 01 A) 80% B) 20% C)	0	A) B) 0 00	0
SCOTT VALENTINE 5420 S FARM RD 137 SPRINGFIELD, MO 65810 BOARD MEMBER	0 01 A) 80% B) 20% C)	0	A) B) 0 00	0
JIM WAMMACK 2003 E SUNSHINE SPRINGFIELD, MO 65804 TREASURER	0 01 A) 80% B) 20% C)	0	A) B) 0 00	0
TOM WELLS 1301 BRAMAR DR JOPLIN, MO 64801 BOARD MEMBER	0 01 A) 80% B) 20% C)	0	A) B) 0 00	0
MARK WHITMORE 1023 S ROANOKE AVE SPRINGFIELD, MO 65807 BOARD MEMBER	0 01 A) 80% B) 20% C)	0	A) B) 0 00	0
DEAN WIGGINS 207 SUZANNE LN WEBB CITY, MO 64870 BOARD MEMBER	0 01 A) 80% B) 20% C)	0	A) B) 0 00	0