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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)

OMB No 1545-0047

Inspection

Department of the Treasury

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

2009

Open to Public

<u></u>			2009 calendar yea	r. or	tax vea				-	, 200	9, and en	ding			, 2	0
E			oplicable Plea	-		e of organization Bi	UCKSKIN	COUNCI	L BOY	SCOUTS OF	AMER			\Box) Employe	r identification no.
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Ļ	_ An	nended	return tions	3.	Chai	rleston, W	/ 25311					,				1,756,565
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_									,		_	-∤``'	s this a gro iffiliates?	•		Yes X No
<u>I</u>				(c) (<u>3) </u>	(insert no)	4947(a)	(1) or	527			H(b) /	Are all affili	ates in	cluded? st (see instr	YesNo uctions)
<u>J</u>			▶ N/A										Group exer	npton	st (see instr number	
K	Fo	rm of or	ganization X Corpo	ration	Tn.	ust Association	Other	· •		L Year of fe	mation 1	940	M State	of lega	I domicile	<u>wv</u>
	Part		Summary							<u> </u>						
_		1	Briefly describe the	e org	ganızatı	on's mission or	most sign	nificant activ	/ities	YOUTH C	HARACTE	ER DEV	ELOPME	INT		
			VARIOUS ACTI	VIT	IES T	HAT PROVID	E CHAR	ACTER DE	VELO	PMENT						
Ĉ	G		CITIZENSHIP	TRA	INGIN	, LEADERSH	IP SKI	LLS, AND	MEN'	TAL AND PHY	SICAL E	TITNES	s			
t i	0 V		FOR BOYS AGE	s 6	TO 2	1. APROXI	MATELY	7,000			_					
v	e	2	Check this box ▶	☐ If	f the org	ganization disco	ontinued if	s operation	s or dis	posed of more	than 25%	of its net	assets	_		
t t	r D	3	Number of voting	mem	nbers of	the governing	body (Par	t VI, line 1a) -					3	ľ	40
i	a		Number of indepe							ine 1b)				4		40
S	n C		Total number of e											5		53
8	е		Total number of vo											6		2,200
•			Total gross unrela											7a		0
			Net unrelated bus											7b	1	0
		-	ivet difference bus	111030	3 taxabi	C IIICOINC IIOIII	1 01111 000	7 1, 11110 04					or Year		<u></u>	urrent Year
MN7	R	8	Contributions and	oran	nte (Par	t VIII line 1h\							445	. 365	-+	706,554
7	e v		Program service r			_								, 298	+	284,940
C	e	40	Investment income	even	106 (Fai	A BE	CEN	450	7					,572	 	10,099
3	n U	10	Other revenue (Pa	C (Fe	ait VIII,	(43 lunca 5	6d 90 0	100 004	111		:		234	•		353,888
	e					1 () (^ 1		_		954	•		1,355,481
MAN			Total revenue - ad							iine 12) · · ·				, , , , ,	' 	1,333,401
_			Grants and similar			1 1			2		⊢					
IJ	E		Benefits paid to or			11 11 11 11 11	I 3\ H (11 11					642	003		730,981
SCANNEL	E x p e n s e		Salaries, other coi	-					(A), III	ies 5-10)			642	,003	2	
Z	e	l	Professional funda		-				• • •		· · · · -				ļ	
\lesssim	n S		Total fundraising							198,56	— ⊢		407	005		522 157
	e		Other expenses (F			• • •		-						,035		533,157
Θ, γ	•	l	Total expenses A								<u> </u>		1,139		 	1,264,138
_		19	Revenue less exp	ense	es Sub	stract line 18 fro	m line 12		• • •	· · · · · · · ·	• • • • •		(184	,144	2)	91,343
	let										<u> </u>	Beginning o	_		+	nd of Year
6	ussets r	20	Total assets (Part	X, lıı	ne 16)	• • • • • •	• • • •	• • • • •	• • •		• • • •		1,715	•	+	1,833,646
	und lal-	21	Total liabilities (Pa	art X,	, line 26	j)	• • • •		• • •	• • • • • • •	• • • •			,717		220,104
	nces	22	Net assets or fund	d bala	ances	Subtract line 2	1 from line	e 20 · · ·	• • •	<u> </u>	• • • •		1,496	,882	!	1,613,542
	Par	t II	Signature B													
			Under penalties of po and belief, it is true, of	елигу,	, I declare	that I have examin	ed this return	n, including acc	company	ng schedules and st	atements, and	d to the bes	any knowle	owledg edae	je	
			and belief, it is tide, t		, and wi		or preparer	(Other trials offi	æi) is ba	sed on all morniade	iii oi wiiioi pi	cparer rias	any known	- ugo	11 0	7 12
	Sign			//-	<u> 7 > </u>	Mudy									7-1	5-10
1	Here	•	Signature of off	ficer/			\bigvee							Da	ite	
			JEFF PUR	ĐΥ,	, EXEC	CUTIVE DIRE	CTOR									
			Type or print na	ame a	and title		•									
-			Preparer's							Date	Check	ıf			entifying nur	nber
_			signature			1/	(Ú!.	1		4/10/11	self- employ	yed ▶] (see in	structi	UIIS)	
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			address, and ZIP +	4	Du	nbar, WV 2	5064				-	Phone no	> 304	4-76	6-1120	

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

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2009)

If "Yes," describe these new services on Schedule O Did the organization cease conducting, or make significant changes in how it conducts, any program	oim	990 (2009) BUCKSKIN COUNCI	L BOY SCOUTS OF AMER	55-0357013	P
YOUTE CHARACTER DEVELOPMENT VARIOUS ACTIVITIES THAT PROVIDE CHARACTER DEVELOPMENT CITIZENSHIF TRAINGIN, LEADERSHIP SKILLS, AND MENTAL AND PHYSICAL FITNESS FOR BOYS AGES 6 TO 21. APROXIMATELY 7,000 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O 3 Did the organization cases conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O 1 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 4 (Code	Pai				
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the prior Form 990 or 990-EZ?		FOR BOYS AGES 6 TO 21.	APROXIMATELY 7,000		
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	4C	(Code) (Expenses	including grants of \$) (Revenue \$	
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		Other property (Description	- Sahadula O \		

Pai	t 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)? If "Yes,"			
	complete Schedule A · · · · · · · · · · · · · · · · · ·	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to		ĺ	
	candidates for public office? If "Yes," complete Schedule C, Part I	3		_X_
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete			
	Schedule C, Part II	4		$_{X}$
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? If "Yes," complete Schedule C, Part III	5		
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? If "Yes,"			
	complete Schedule D, Part I · · · · · · · · · · · · · · · · · ·	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		х
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? If "Yes,"			
	complete Schedule D, Part IV · · · · · · · · · · · · · · · · · ·	9	Х	
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or			
	quasi-endowments? If "Yes," complete Schedule D, Part V · · · · · · · · · · · · · · · · · ·	10	х	
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,			
••	VII, VIII, IX, or X as applicable · · · · · · · · · · · · · · · · · · ·	11	х	
_	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			1
•	Schedule D, Part VI			1
_	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? If "Yes," complete Schedule D, Part VII			
_	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? If "Yes," complete Schedule D, Part VIII			
_	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? If "Yes," complete Schedule D, Part IX			•
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's separate of consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
12	Schedule D, Parts XI, XII, and XIII • • • • • • • • • • • • • • • • •	12	Х	
42A		· <u>*</u>	_^-	+
IZM	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional • • • • • • • • • • • • • • • • • • •	1		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	1	X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,	-		
U	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	<u> </u>		
13	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		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? If "Yes," complete Schedule F, Part III • • • • • • • • • • • • • • • • •	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services	۔"	 	<u> </u>
"	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
10	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	––	 -	├^
18	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	v	
10		10	X	-
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	1	v
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
20	Did the diganization operate one of more hospitals? If Tes, complete schedule in			Γ

	1990 (2009) BUCKSKIN COUNCIL BOY SCOUTS OF AMER 55-03570	13	P	age
Pa	rt 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? If "Yes," complete Schedule I, Parts I and II	21	_	<u> </u>
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? If "Yes," complete Schedule I, Parts I and III	22		<u>X</u>
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? If "Yes," complete Schedule J	23		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? If "Yes," answer lines			
	24b through 24d and complete Schedule K If "No," go to line 25	24a		_}
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		_2
b	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? If "Yes," complete Schedule L, Part I	25b		2
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? If "Yes," complete Schedule L, Part II	26		
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?			
	If "Yes," complete Schedule L, Part III	27		2
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)		ŀ	
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		>
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV · · · · · · · · · · · · · · · · · ·	28b		>
С	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? If "Yes," complete Schedule L,		1	ĺ
	Part IV	28c	,)
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		2
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			┪
••	conservation contributions? If "Yes," complete Schedule M	30		2
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			┤╌
	Part I	31		2
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II · · · · · · · · · · · · · · · · · ·	32) 2
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			T
••	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		3
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			┢
V T	III, IV, and V, line 1 · · · · · · · · · · · · · · · · · ·	34	l x	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete	-	<u> </u>	
	Schedule R, Part V, line 2 · · · · · · · · · · · · · · · · · ·	35	1	١,
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related	 "		╁╌
36	organization? If "Yes," complete Schedule R, Part V, line 2 · · · · · · · · · · · · · · · · · ·	36		,
37		-36	 	+
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? If "Yes," complete Schedule R,			
	Part VI · · · · · · · · · · · · · · · · · ·	37		١,
20		31	├	2
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and	20		
	19? Note. All Form 990 filers are required to complete Schedule O	38	X	

55-0357013

BUCKSKIN COUNCIL BOY SCOUTS OF AMER Part V Statements Regarding Other IRS Filings and Tax Compliance

	t v - Catomonio (Cogaran g Catomonio)		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	US Information Returns Enter -0- if not applicable			
ь	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			:
	gaming (gambling) winnings to prize winners?	1c	\mathbf{x}	
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 • • • • • 2a 53			
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
	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? · · · · · · · · · · · · · · · · · · ·	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
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)? • • • • • • • • • • • • • • • • • • •	4a		Х
ь	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank			
	and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding			
·	Prohibited Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
u	organization solicit any contributions that were not tax deductible?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
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?	7a	X	
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
·	required to file Form 8282?	7c		Х
	If "Yes," Indicate the number of Forms 8282 filed during the year · · · · · · · · · · · · · · · · · · ·			
u ^	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
e	benefit contract?	7e		Х
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
f	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? • • • • • • • • • • • • • • • • • • •	7g		_^_
g h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	' y		
"	required? • • • • • • • • • • • • • • • • • • •	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
0	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?	8		
9		-		
	Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966?	9a		v
a	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		X
b		90		
10	Section 501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12 · · · · · · · · · · · · · · · · · ·			
b 14				
11	Section 501(c)(12) organizations. Enter Gross income from members or shareholders			1
a	— — — — — — — — — — — — — — — — — — — 			1
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
10-	amounts due or received from them)	42-		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		1	l

Page 6

Schedule O See instructions

Part VI

BUCKSKIN COUNCIL BOY SCOUTS OF AMER 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

<u>Sec</u>	tion A. Governing Body and Management		-	
_	5		Yes	No
1a	Enter the number of voting members of the governing body	-		
b	Effect the number of voting monitore that are mosperiorit	1		
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?	2		_ <u>X</u> _
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3	_	<u>X</u>
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? • • • • •	4		<u>X</u> _
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		<u>X</u>
6	Does the organization have members or stockholders?	6		<u>X</u>
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a		<u>X</u>
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		_X_
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following			
а	The governing body? • • • • • • • • • • • • • • • • • • •	8a	X.	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
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	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal			
	enue Code)			
			Yes	No
I0a	Does the organization have local chapters, branches, or affiliates?	10a	Х	
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?	10b	x	
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the	_		
	form?	11	х	
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
l2a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
-	rise to conflicts? · · · · · · · · · · · · · · · · · · ·	12b		Х
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
•	describe in Schedule O how this is done	12c	х	
13	Does the organization have a written whistleblower policy?	13	<u> </u>	X
14	Does the organization have a written document retention and destruction policy?	14	х	
15	Did the process for determining compensation of the following persons include a review and approval by	<u> </u>	- 1	
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	1		
•	The organization's CEO, Executive Director, or top management official	15a	X	
a b	Other officers or key employees of the organization	15b	X	
D	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions.)			
160	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	1		
l6a	with a taxable entity during the year?	16a	1	x
L		104	-	
Ь	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	406		-
	the organization's exempt status with respect to such arrangements?	16b	L	L
	etion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed WV			
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 X 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 SHARON NICHOLS (304)340-3663			
	2829 KANAWHA BLVD EAST Charleston, WV 25311			

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

(A)	(B)	(C)						(D)	(E)	(F)
Name and Title	Average hours per week	Positing Pos	T		K e y e m	at apply) H c e I o m g mp h p l e e o s n y t s e t e d	F	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
JEFF PURDY										
EXECUTIVE DIRECTOR	40.00	X			X	ļ		93,373	0	11,760
SEE ATTACHED LIST										·
BOARD MEMBERS	2.00			X				0		0
									- "	
					_		_			
			_							
							-			
		 		-						

ra	N VII Section A. Onicers, Directors, Trustees, K	- Linpioyo	1	<u> </u>	3		,						
	(A)	(B)			(6	C)			(D)	(E)	1	(F)	
	Name and Title	Average	Posit	ion (c	hack	all th	at apply)	.	Reportable	Reportable	F	stimated	
	Name and the	hours per	I t d	_	0	K	Нсе		compensation	compensation	1	mount of	
		week				l e	lı omi	1 o I	from	from related	-	other	
		""	dur	s u	[f	У	g mp h p l	ľ	the	organizations	con	npensatio	วก
			ı se	i t		e	e e o		organization	(W-2/1099-MISC)	1 .	from the	
		ł	ı e t			m P	s n y	r	(W-2/1099-MISC)		on	ganızatıcı	n
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			1	J				Ļ	02 272	0		11,7	760
<u>1b</u>	Total							_	93,373			11,	-60
2	Total number of individuals (including but not limited to	those listed	d abov	e) w	ho r	ecei	ved m	ore t	than \$100,000 in				
	reportable compensation from the organization									0			
												Yes	No
									_			163	140
3	Did the organization list any former officer, director or	trustee, key	emplo	yee,	, or h	high	est cor	mpei	nsated			1.	l
	employee on line 1a? If "Yes," complete Schedule J fo	r such indivi	dual								- 3		Х
4	For any individual listed on line 1a, is the sum of repor											1 - 1	
4													l
	the organization and related organizations greater tha												i
	individual							• •	• • • • • • • •	• • • • • • •	4	i 1	X
5	Did any person listed on line 1a receive or accrue com	nensation fr	om an	חוו ער	rela	ted	organi	zatic	on for				
•											5		v
	services rendered to the organization? If "Yes," compl	ete Schedule	e J for	suci	n pe	rsor	1 • •	<u>···</u>		<u> </u>] 3		<u> </u>
Se	ction B. Independent Contractors												
1	Complete this table for your five highest compensated	independen	t cont	racto	ors t	hat r	eceive	ed m	ore than \$100,000	of			
	compensation from the organization	•							•				
	compensation from the organization					_							
	(A)								(B)			(C)	
	Name and business address								Description of s	ervices	Comp	ensation	J
									, <u> </u>				
	<u> </u>												
									<u> </u>				
				_									
			_							-			
			_								-		
2	Total number of independent contractors (including but		to tho	se li	sted	abo	ove) wh	no re	eceived				
	more than \$100,000 in compensation from the organia	zation 🕨											

Part \	/111	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
	1a	Federated campaigns · · · · · · 1a	51,721				
	ь	Membership dues · · · · · · · 1b					
Contri-	С	Fundraising events · · · · · · 1c	88,521				
butions, gifts,	đ	Related organizations · · · · · · · 1d					
grants	е	Government grants (contributions) • • 1e					
and other smilar	f	All other contributions, gifts, grants, and similar amounts not included above	566,312				
amounts	a	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f · · · · · · · · · ·		706,554			
			Business Code		_		
	2a	Activity Revenue	900099	128,457	128,457	-	ĺ
		Camping	900099	156,483	156,483		
Program	c						
Service Revenue	d						
	e						
	f	All other program service revenue · · · · · ·				-	
	g	Total. Add lines 2a-2f	• • • • • • •	284,940		_	
	3	Investment income (including dividends, interest other similar amounts)	, and	22,611			22,611
	4	Income from investment of tax-exempt bond pro-	ceeds · · · ▶				
	5	Royalties · · · · · · · · · · · · · · · · · · ·	· · · · · <u>· · · • • </u>				
		(ı) Real	(ii) Personal				
	6a	Gross Rents · · · · · ·					
	b	Less rental expenses · · · ·					
	С	Rental income or (loss) · · ·					
	ď	Net rental income or (loss) • • • • • • • • • • • • • • • • • •					
	7a	Gross amount from sales of assets other than inventory (i) Securities 49,036	(ii) Other				
	ь	Less cost or other basis and sales expenses · · · · 61,548	3				
O t	c	Gain or (loss) (12,512	2)				1_
h	d	Net gain or (loss)		(12,512)		(12,512)
e r	8a	Gross income from fundraising events (not including \$ 88,521					
R		of contributions reported on line 1c)					
v		See Part IV, line 18 · · · · · · · a	324,129				
e	b	Less direct expenses · · · · · · b	181,352				
n u	С	Net income or (loss) from fundraising events		142,777			142,777
е	9a	Gross income from gaming activities					
		See Part IV, line 19 · · · · · · · · a					
	ь	Less direct expenses · · · · · · · b	-		;		
	С	Net income or (loss) from gaming activities -			-		
		Gross sales of inventory, less returns and allowances · · · · · · · · a	214,683				
	ь	Less cost of goods sold · · · · · · b	158,184			_	
		Net income or (loss) from sales of inventory . •		56,499			56,499
		Miscellaneous Revenue	Business Code				
	11a	Other Revenue	900099	5,434			5,434
	ь	Legal Settlement	900099	149,178			149,178
	c						
	d	All other revenue · · · · · · · · · · · · · · · · · · ·					
		Total. Add lines 11a-11d		154,612			
	12	Total revenue. See instructions		1,355,481	284,940		363,987

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

OMB No 1545-0047 2009

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990. ▶ See separate instructions.

Open to Public Inspection

Vame	of the Organization	Employer identification number
BUC	CKSKIN COUNCIL BOY SCOUTS OF AMER	55-0357013
Pa		
	(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?	
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?	· · · · · · · · · · · · · · · · · · ·
Pa	rt 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)	
	Preservation of land for public use (e.g., recreation or pleasure)	important land area
	Protection of natural habitat Preservation of a certified hist	tonc structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a con	servation
	easement on the last day of the tax year	
		Held at the End of the Tax Year
а	Total number of conservation easements • • • • • • • • • • • • • • • • • • •	2a
b	Total acreage restricted by conservation easements	2b
C	Number of conservation easements on a certified historic 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	zation 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?	· · · · · · · · · · · · · · · · · · ·
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the	e year
	<u> </u>	
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year	r
	▶ \$	
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 statem	
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that	t describes
	the organization's accounting for conservation easements	
<u>Pa</u>	Organizations Maintaining Collections of Art, Historical Treasures, or Other	er Similar Assets.
4-	Complete if the organization answered "Yes" to Form 990, Part IV, line 8	hast walks of
1a	If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance s	
	art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance	or public service,
	provide, in Part XIV, the text of the footnote to its financial statements that describes these items	twode of out
ь	If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet	
	historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of p	Dublic service,
	provide the following amounts relating to these items	. .
	(i) Revenues included in Form 990, Part VIII, line 1 · · · · · · · · · · · · · · · · · ·	
2		
-	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, a following amounts required to be reported under SEAS 116 relating to these items.	provide tile
а	following amounts required to be reported under SFAS 116 relating to these items Revenues included in Form 990, Part VIII, line 1	> \$
	Assets included in Form 990, Part X · · · · · · · · · · · · · · · · · ·	
-	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	₹ ₹

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 requi	red to complete colum	ns (B), (C), and (D).	
	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b,	8b, 9b, and 10b of Part VIII.		expenses	general expenses	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 · · · · · · · · · · L				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16 · · · · · · · ·				<u>-</u>
4	Benefits paid to or for members [
5	Compensation of current officers, directors,				
	trustees, and key employees	105,133	82,004	6,308	16,821
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B) · · · · ·		į į		
7	Other salaries and wages	473,765	369,537	28,426	75,802
8	Pension plan contributions (include section 401(k)				
•	and section 403(b) employer contributions) · · · · ·				
9	Other employee benefits • • • • • • • • • • • • • • • • • • •	98,872	77,120	5,932	15,820
10	Payroll taxes · · · · · · · · · · · · · · · · · · ·	53,211	41,504	3,193	8,514
11	Fees for services (non-employees)		,	,	· ·
'' a	Management · · · · · · · · · · · · · · · · · · ·				
b	Legal · · · · · · · · · · · · · · · · · · ·				
c	Accounting	17,770	8,720	7,261	1,789
d	Lobbying				
	Professional fundraising services See Part IV, line 17				
0	Investment management fees · · · · · · · · · · · ·				
f	· · · · · · · · · · · · · · · · · · ·				
g	Other				
12	Advertising and promotion		<u> </u>	_	
13	Office expenses				
14	Information technology				
15	Royalties			4 440	10.001
16	Occupancy · · · · · · · · · · · · · · · · · · ·	68,507	53,436	4,110	10,961
17	Travel	82,644	64,462	4,959	13,223
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials • • • • •				
19	Conferences, conventions, and meetings • • • • • •	9,738	7,596	584	1,558
20	Interest · · · · · · · · · · · · · · · · · · ·				
21	Payments to affiliates • • • • • • • • • • • • • • • • •				
22	Depreciation, depletion, and amortization • • • • • • •	87,823	68,502	5,269	14,052
23	Insurance · · · · · · · · · · · · · · · · · · ·	29,099	22,697	1,746	4,656
24	Other expenses Itemize expenses not				
	covered above (Expenses grouped together				
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below)				
а	Supplies	151,069	117,834	9,064	24,171
b	Repairs and Maintenance	20,164	15,728	1,210	3,226
С	Telephone	7,888	6,153	473	1,262
d	Natiional Service Fee	16,502		16,502	
е	Printing and Publications	9,827	7,665	590	1,572
f	All other expenses · · · · · · · · · · · · · · · · · ·	32,126	25,059	1,926	5,141
25	Total functional expenses. Add lines 1 through 24f · ·	1,264,138	968,017	97,553	198,568
26	Joint Costs. Check here Inf following				<u> </u>
-	SOP 98-2 Complete this line only if the				
	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation · · · · · · · · · · · · · · · · · · ·		L		Form 990 (2009

Part X	Balance Sheet	<u> </u>	,	
		(A)		(B)
		Beginning of year		End of year
1	Cash - non-interest-bearing	196,897	1	100,408
2			2	
3	Pledges and grants receivable, net	11,765	3	115,539
4	Accounts receivable, net	34,506	4	165,972
s	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			
A S	Part II of Schedule L	-	6	-
s 7	Notes and loans receivable, net	· <u></u>	7	
9 8	Inventories for sale or use	42,894	8	50,084
5 9	Prepaid expenses and deferred charges	17,389	9	78,172
10	· · · · · · · · · · · · · · · · · · ·		 	
'`	other basis Complete Part VI of Schedule D · · · · · 10a 2,594,697		1 1	
1	b Less accumulated depreciation · · · · · · · · · 10b 1,375,754	1,295,138	10c	1,218,943
11	· ————————————————————————————————————	99,882	11	88,400
12			12	
			13	
13	Investments - program-related See Part IV, line 11 · · · · · · · · · · · · · · · · · ·			
14		17,128	14	16 120
15	<u> </u>	<u>.</u>	15	16,128
16	Total assets. Add lines 1 through 15 (must equal line 34)	1,715,599	16	1,833,646
17	Accounts payable and accrued expenses	159,904	17	139,479
18	Grants payable · · · · · · · · · · · · · · · · · · ·		18	
_ 19	Deferred revenue	29,776	19	47,900
a 20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability Complete Part IV of Schedule D · · · · · · ·	29,037	21	32,725
22	Payables to current and former officers, directors, trustees, key			
i	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	
s 24	Unsecured notes and loans payable to unrelated third parties • • • • • • • • • •		24	
25	Other liabilities Complete Part X of Schedule D		25	
26	Total liabilities. Add lines 17 through 25	218,717	26	220,104
	Organizations that follow SFAS 117, check here 🕨 🗓 and			
F	complete lines 27 through 29, and lines 33 and 34.	_		
u 27	Unrestricted net assets	1,489,845	27	1,484,231
n d 28	Temporarily restricted net assets	7,037	28	129,311
29	Permanently restricted net assets		29	
В	Organizations that do not follow SFAS 117, check here		$\Gamma = \Gamma$	
a I	and complete lines 30 through 34.			
a 30	Capital stock or trust principal, or current funds	· · · · · · · · · · · · · · · · · · ·	30	
n c 31	Paid-in or capital surplus, or land, building, or equipment fund	 -	31	-
e 32	F		32	· · · · · · · · · · · · · · · · · · ·
s 33	<u>*</u> '	1,496,882	33	1,613,542
34	 	1,715,599	34	1,833,646

BUCKSKIN COUNCIL BOY SCOUTS OF AMER

Par	t XI	Financial Statements and Reporting			
				Yes	No
1	Acco	unting method used to prepare the Form 990. Cash X Accrual Other			
	If the	organization changed its methods of accounting from a prior year or checked "Other," explain in			
	Sche	dule O			
2a	Were	the organization's financial statements compiled or reviewed by an independent accountant?	2a		<u>X</u>
b	Were	e the organization's financial statements audited by an independent accountant?	2b	_X_	
C	If "Ye	es" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the a	udit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	If the	organization changed either its oversight process or selection process during the tax year, explain in			
	Sche	dule O			
d	If "Ye	es" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			
	issue	ed on a consolidated basis, separate basis, or both			
	\mathbf{x}	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 S	Single Audit Act and OMB Circular A-133?	3a		X
b	If "Ye	es," did the organization undergo the required audit or audits? If the organization did not undergo the			
	requi	red audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

EEA

Form 990 (2009)

SCHEDULE A (Form 990 or 990-EZ)

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.

2009

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

► See separate instructions.

Open to Public Inspection

		e organization IN COUNCIL BOY	SCOTITE OF AN	ŒĐ					1	identification (number	
	rt I			y Status (All organiz	ations mus	t complete	this nart)	See instri				
<u></u>				use it is (For lines 1 thro				000 1113111	20110113			
1	٠. 9 °			ssociation of churches d	-			vi).				
2	片)(A)(ii). (Attach Schedule		, 0000.0	. ((2)(1)(//	N-7·				
3	H		• • • •	rvice organization descri	•	tion 170/h)	/1)/A)/iii)					
A	님		•	ted in conjunction with a				70/h)/1\/A	Viii) Enter	r the hospit	al'e name	<u> </u>
7	Ш	city, and state	organization opera	ited in conjunction with a	i ilospitai o	escribed in	occion i	, 0(5)(,)(Muily. Lines	i ilie Hospii	ars name	٠,
5		· —	rated for the benef	it of a college or univers	ity owned o	or operated	l hy a nove	rnmental	unit descri	hed in		
	ш	section 170(b)(1)(A)			ny owned c	operated	. Uy a guva	, minoritar	unit acson	DCG III		
6	\Box	. ,	• • •	r governmental unit desc	rihed in se	ction 170(h)(1)(Δ)(v)					
7	X		-	a substantial part of its					he genera	l public		
•	[1]	described in section			Juppon no.	in a goron		0 0	ino gonora	pas		
8	\Box			170(b)(1)(A)(vi). (Comp	lete Part II)						
9	H	•		(1) more than 33 1/3%		•	ntributions	member	ship fees	and aross		
•	LJ	_	-	empt functions - subject								
				and unrelated business								
				30, 1975 See section		-						
10	\Box			ed exclusively to test for)(4).				
11	H	•	•	ed exclusively for the ber		•	-		arry out the	e		
	الـــا	-	•	orted organizations desc	•				•			
		•		s the type of supporting of		•		•				
		a Type I	ь П Тур	_		-Functiona			ď	Type I	II-Other	
е		By checking this box	, I certify that the o	organization is not contro	lled directl	y or indired	tly by one	or more d	squalified			
		-	-	ers and other than one or		=	-			section		
		509(a)(1) or section	509(a)(2)			•	-					
f		If the organization re	ceived a written de	etermination from the IR	S that it is	a Type I, T	ype II, or T	ype III sur	porting			
		organization, check t	this box									• • • • □
g		Since August 17, 20	06, has the organiz	zation accepted any gift	or contribu	tion from a	iny of the					
		following persons?									_	
		(i) A person who o	directly or indirectly	controls, either alone of	r together v	with persor	is describe	ed in (ii)				Yes No
		and (III) below,	the governing body	y of the supported organ	nzation?	• • • • •	• • • • •	• • • • •	• • • • •	• • • • •	119(1)	
		(ii) A family member	er of a person desc	cribed in (i) above?		• • • •	• • • •	• • • • •	• • • •	• • • • •	11g(ii)	
		(iii) A 35% controlle	ed entity of a perso	on described in (i) or (ii) a	above? •	• • • •	• • • • •	• • • • •	• • • • •	• • • • •	11g(W)	
h		Provide the following	information about	t the supported organiza	tion(s)				,			
	()	Name of supported organization	(II) EIN	(Type of organization	1	organization	(v) Did y		1	Is the		Amount of
		organization		(described on lines 1-9 above or IRC section	governing of	sted in your document?	the organicol (i)		organizat (i) organiz		SL	upport
				(see instructions))				port?		S?		
					Yes	No	Yes	No	Yes	No		
				İ							!	
					-	<u> </u>			<u> </u>			
				 		<u> </u>	ļ		<u> </u>	-	ļ	
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Tota	<u> </u>						L			1	l .	
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Page 2

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)

<u>Sec</u>	tion A. Public Support						
Caler	ndar 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")	528,781	506,420	482,419	445,365	721,554	2,684,539
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 · · · · ·	528,781	506,420	482,419	445,365	721,554	2,684,539
5	The portion of total contributions by each						
	person (other than a governmental unit or	1					
	publicly supported organization) included						
	on line 1 that exceeds 2% of the amount	ĺ		ĺ		ĺ	
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from In 4						2,684,539
Sec	tion B. Total Support						
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4	528,781	506,420	482,419	445,365	721,554	2,684,539
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	50,556	41,806	36,405	33,572	10,099	172,438
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)	54,987	15,629	28,959	43,265	158,184	301,024
11	Total support. Add lines 7 through 10 -			_			3,158,001
12	Gross receipts from related activities, etc. (s	see instructions)				12	_
13	First five years. If the Form 990 is for the or organization, check this box and stop here					(3)	▶□
Sec	tion C. Computation of Public Su				. <u></u> -		
14	Public support percentage for 2009 (line 6,		-	(f))	• • • • • • • •		85.01 %
15	Public support percentage from 2008 Scheo			• • • • • • • •	• • • • • • • • •		78.86 <u>%</u>
16a	33 1/3% support test - 2009. If the organization						. —
	and stop here. The organization qualifies as		•			• • • • • • • •	· · · · · ▶ X
b	33 1/3% support test - 2008. If the organization						. —
	box and stop here. The organization qualifie			· = · =		• • • • • • • • •	• • • • • • • • • • • • • • • • • • •
17a	10%-facts-and-circumstances test - 2009.						
	more, and if the organization meets the "fac						. —
	organization meets the "facts-and-circumsta		_				• • • • • • □
b	10%-facts-and-circumstances test - 2008.						
	more, and if the organization meets the "fac						_
18	organization meets the "facts-and-circumsta Private foundation . If the organization did n						· · · · · ▶□

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Pa	Support Schedule for Org (Complete only if you checked the	janizations D box on line 9 of P	escribed in Secrit	ection 509(a)(2)		
Sec	ction A. Public Support						
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus under sec 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) · · · · · · · · · · · · · · · · · ·						
Sec	ction B. Total Support		<u>, </u>				
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6 · · · · · · · ·	<u> </u>			<u></u>		
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 · · · · · · · ·	<u> </u>			<u> </u>	1	
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)				<u></u>		
14	First five years. If the Form 990 is for the organization, check this box and stop here	janization's first, s	econd, third, fourtl	h, or fifth tax year a	as a section 501(c)	(3)	▶ □
	ction C. Computation of Public Su					T	
15	Public support percentage for 2009 (line 8, c	• • •	•			15	%
16	Public support percentage from 2008 Sched			· · · · · · · · · · · · · · · · · · ·		16	%
	ction D. Computation of Investme						
17	Investment income percentage for 2009 (line		•				
18	Investment income percentage from 2008 Sc					18	%
19a	33 1/3% support tests - 2009. If the organiza 17 is not more than 33 1/3%, check this box						▶ □
b	33 1/3% support tests - 2008. If the organizatine 18 is not more than 33 1/3%, check this						▶ 📋

Private Foundation: If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

	rt III Organizations Maintaining	Collections of A	Art, Historical T	reasures, or O	ther Similar Ass	sets (co	ntınue	:d)
3	Using the organization's acquisition, accession,	and other records, cr	neck any of the follow	wing that are a signi	ricant use of its			
	collection items (check all that apply)							
а	Public exhibition	<u>=</u>	or exchange progra	ms				
b	Scholarly research	e Dothe	r					
C	Preservation for future generations							
4	Provide a description of the organization's colle	ctions and explain ho	w they further the or	ganızatıon's exempt	purpose in			
	Part XIV							
5	During the year, did the organization solicit or re							
	assets to be sold to raise funds rather than to be	e maintained as part o	of the organization's	collection? • • •	• • • • • • • • • •	· []Y	9S	No
Pa	rt IV Escrow and Custodial Arra	ingements. Com	plete if organization	answered "Yes" to F	orm 990,			
	Part IV, line 9, or reported an amour	nt on Form 990, Part >	K, 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?				• • • • • • • • •	- XY	es [No
b	If "Yes," explain the arrangement in Part XIV an	d complete the follow	ring table					
					Amo	unt		
С	Beginning balance			10			29	,037
d	Additions during the year • • • • • • •			10	d	,	198	,727
е	Distributions during the year · · · · · ·			10	9		195	,039
f	Ending balance · · · · · · · · · · · · · · · · · · ·			11	•		32	,725
2a	Did the organization include an amount on Form	n 990, Part X, line 21	?			· XY	es [No
b	If "Yes," explain the arrangement in Part XIV							
Pa	rt V Endowment Funds. Complete	if the organization an	swered "Yes" to For	m 990, Part IV, line	10			
		(a) Current year	(b) Pnor year	(c) Two years back	(d) Three years back	(e) Four	years b	ack
1a	Beginning of year balance	672,409	1,103,164					
b	Contributions	1,000	3,000					
С	Net investment earnings, gains, and losses •	132,424	(265,539)				
d	Grants or scholarships · · · · · · · · ·							
е	Other expenditures for facilities					-		
	and programs • • • • • • • • • • • • • • • • • • •	(8,766)	154,759					
f	Administrative expenses • • • • • • •		13,457					
g	End of year balance	814,599	672,409			-		
2	Provide the estimated percentage of the year e		<u></u>			1	-	
а	Board designated or quasi-endowment	%						
b	Permanent endowment ▶ %							
C	Term endowment ▶ %							
3a	Are there endowment funds not in the possessi	on of the organization	n that are held and a	dministered for the				
	organization by	J					Yes	No
	(i) unrelated organizations · · · · · · ·					3a(i)		
	(ii) related organizations · · · · · · · ·					3a(ii)	X	
b	If "Yes" to 3a(ii), are the related organizations li	sted as required on S	chedule R? · · ·			3b	Х	
4	Describe in Part XIV the intended uses of the o							
	rt VI Investments - Land, Buildi			90, Part X, line 10				—
га					Assumulated	(d) Poo	k valua	
	Description of investment	(a) Cost or othe (investme			Accumulated depreciation	(d) Boo	K Value	
1a	Land		93,628	·			593	,628
b	Buildings · · · · · · · · · · · · · · · · · · ·	_	23,406		1,248,103			,303
c	Leasehold improvements · · · · · · · · ·							
d	Equipment · · · · · · · · · · · · · · · · · · ·		77,663		127,651		50	,012
е	Other		·		· -			
	I. Add lines 1a through 1e (Column (d) must equ	ual Form 990, Part X.	column (B), line 10(c)) · · · · ·	• • • • • •	1	,218	,943

	IL BOY SCOUTS OF AMER	55-03570	13 Page 3
	See Form 990, Part X, line 12		
(a) Description of security or category (including name of security)	(b) Book vatue	(c) Method of valuation Cost or end-of-year market value	e
Financial derivatives • • • • • • • • • • • • • • • • • • •			
Closely-held equity interests · · · · · · · · · · · · · · · · · ·			
Other			
			
Total (Column (h) must equal Form 990 Part X col (R) line 12)			
Coldinit (b) mast equal 1 of the cost, 1 at 1x, cost (b) into 12)	See Form 990, Part X, line 13		
Tart viii interessione in agrammatical	(b) Book value	(c) Method of valuation	
(a) Description of investment type	(b) DOOK Value	Cost or end-of-year market valu	e
	<u>-</u>		
			
			
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, line			
Short Term Investments	Description	-	(b) Book value 4,682
Due from Endowment Fund			11,446
			· · · · · · · · · · · · · · · · · · ·
Total. (Column (b) must equal Form 990, Part X, col (B) line 19	5)		16,128
Part X Other Liabilities. See Form 990, Part X, I	ine 25		
1 (a) Description of liability	(b) Amount		
Federal income taxes			
		-	
		-	
		1	
	-	1	
		1	

1	(a) Description of liability	(b) Amount	
Fede	ral income taxes		
			$\overline{}$
Total	(Column (b) must equal Form 990, Part X, col (B) line 25)	•	

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

thedule D (Form 990) 2009 BUCKSKIN COUNCIL BOY SCOUTS OF AMER		0357013 Page 4
Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statement		1 355 401
Total revenue (1 cm) coe; 1 art vm, column (17, mic 12)	1 2	1,355,481
Total expenses (Form 990, Part IX, column (A), line 25)	3	91,343
Excess or (deficit) for the year Subtract line 2 from line 1	4	34,084
Donated services and use of facilities	5	34,004
Investment expenses	6	
Prior period adjustments · · · · · · · · · · · · · · · · · · ·	7	
Other (Describe in Part XIV)	8	(8,767)
	9	25,317
Total adjustments (net) Add lines 4 through 8 · · · · · · · · · · · · · · · · · ·	10	116,660
Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue p Total revenue, gains, and other support per audited financial statements	er Re	
	-	2,505,551
24 09	ا ۱	
· · · · · · · · · · · · · · · · · ·	\dashv	
20	\dashv	
	1)	
	2	e 34,083
Subtract line 2e from line 1	. 🗔	
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) · · · · · · · · · · · · · · · · · · ·	\neg	
c Add lines 4a and 4b · · · · · · · · · · · · · · · · · ·	. 4	c
Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	-	
Part XIII Reconciliation of Expenses per Audited Financial Statements With Expense		
Total expenses and losses per audited financial statements	<u>s per</u> · 1	
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 · · · · · · · · · · · · · · ·	\dashv	
c Other losses · · · · · · · · · · · · · · · · · ·		
d Other (Describe in Part XIV)		
e Add lines 2a through 2d · · · · · · · · · · · · · · · · · ·	. 2	e
Subtract line 2e from line 1 · · · · · · · · · · · · · · · · · ·	. 📑	1,264,138
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) · · · · · · · · · · · · · · · · · ·		
c Add lines 4a and 4b · · · · · · · · · · · · · · · · · ·	. 4	c
Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	. -	5 1,264,138
Part XIV Supplemental Information		! _
omplete 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)	
nd 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		
is part to provide any additional information		
	_	
ther revenues non included on Form 990 (Part XII, line 2d)		
ounding		
		 _

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

See separate instructions.

OMB No 1545-0047

Employer identification number

2009

Department of the Treasury Internal Revenue Service Name of the organization

Open to Public Inspection

SUCKSKIN COUNCIL BOY	SCOUTS O	F AMER			55-0	357013
Part I Fundraising Activitie Form 990-EZ filers are not re	S.Complete if the	e organizatio	n answered	I "Yes" to Form 990, P	art IV, line 17	
Indicate whether the organization rai Mail solicitations Internet and email solicitations		gh any of the t e f	following ac Solicitation Solicitation	ctivities. Check all that of non-government g of government grants	apply grants	
d In-person solicitations		g		ndraising events		
2a Did the organization have a written or or key employees listed in Form 990	-	-				es 🗌 No
b If "Yes," list the ten highest paid indiv) pursuant (o agreements under v	which the fundraiser is	_
to be compensated at least \$5,000 b	y the organization)II				
(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fund custody or contribu	control of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
	_	Yes	No			
				ļ		
		·				
		 	 			
Total · · · · · · · · · · · · · · · · · · ·						
List all states in which the organization registration or licensing	n is registered o	r licensed to s	solicit funds	or has been notified i	t is exempt from	
						-
						- -

	ırt II	Fundraising Events. Co				ed
R			(a) Event #1 POPCORN (event type)	(b) Event #2 DINNER DANCE (event type)	(c) Other Events 5 (total number)	(d) Total Events Add col (a) through col (c))
e v e	1	Gross receipts · · · · · · ·	324,129	7,902	99,503	431,534
n u e	2	Less Charitable contributions		7,902	80,619	88,521
_	3	Gross revenue (line 1 minus line 2)	324,129		18,884	343,013
D	4	Cash prizes · · · · · · · · · · · · · · · · · · ·				
r e	5	Non-cash prizes · · · · · · ·				<u> </u>
c t	6	Rent/facility costs • • • • • • • • • • • • • • • • • •				
E x p	7	Food and beverages · · · · · ·				
e n s	8	Entertainment · · · · · · · · · · · ·				
e s	9	Other direct expenses	181,352		18,884	200,236
	10	Direct expense summary Add line: Net income summary Combine lin				(200,236)
Pá	art II					
		than \$15,000 on Form 990-E2	Z, line 6a		<u> </u>	
Reven			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
ü	1	Gross revenue · · · · · · ·				
Direct	2	Cash prizes				
ť E x	3	Non-cash prizes · · · · · · ·				-
penses	4	Rent/facility costs · · · · · ·				
ě	5	Other direct expenses · · · · ·				
	6	Volunteer labor	Yes % No	Yes % No	Yes %	
	7	Direct expense summary Add line	s 2 through 5 in column (d)			()
	8	Net gaming income summary Con	nbine line 1, column (d), ar	nd line 7 · · · · · · · · ·	· · · · · · · · · •	Yes No
9	En	ter the state(s) in which the organiza	ation operates gaming activ	vities		Tes No
i		the organization licensed to operate No," Explain	gaming activities in each o	f these states? · · · ·		• • • • 9a
	_					
		ere any of the organization's gaming 'Yes," Explain	licenses revoked, suspend	ded or terminated during th	e tax year?	· · · · 10a
	_					
11 12		es the organization operate gaming the organization a grantor, beneficia			r other entity	
		med to administer charitable gaming	-			12

SCHEDULE 0 (Form 990)

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on

► Attach to Form 990.

OMB No 1545-0047

2009

Department of the Treasury Internal Revenue Service

Form 990 or to provide any additional information.

Open to Public Inspection

Employer identification number Name of the organization BUCKSKIN COUNCIL BOY SCOUTS OF AMER 55-0357013 01. Form 990 governing body review (Part VI, line 11) Management present to treasurer 02. Conflict of interest policy compliance (Part VI, line 12c) by management understanding 03. CEO, executive director, top management comp (Part VI, line 15a) members of executive committee sign off and approve all changes in pay 04. Other officer or key employee compensation (Part VI, line 15b members of executive committee sign off and approve all changes in pay 05. Governing documents, etc, available to public (Part VI, line 19) Available upon request, some information on web site

SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

▶ Attach to Form 990.

► See separate instructions.

2009

OMB No 1545-0047

Open to Public Inspection

Employer identification number 55-0357013 Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33) BUCKSKIN COUNCIL BOY SCOUTS OF AMER Name of the organization Part

(a)	(q)	<u>(3)</u>	9	•	E
Name, address, and EIN of disregarded entity	Pnmary activity	Legal domicile (state or foreign country)	Total income	End-of-year assets	Direct controlling entity
Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)	(Complete if the organization	answered "Yes" on F	orm 990, Part IV, line 3	4 because it	
(a)	(q)	(2)	(p)	(0)	(a)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Exempt Code section	Public chanty status (if section 501(c)(3))	Direct controlling entity
Bucksin Council BSA trust fund 55-6022720 2829 Kanawha Blvd East, 25311	Endwoment Fund	ΔM	501 (c) (3)	13	n/a
For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Forn	Form 990.	EEA		Ø,	Schedule R (Form 990) 2009

55-0357013

Schedule R (Form 990) 2009

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.) Part III

managing partner? Yes No Percentage ownership General or Schedule R (Form 990) 2009 Ξ Code V-UBI amount in box 20 of Schedule K-1 end-of-year assets (Form 1065) Share of Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, Into 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) Disproportionate allocations? ş Ξ Yes Share of total income Share of end-of-year 6 Type of entity (C corp. S corp. Share of total income EEA Direct controlling entity € Predominant income (related, unrelated, excluded from tax under Legal domicile sections 512-514) foreign country) (state or <u>e</u> Direct controlling Primary activity Q) entity Ē Legal domicile (state or foreign country) <u>(C</u> Primary activity Name, address, and EIN of related organization Name, address, and EIN of related organization (a) Part IV

55-0357013

Transactions with Related Organizations (Complete of the organization answered "Yes" on Form 990, Part IV, line 34, 35, or 36) Part V

Note. Complete line 1 if any entity is listed in Parts II. III. or IV of this schedule		Yes	Ŷ.
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		ta ×	
b Gift, grant, or capital contribution to other organization(s)		- tp	×
c Gift, grant, or capital contribution from other organization(s)		10	×
d Loans or loan quarantees to or for other organization(s)		P -	>
			4
Loans or loan guarantees by other organization(s)		<u>a</u>	×
f Sale of assets to other organization(s)		+	×
g Purchase of assets from other organization(s) · · · · · · · · · · · · · · · · · · ·	•	19	>
		. 4	d :
	• • • • • • • • • • • • • • • • • • • •		×
i Lease of facilities, equipment, or other assets to other organization(s)		=	×
Jease of facilities, equipment, or other assets from other organization(s)		-	×
k Performance of services or membership or fundraising solicitations for other organization(s)	• • • • • • • • • • • • • • • • • • • •	- +	×
Performance of services or membership or fundraising solicitations by other organization(s)	•	=	{ >
m Sharing of facilities equipment mailing lists or other assets	•	13	4
			4
n Sharing of paid employees	• • • • • • • • • • • • • • • • • • • •	ur .	×
			-
• Reimbursement paid to other organization for expenses		•	×
p Reimbursement paid by other organization for expenses		1p	×
a Other transfer of cash or property to other organization(s)		- 1a	` >
		1	∤ :
If the answer to any of the above is "Yes," see the instructions	ction thresholds		4
(a)	(g)	(3)	
		Ē ,	
Name of other organization	Transaction type (a-r)	Amount involved	
(1)			
(2)			
	•		
(4)			
(5)			
(9)			
EEA	Sch	Schedule R (Form 990) 2009	9) 2009

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37)

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

177	(E)	managing partner?		Yes No				 						
		amount in box 20 of Schedule K-1		<u>, </u>										
		Disproportionate allocations?		ON 1		-								
-		Dispre		Yes										
	(e)	Share of end-of-year assets											•	
	0	section 501(c)(3)	28	N _o						_				
. [Are 81	organ	Yes			_							
.	(C)	Legar domicre (state or foreign country)												
,	(a)	Primary activity												
	(a)	Name, address, and EIN of entity												

990	Overflow Statement	2009 Page 1
Name(s) as shown on return		FEIN
BUCKSKIN COUNCIL	BOY SCOUTS OF AMER	55-0357013

Prepaids and Deferred Activities

Description		Amount
Prepaid Expenses		\$ 10,962
Deferred Activity Expenses		 67,210
	Total:	\$ 78,172

other

Description	2	Amount
Income recognized in Operating Account but left in	\$	(8,767)
Total:	\$	-8,767

Name	Home Address	Business Address
Mark Atkınson	109 Olde Ash Lane Charleston, WV 25311	300 Summers Street Charleston, WV 25311
		11 11 11 11 11 11 11 11 11 11 11 11 11
Charles Bayless	1544 Virginia Street E Charleston, WV 25311	707 Virginia Street, E. Suite 1100 Charleston, WV. 25301
COSTOID DOWN	121 Caney Branch Road	100 Smoot Street
	Route 12, Box 297A	
Tanner Boster	Hurricane, WV 25526	
	1344 Morningside Drive	600 50th Street
Sam Bowling	Charleston, WV 25314	Charleston, WV 25304
	4201 Virginia Street, E	Hale Street, Suite 100
Jack Cavendar	Charleston, WV 25304	Charleston, WV 25301
	1151 Emeral Road	104 Washington Street, E
Brian Doughty	Charleston, WV 25314	Charleston, WV 25301
Greg Eads	729 Lower Donnaly Road Charleston, WV 25304	
	412 C Street	
Donald L. Ellis	St. Albans, WV 25177	
	213 Rustic Hill Drive	
David E Emanuel, Sr.	Princeton, WV 25526	
	808 Forestbrook Drive	One Hillcrest Drive
Gary Freeman	Hurricane, WV 25526	Charleston, WV 25301

Name	Home Address	Business Address
Phil Gaarenstroom	409 McKinley Avenue Charleston, WV 25314	
Greg Godwin	PO Box 957 Athens, WV 24712	
Glenn A Harrison	2951 W Front Street, Suite 3800 Richlands, VA 24641	2951 W Front Street, Suite 3800 Richlands, VA 24641
Kent Hartsog	23 Cedar Drive Hurricane, WV 25526	600 Laidley Towers Charleston, WV 25301
	1667 Woodvale Drive	
Rick Holroyd	Charleston, WV 25314	
	5224 Walnut Valley	#5 McJunkin Road
Scott Holroyd	Cross Lanes, WV 25312	Nitro, WV 25143
	5035 Bennington Drive	501 Morris Street
Larry Hudson	Closs Lanes, WV 23311	Cilariestori, VVV 20001
	400 100	SEO Vicania Stract E Stuto 200
	422 Mercury Street	Charleston VAV 25301
Matthew Johes	South Charleston, WV 2000	(Interestion, *** 2000)
	412 Stephen Avenue	PO Box 460
Frank N. Jorgensen	Summersville, WV 26651	Summersville, WV 26651
	748 Myrtle Road	401 Jacobson
Art King	Charleston, WV 25314	Poca, WV 25159
	1719 Rolling Hills	
Edward O Lewis	Charleston, WV 20014	
	1390 Nottingham Road	PO Box 2031
Jonn Micsnee	South Chaneston, WV 20314	Cilariestori, VVV 20027

	TOME Address	SCOUNT COOLING
	5203 Villa Pike	PO Box 1588
Steve McGowan	Cross Lanes, vvv. 20313	Chaneston, WV 23320
Jamie O'Connor	1802 Pine Manor Road Charleston, WV 25311	200 Association Drive Charleston, WV 25301
Chris Parslev	1970 Parkwood Road Charleston, WV 25314-7174	
	And the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second s	
	1893 Round Hill Road	1500 Callie Road
Jill Portei	Cilalestor, WV 23314	Cialicatori, VVV 20014
	205 Church Street	
Sharon Rowe	Lewisburg, WV 24901	
	PO Box 388	
B Vic Sands	Chelyan, WV 25035	
2	1414 Ritter Drive	
Ken Simpson	Dames, WV 23032	
Georege M Soltis	1644 King Street South Charleston, WV 25303	
	RR 2, Box 290	
Solomon Sowers	Rock, WV 24747	
	2272 Poca Fork Road	
Bonnie Starling	Elkview, WV 25071	
	602 Green Road	
Carleton Starr	South Charleston, WV 25309	

Home Address 300 Kan			
1565 Virgina Street, E Charleston, WV 25311 Thomas Thomas Thomas Thomas Thomas 1974 Parkerwood Road Charleston, WV 25314 PO Box 28 Chapmanville, WV 25508 Thomas Thomas Thomas Thomas PO Box 18 A Green View Drive South Charleston, WV 25309 PO Box 1504 Lewisburg, WV 24901 Lewisburg, WV 24901	Name	Home Address	Business Address
1909 Virginia Street, E			300 Kanawha Blvd, E
Thomas Thomas Thomas Thomas Thomas Thomas Thomas Thomas Thomas Thomas Thomas Thomas Thomas Thomas Thomas Thomas Thomas Thomas Thomas Thomas Thomas Thomas Thomas Thomas Thomas Thomas Thomas Thomas Thomas Thomas Thomas Thomas Thomas Thomas Thomas Thomas Thomas Thomas Thomas Thomas Thomas Thomas Thomas Thomas Thomas Thomas Thomas Thomas Thomas Thomas Thomas Thomas Thomas Thomas Thomas Thomas Thomas Thomas Thomas Thomas Thomas Thomas Thomas Thomas Thomas Thomas Thomas Thomas Thomas Thomas Thomas Thomas Thomas Thomas Thomas Thomas Thomas Thomas Thomas Thomas Thomas Thomas Thomas Thomas Thomas Thomas Thomas Thomas Thomas Thomas Thomas Thomas Thomas Thomas Thomas Thomas Thomas Thomas Thomas Thomas Thomas Thomas Thomas Thomas Thomas Thomas Thomas Thomas Thomas Thomas Thomas Thomas Thomas Thomas Thomas Thomas Thomas Thomas Thomas Thomas Thomas Thomas Thomas Thomas Thomas Thomas Thomas Thomas Thomas Thomas Thomas Thomas Thomas Thomas Thomas Thomas Thomas Thomas Thomas Thomas Thomas Thomas Thomas Thomas Thomas Thomas Thomas Thomas Thomas Thomas Thomas Thomas Thomas Thomas Thomas Thomas Thomas Thomas Thomas Thomas Thomas Thomas Thomas Thomas Thomas Thomas Thomas Thomas Thomas Thomas Thomas Thomas Thomas Thomas Thomas Thomas Thomas Thomas Thomas Thomas Thomas Thomas Thomas Thomas Thomas Thomas Thomas Thomas Thomas Thomas Thomas Thomas Thomas Thomas Thomas Thomas Thomas Thomas Thomas Thomas Thomas Thomas Thomas Thomas Thomas Thomas Thomas Thomas Thomas Thomas Thomas Thomas Thomas Thomas Thomas Thomas Thomas Thomas Thomas Thomas Thomas Thomas Thomas Thomas Thomas Thomas Thomas Thomas Thomas Thomas Thomas Thomas Thomas Thomas Thomas Thomas Thomas Thomas Thomas Thomas Thomas Thomas Thomas Thomas Thomas Thomas Thomas Thomas Thomas Thomas Thomas Thomas Thomas Thomas Thomas Thomas	- C	Charlotton VAV 25211	FO BOX 2/3 Charloston WA/ 25324 0273
Thomas Charleston, WV 25314 Charleston, WV 25314 PO Box 28 Chapmanville, WV 25508 110 Woodland Drive Nitro, WV 25143 A Green View Drive South Charleston, WV 25309 PO Box 1504 Lewisburg, WV 24901	JOINT R. Teale, JI	Cialiestoli, VVV 23311	Circuitation, VVV 2002 1-0270
Thomas Charleston, WV 25314 PO Box 28 Chapmanville, WV 25508 110 Woodland Drive Nitro, WV 25143 4 Green View Drive South Charleston, WV 25309 PO Box 1504 Lewisburg, WV 24901		1974 Parkerwood Road	36 Norwood Road
ls orist	William C. Thomas	Charleston, WV 25314	Charleston, WV 25314
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15	Joy Vance	Chapmanville, WV 25508	
15		110 Woodland Drive	
rist	Jım D. Wells	Nitro, WV 25143	
rist			
rist		4 Green View Drive	
	Sam Wood	South Charleston, WV 25309	
	Duane Zohriet	PO Box 1504 Lewishira WW 24901	
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