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Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax

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

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990 All other organizations with gross receipts less than $500,000 and total assets less than $1,250 000 at the end of the year may use this form

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

OMB No 1545-1150

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning OCTOBER 1 , 2009, and ending SEPTEMBER 30 , 20 10

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
BSA TRUST - PONY EXPRESS COUNCIL

Number and street (or P O box, if mail is not delivered to street address) Room/suite
% COMMERCE BANK P O BOX 1119

City or town, state or country, and ZIP + 4
ST JOSEPH, MO 64502

D Employer identification number
44-6012744

E Telephone number
816-233-1351

F Group Exemption Number ▶

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

G Accounting Method ☒ Cash ☐ Accrual
Other (specify) ▶

I Website: ▶ N/A

J Tax-exempt status (check only one) — ☒ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

H Check ▶ ☐ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

K Check ▶ ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than $25,000 A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if $500,000 or more, file Form 990 instead of Form 990-EZ ▶ $ 213,763

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)

Revenue	1	Contributions, gifts, grants, and similar amounts received		1	39,688
	2	Program service revenue including government fees and contracts		2	0
	3	Membership dues and assessments		3	0
	4	Investment income		4	22,847
	5a	Gross amount from sale of assets other than inventory	5a 151,228		
	b	Less. cost or other basis and sales expenses	5b 162,880		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	(11,652)
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ▶ ☐			
	a	Gross revenue (not including $ 0 of contributions reported on line 1)	6a 0		
	b	Less: direct expenses other than fundraising expenses	6b 0		
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		6c	0
	7a	Gross sales of inventory, less returns and allowances	7a 0		
	b	Less cost of goods sold	7b 0		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	0
	8	Other revenue (describe ▶)		8	0
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶		9	50,883
Expenses	10	Grants and similar amounts paid (attach schedule)		10	35,733
	11	Benefits paid to or for members		11	0
	12	Salaries, other compensation, and employee benefits		12	0
	13	Professional fees and other payments to independent contractors		13	9,513
	14	Occupancy, rent, utilities, and maintenance		14	0
	15	Printing, publications, postage, and shipping		15	0
	16	Other expenses (describe ▶)		16	0
	17	**Total expenses.** Add lines 10 through 16 ▶		17	45,246
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	5,637
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)		19	917,506
	20	Other changes in net assets or fund balances (attach explanation)		20	0
	21	Net assets or fund balances at end of year Combine lines 18 through 20 ▶		21	923,143

Part II Balance Sheets. If Total assets on line 25, column (B) are $1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	927,557	22	866,835
23	Land and buildings	0	23	0
24	Other assets (describe ▶ RECEIVABLE FROM SUPPORTED ORGANIZATION)	0	24	66,359
25	**Total assets**	927,557	25	933,194
26	**Total liabilities** (describe ▶ DUE MIC-O-SAY)	10,051	26	10,051
27	**Net assets or fund balances** (line 27 of column (B) must agree with line 21)	917,506	27	923,143

SCANNED FEB 03 2011

RECEIVED JAN 24 2011 OGDEN, UT 84201

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

What is the organization's primary exempt purpose? PROVIDE SUPPORT FOR BOY SCOUTS ACTIVITIES

Describe what was achieved in carrying out the organization's exempt purposes In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

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

28	SEE SCHEDULE O		
	(Grants $ 35,733) If this amount includes foreign grants, check here ▶ ☐	28a	35,733
29			
	(Grants $) If this amount includes foreign grants, check here ▶ ☐	29a	
30			
	(Grants $) If this amount includes foreign grants, check here ▶ ☐	30a	
31	Other program services (attach schedule)		
	(Grants $) If this amount includes foreign grants, check here ▶ ☐	31a	
32	**Total program service expenses** (add lines 28a through 31a) ▶	32	35,733

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

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
DIRCK CLARK 5325 FARAON, ST JOSEPH, MO 64506	PRESIDENT/MEMBER 1	0	0	
CLARK HAMPTON 6 ANTILLES DR, ST JOSEPH, MO 64506	V-PRES MKTG/MEMBER 1	0	0	
CHRIS BIX 4600 MADISON AVE, KANSAS CITY, MO 64112	V-PRES PROGRAM/MEMBER 1	0	0	
NICK ROBB ROBIDOUX CENTER, ST JOSEPH, MO 64501	EXEC V-PRES/MEMBER 1	0	0	
KEN BAKER 16155 W 147TH TERR, OLATHE, KS 66062	V-PRES FACILITIES/MEMBER 1	0	0	
BOB SCHILLING PO BOX 6246, ST JOSEPH, MO 64506	V-PRES FINANCE/MEMBER 1	0	0	
KEN SIEMENS 3007 FREDERICK, ST JOSEPH, MO 64506	V-PRES ENDOWMENT/MEMBER 1	0	0	
DR SOLON HAYNES 3529 FREDERICK AVE, ST JOSEPH, MO 64506	V-PRES LFL/MEMBER 1	0	0	
GAYLON WHITMER 709 W 6TH ST, STEWARTSVILLE, MO 64490	V-PRES RELATIONSHIPS/MEMBER 1	0	0	
MIKE INSCO 400 JULES, STE 430, ST JOSEPH, MO 64501	V-PRES VENTURING/MEMBER 1	0	0	
ED STROUD 6419 SE RIVERSIDE TER, ST JOSEPH, MO 64507	V-PRES OUTREACH/MEMBER 1	0	0	
BEN ERNST 2303 VILLAGE DR, ST JOSEPH, MO 64508	TREASURER/MEMBER 1	0	0	
MARTHA BRADLEY 403 S BEECH ST, SAVANNAH, MO 64485	COMMISSIONER/MEMBER 1	0	0	
JARED BROONER 3101 FREDERICK AVE, ST JOSEPH, MO 64506	LEGAL COUNSEL/MEMBER 1	0	0	
RICK TURNER 1504 MAIN ST, STE 201, BETHANY, MO 64424	ASST.LEGAL COUNCIL/MEMBER 1	0	0	
ALAN FRANKS PO BOX 8157, ST JOSEPH, MO 64508	SECRETARY/SCOUT EXECUTIVE 1	0	0	
MARVIN ATKINS 1918 LOVERS LANE, ST JOSEPH, MO 64505	MEMBER 1	0	0	
SEE SCHEDULE O				

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

			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T			
a	Did the organization have unrelated business gross income of $1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		X
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	35b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0			
b	Did the organization file **Form 1120-POL** for this year?	37b		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee **or** were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	Section 501(c)(7) organizations Enter			
a	Initiation fees and capital contributions included on line 9 39a			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶ 0 ; section 4912 ▶ 0 , section 4955 ▶ 0			
b	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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	40b		X
c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0			
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ▶ 0			
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		X

41 List the states with which a copy of this return is filed ▶

42a The organization's books are in care of ▶ JULIE WHITE Telephone no ▶ 816-233-1351

Located at ▶ PO BOX 8157, ST JOSEPH, MO ZIP + 4 ▶ 64508-8157

			Yes	No
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		X
	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.**			
c	At any time during the calendar year, did the organization maintain an office outside of the U S ?	42c		X
	If "Yes," enter the name of the foreign country ▶			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041**—Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43			

			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45		X

Part VI **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46–49b and complete the tables for lines 50 and 51

			Yes	No
46	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46		X
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47		X
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		X
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		X
b	If "Yes," was the related organization a section 527 organization?	49b		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than $100,000 of compensation from the organization If there is none, enter "None"

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

f Total number of other employees paid over $100,000 ▶ _____

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

(a) Name and address of each independent contractor paid more than $100,000	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over $100,000 ▶ _____

Sign Here

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

COMMERCE BANK, N.A
BY: Lori Boyer, Trust Officer — 1/19/2011
Signature of officer — Date
COMMERCE BANK, N.A, TRUSTEE OF THE BOY SCOUTS TRUST
Type or print name and title

Paid Preparer's Use Only

Preparer's signature: Amy K Hanway — Date: 1-13-11 — Check if self-employed ▶ ☐ — Preparer's identifying number (See instructions): P00223836

Firm's name (or yours if self-employed), address, and ZIP + 4: MARTIN & HANWAY CPA'S,P C. 3725 GENE FIELD ROAD,STE B ST JOSEPH, MO 64506 — EIN ▶ 20-4030026 — Phone no ▶ 816-232-0450

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

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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	Employer identification number
BSA TRUST - PONY EXPRESS COUNCIL	44-6012744

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

The organization is not a private foundation because it is (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 33⅓% 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 33⅓% 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?

	Yes	No
(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? 11g(i)		X
(ii) A family member of a person described in (i) above? 11g(ii)		X
(iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii)		X

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
PONY EXPRESS COUNCIL OF THE BOY SCOUTS OF AMERICA	44-0546279	7	X		X		X		35,733
Total									35,733

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** . . . . . ▶ ☐

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 **33⅓% support test—2009.** If the organization did not check the box on line 13, and line 14 is 33⅓% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

b **33⅓% support test—2008.** If the organization did not check a box on line 13 or 16a, and line 15 is 33⅓% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

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 . . . ▶ ☐

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 . . . . . ▶ ☐

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 ▶ ☐

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** ▶ ☐

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 **33⅓% support tests—2009.** If the organization did not check the box on line 14, and line 15 is more than 33⅓%, and line 17 is not more than 33⅓%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33⅓% support tests—2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33⅓%, and line 18 is not more than 33⅓%, check this box and **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 ▶ ☐

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

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

BSA TRUST - PONY EXPRESS COUNCIL

Employer identification number

44-6012744

FORM 990EZ, PART I, LINE 10

1. PONY EXPRESS COUNCIL OF THE BOY SCOUTS OF AMERICA, PO BOX 8157, ST JOSEPH, MO 64508, THEY ARE THE SOLE BENEFICIARY OF THE BSA TRUST, RECEIVED $35,733.

FORM 990EZ, PART III

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

FORM 990EZ, PART IV

NAME & ADDRESS	TITLE & AVG HRS	COMPENSATION	CONTRIBUTIONS
BRYAN BECKER, 800 KANSAS AVE, ATCHISON, KS 66002	MEMBER, 1	0	0
RICK BERGER, PO BOX 187, ATCHISON, KS 66002	MEMBER, 1	0	0
CHARLES BIGLER, 1905 HOYT DR, CHILLICOTHE, MO 64601	MEMBER, 1	0	0
GARY BLACK, 1818 E 9TH, TRENTON, MO 64683	MEMBER, 1	0	0
JIM BOCELL, 702 N 25TH ST, APT 1, ST JOSEPH, MO 64506	MEMBER, 1	0	0
AL BOYER, 3100 S 169 HWY, ST JOSEPH, MO 64503	MEMBER, 1	0	0
DON CARRICK, 19841 FOXRIDGE, ST JOSEPH, MO 64505	MEMBER, 1	0	0
THOMAS CHAPMAN, PO BOX 228, CHILLICOTHE, MO 64601	MEMBER, 1	0	0
GREG CLEVENGER, 164 S MAIN, PARKVILLE, MO 64152	MEMBER, 1	0	0

Name of the organization: BSA TRUST - PONY EXPRESS COUNCIL

Employer identification number: 44-6012744

FORM 990/Z PART IV CONT

ROD COUTS, 114 E THIRD, MARYVILLE, MO 64468	MEMBER, 1	0	0
STEVEN DAVIES 1120 1ST AVE. E., HORTON KS 66439	MEMBER, 1	0	0
ROGER DENTON, 929 RIVERVIEW DR, ATCHISON, KS 66002	MEMBER, 1	0	0
GREGG DIERINGER 27960 S SCOUT RIDGE DR, MARYVILLE, MO 64461	MEMBER, 1	0	0
JON DOOLITTLE, 705 N COLLEGE, ALBANY, MO 64402	MEMBER, 1	0	0
MIKE EISENHAUER, 2750 SW AUDOBON RD, PLATTSBURG, MO 64477	MEMBER, 1	0	0
MATT GERSTNER, PO BOX 909, ST JOSEPH, MO 64502	MEMBER, 1	0	0
TODD GRAVES, 1100 MAIN ST, STE 2700, KANSAS CITY, MO 64105	MEMBER, 1	0	0
MARK HAMPTON, 4TH & JULES, ST JOSEPH, MO 64501	MEMBER, 1	0	0
GARY HIGHFILL, 1316 DEKALB DR, CAMERON, MO 64429	MEMBER, 1	0	0
TERRY HIRSCH, 108 N 1ST, HIAWATHA, KS 66434	MEMBER, 1	0	0
TIM HODGES, 800 N RIVERSIDE, STE 300, ST JOSEPH, MO 64506	MEMBER, 1	0	0
SCOTT HODGIN, PO BOX 909, ST JOSEPH, MO 64502	MEMBER, 1	0	0
JIM HOWER, JR, 2101 N 35TH TERR, ST JOSEPH, MO 64506	MEMBER, 1	0	0
HAROLD KERNS, 701 JAMES MCCARTHY DR, ST JOSEPH, MO 64507	MEMBER, 1	0	0
ARNOLD KREEK, 114 W 3RD ST, MARYVILLE, MO 64468	MEMBER, 1	0	0
BRAD LAGER, PO BOX 316, SAVANNAH, MO 64485	MEMBER, 1	0	0
DAVID LEWIS, JR, PO BOX 7315, ST JOSEPH, MO 64507	MEMBER, 1	0	0
CHAD MCCOY, PO BOX 1167, CHILLICOTHE, MO 64601	MEMBER, 1	0	0
BILL MCMURRAY, 2810 JOSLIN LANE, ST JOSEPH, MO 64506	MEMBER, 1	0	0
LARRY MEANS, 44 S CARRIAGE DR, ST JOSEPH, MO 64506	MEMBER, 1	0	0
STEVE MILLER, 3131 E 1ST ST, MARYVILLE, MO 64468	MEMBER, 1	0	0
DAVID MOLINA, 616 PARK AVE, CHILLICOTHE, MO 64601	MEMBER, 1	0	0
BOB MOORE, 5325 FARAON, ST JOSEPH, MO 64506	MEMBER, 1	0	0
BILL MURPHY, 514 UTAH, ATCHISON, KS 66002	MEMBER, 1	0	0
MIKE NELLESTEIN, 802 N RIVERSIDE RD, ST JOSEPH, MO 64507	MEMBER, 1	0	0

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

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BSA TRUST - PONY EXPRESS COUNCIL

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KEN PADEN 5522 ROCK SPRINGS RD, ST JOSEPH MO 64505	MEMBER, 1	0	0
JAYSON PERSON, 501 FARAON ST, ST JOSEPH, MO 64501	MEMBER, 1	0	0
BEVERLY PITTS, 17351 SE STATE ROUTE E, GOWER, MO 64454	MEMBER, 1	0	0
DAVID POWELL, 6477 SW GRIDLEY RD, STEWARTSVILLE, MO 64490	MEMBER, 1	0	0
JOSEPH POWERS, 519 N 10TH, ST JOSEPH, MO 64501	MEMBER, 1	0	0
ALLEN REAVIS, 115 N 5TH, ATCHISON, KS 66002	MEMBER, 1	0	0
BRAD SCOTT, 328 FELIX, ST JOSEPH, MO 64501	MEMBER, 1	0	0
JASON SOPER, 106 S 7TH ST, STE 301, ST JOSEPH, MO 64501	MEMBER, 1	0	0
TODD STILLINGS, 215 N 5TH ST, ATCHISON, KS 66002	MEMBER, 1	0	0
LARRY STOBBS, 3301 LANTERN LANE, ST JOSEPH, MO 64506	MEMBER, 1	0	0
ROGER THOM, 4622 N HOLLY CT, KANSAS CITY, MO 64116	MEMBER, 1	0	0
DAVE THOMPSON, 3509 EMERALD LANE, ST JOSEPH, MO 64506	MEMBER, 1	0	0
ED TROMPETER, 1300 MAIN, ATCHISON, KS 66002	MEMBER, 1	0	0
ANDREW TROUT, 2402 NE PARKWAY, ST JOSEPH, MO 64506	MEMBER, 1	0	0
ROB WALLING, 705 MEMORIAL DR, ST JOSEPH, MO 64503	MEMBER, 1	0	0
DARIN WARD, 2106 WOODCREST DR, CHILLICOTHE, MO 64601	MEMBER, 1	0	0
DAVID WHITMER, 1300 MAIN ST, ATCHISON, KS 66002	MEMBER, 1	0	0