

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



R Che	ack if ar	C Name of organization		D Employer i	dentification number
_	ress ch	PALMETTO COUNCIL INC		57-03144	150
— Nai	ne char	Doing Business As nge		E Telephone	numher
– Init	ial retur	Number and street (or P O box if mail is not delivered to street address)	Room/suite	•	
– Ter	mınated	420 S CHURCH STREET	Room, suite	(864) 585	-4391
– _{Am}	ended r		[G Gross receip	ts \$ 2,062,271
— Apr	olication	SPARTANBURG, SC 29306			
		F Name and address of principal officer	H/a)		ates 7 Yes V No
		ROB GREEN	n(a) Isthisag	roup return for affili	ates/ Yes No
		420 S CHURCH STREET SPARTANBURG, SC 29306	H(b) Are all a	ffiliates included	Yes No
					(see instructions)
r Ta	x-exem	npt status	H(c) Group	exemption ni	umber ►
ı w	ebsit e	HTTP //WWW PALMETTOCOUNCIL ORG			
		ganization 🔽 Corporation 🧵 Trust 🦳 Association 🦳 Other 🕨	L Year of form	nation 1916	M State of legal domicile So
Pa	rt I	Summary			
Activities & Governance	2 (3 N 4 N 5 T	SPARTANBURG, YORK, CHESTER, LANCASTER, UNION, AND CHEROKEE COLCAMPING FACILITIES (CAMP BOB HARDIN) IN SALUDA, NORTH CAROLINA SOUTH CAROLINA IT IS DEVOTED TO PROVIDING SUPPORT THROUGH AN TRAINED ADULT VOLUNTEERS IT'S CHARTER IS RENEWED ANNUALLY BY IS INSTILL CHARACTER IN YOUNG MEN AND WOMEN THEY WILL LEARN TO DERECEIVING TRAINING IN TEAM WORK, SURVIVAL AND CAREER READINESSELF-RELIANCE, AND BE PREPARED TO MAKE ETHICAL CHOICES OVER THE POTENTIAL USING THE METH Check this box If the organization discontinued its operations or disposed of its Number of voting members of the governing body (Part VI, line 1a)	AND (CONL REFFICIENT TS NATION O THINGS FO S AND LEARI EIR LIFETIME	EY CLARKE) STAFF AND AL AFFILIAT OR THEMSEI NING PATRI IE AND ACH	NEAR GAFFNEY, MANY WELL E ITS GOAL IS TO LVES AND OTHERS, OTISM, COURAGE, IEVE THEIR FULL
	ь	Net unrelated business taxable income from Form 990-T, line 34		7b	
			Prior	Year	Current Year
Q)	8	Contributions and grants (Part VIII, line 1h)		755,870	733,390
Revenue	9	Program service revenue (Part VIII, line 2g)		311,399	543,995
\$ #	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		441	19,373
_	11 12	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line		285,232	356,509
	12	12)		1,352,942	1,653,267
	13	Grants and similar amounts paid (Part IX, column (A), lines $1-3$)		20,382	34,783
	14	Benefits paid to or for members (Part IX, column (A), line 4)			(
8	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines $5-10$)		816,612	792,516
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)			(
ਡੋ	ь	Total fundraising expenses (Part IX, column (D), line 25) ▶ 162,231			
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		654,951	866,462
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		1,491,945	1,693,76
. 07	19	Revenue less expenses Subtract line 18 from line 12		-139,003	-40,494
9 9 9 9 9 9 9 9			Beginning (Ye		End of Year

Part II Signature Block

21

22

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

	*****			2011-05-11	
Sign Here	Signature of officer		ı	Date	
	ROB GREEN SCOUT EXECUTIVE Type or print name and title				
	Print/Type preparer's name GARY J JOHNSON CPA	Preparer's signature GARY J JOHNSON CPA	Date 2011-05-11	Check if self- employed	PTIN
Paid Preparer	Firm's name NORMAN JOHNSON & CO PA	Firm's EIN			
Use Only	Firm's address • 191 N DANIEL MORGAN AV	Phone no • (864) 573- 8623			
	SPARTANBURG, SC 29306				0023

Total assets (Part X, line 16)

Total liabilities (Part X, line 26)

Net assets or fund balances Subtract line 21 from line 20 .

3,256,396

3,078,235

178,161

3,287,419

3,111,911

175,508

orm	1990 (20	.0)			Page 2
Par		tatement of Program Service A neck if Schedule O contains a response			F
COU 7-21 AN HAR PRO REN WILI REA	PALMET NCIL IS A THE PA CASTER, DIN) IN S VIDING S EWED AN LEARN T DINESS A	escribe the organization's mission O COUNCIL, INC , BOY SCOUTS OF A NOT-FOR- PROFIT ORGANIZATION METTO COUNCIL IS DEDICATED TO JNION, AND CHEROKEE COUNTIES O ALUDA, NORTH CAROLINA AND (CO UPPORT THROUGH AN EFFICIENT ST NUALLY BY ITS NATIONAL AFFILIAT O DO THINGS FOR THEMSELVES AN ND LEARNING PATRIOTISM, COURA	PROVIDING SERVICE TO BOYS DEVELOPING VALUES AND LIF DESOUTH CAROLINA IT MAINT NLEY CLARKE) NEAR GAFFNEY, S TAFF AND MANY WELL TRAINED E ITS GOAL IS TO INSTILL CHA D OTHERS, RECEIVING TRAININ GE, SELF-RELIANCE, AND BE PR	, GIRLS, YOUNG MEN AND YOU E SKILLS IN SPARTANBURG, YO AINS CAMPING FACILITIES (C OUTH CAROLINA IT IS DEVO ADULT VOLUNTEERS IT'S CHA RACTER IN YOUNG MEN AND V G IN TEAM WORK, SURVIVAL A	NG WOMEN AGES ORK, CHESTER, AMP BOB TED TO ARTER IS VOMEN THEY AND CAREER
2	the prior	rganization undertake any significant pr Form 990 or 990-EZ?		ch were not listed on	√ No
3	services	rganization cease conducting, or make some some some some some some some som	significant changes in how it condu	cts, any program Yes	✓ No
4	Section	the exempt purpose achievements for 6501(c)(3) and 501(c)(4) organizations and revenues, the total expenses, and rev	ind section 4947(a)(1) trusts are r	equired to report the amount of g	
4a	COUNTIE Young V) (Expenses \$ IG SUPPORT AND SERVICE TO ADULT LEADERS A S SERVING OVER 6,900 SCOUT MEMBERS AND 2 /OMAN DEVELOP LIFELONG SKILLS AND VALUES, HIP, DUTY TO GOD AND MENTAL AND PHYSICAL	,300 VOLUNTEER LEADERS, THE COUNCIL EMPHASIZING SUCH TRAITS AS RESPECT,C	IS DEEPLY COMMITTED TO HELPING EVE	RY YOUNG MAN AND
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$)
4c	(Code) (Expenses \$	including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O)

(Expenses \$ including grants of \$

4e Total program service expenses▶\$

1,466,987

) (Revenue \$

Part TV	Checklist	of Re	auired	Sche	dules
4.11.	CIICCNIISE	01110	uun cu	30110	uuics

			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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? 🕏	2	Yes	
3	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	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
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		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
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	Yes	
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasiendowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	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.	11b		No
c	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.	11c		No
d	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.	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		No
13	Is the organization a school described in section $170(b)(1)(A)(II)$? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If</i> " <i>Yes,"</i> complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Parts II and IV	15		No
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 U S ? If "Yes," complete Schedule F, Parts III and IV .	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
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		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

1 01111	990 (2010)			Page •
Par	t IV Checklist of Required Schedules (continued)			
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		No
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	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 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		No
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-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	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		No
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		No
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		No
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		No
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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
	IV	28a		No
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If</i> "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νo
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
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		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If</i> "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		No
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Yes Vo			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
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		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Form 990 (2010)
Part V	Statements Regarding Other IRS Filings and Tax Compliance

GI I	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable			
	Ta 4			
)	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
	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			
	return			
		2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
	If "Yes," has it filed a Form 990-T for this year? <i>If "No," provide an explanation in Schedule O</i>	3b		
	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		No
	If "Yes," enter the name of the foreign country 🕨			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		N o
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			N C
		5b		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		No
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
	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		N (
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			
	file Form 8282?	7c		N (
	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			
	contract?	7e		No
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a			
	Form 1098-C?	7h		
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess			
	business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
	year Section F01(c)(30) qualified popprefit health incurance issuers			
	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?			
	Note. See the instructions for additional information the organization must report on Schedule O	13a		
ı	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Vac " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schodule O	1 4 4 5		

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

Se	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax			
LG		1		
b	Enter the number of voting members included in line 1a, above, who are independent	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		No
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		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	e 7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? .	. 7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	. 8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
<u> </u>	organization's mailing address? If "Yes," provide the names and addresses in Schedule O ection B. Policies (This Section B requests information about policies not required by the Internal	9		Νο
	evenue Code.)			
	•		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a	Yes	
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	Yes	
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form			
		11a		No
	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give ris to conflicts?	e 12b		No
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	Yes	
13	Does the organization have a written whistleblower policy?	. 13	Yes	
14	Does the organization have a written document retention and destruction policy?	. 14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	,		
	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b		Νo
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with taxable entity during the year?	a 16a		Νο
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ection C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed▶SC			
18	Section 6104 requires an organization to make its Form 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 V 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 See Additional Data Table
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization SHERRY FORTENBERRY 420 S CHURCH ST SPARTANBURG, SC 29306 (864) 585-4391

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees, if any 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

Check this box if neither the organization no<u>r any related organization compensated any current officer, director, or trustee</u>

(A) Name and Title	(B) Average hours	that apply)						(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other
	per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
(1) ALEX EVINS BOARD MEMBER	2 00	х						0	0	0
(2) ARTHUR GASTON BOARD MEMBER	2 00	х						0	0	0
(3) AT ALLEN BOARD MEMBER	2 00	х						0	0	0
(4) BEAU SHULER BOARD MEMBER	2 00	х						0	0	0
(5) BOB HOLMES BOARD MEMBER	2 00	х						0	0	0
(6) BOB ORMSETH BOARD MEMBER	2 00	х						0	0	0
(7) BRUCE SCHWARTZ TREASURER	2 00	х		х				0	0	0
(8) WILLIAM LITTLEJOHN BOARD MEMBER	2 00	х						0	0	0
(9) CHAD MCGOWEN BOARD MEMBER	2 00	х						0	0	0
(10) DAN D'AGOSTINO BOARD MEMBER	2 00	х						0	0	0
(11) DAN O'NEAL BOARD MEMBER	2 00	х						0	0	0
(12) DARWIN SIMPSON PRESIDENT	2 00	х		Х				0	0	0
(13) DAVID PLEXICO MEMBERSHIP	2 00	х						0	0	0
(14) DEAN TOBIAS BOARD MEMBER	2 00	х						0	0	0
(15) DR RUSSELL BOOKER BOARD MEMBER	2 00	х						0	0	0
(16) DOUG MARION MD BOARD MEMBER	2 00	Х						0	0	0

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

(A) Name and Title Average hours per			() tion (hat a	(che	')			(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation		
			organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations							
(17) DR KIRK NEELY BOARD MEMBER	2 00	х						0	0	0		
(18) DR LYNN P MOODY BOARD MEMBER	2 00	х						0	0	0		
(19) DR VERNON PROSSER BOARD MEMBER	2 00	х						0	0	0		
(20) GARRETT SCOTT BOARD MEMBER	2 00	х						0	0	0		
(21) GARY WILLIAMS NAT'L REP	2 00	х		х				0	0	0		
(22) GEORDY JOHNSON BOARD MEMBER	2 00	х						0	0	0		
(23) HENRY NEWTON MCMILLAN BOARD MEMBER	2 00	x						0	0	0		
(24) HULIC RATTERREE	2 00	x						0	0	0		
BOARD MEMBER (25) JEFF NELMES	2 00	x						0	0	0		
BOARD MEMBER (26) JIM STONE	2 00	×						0	0	0		
BOARD MEMBER (27) JIM GRIER	2 00							0	0	0		
BOARD MEMBER (28) JIM VINING		X		<u> </u>					_			
VP FINANCE (29) JIMMY HUTTO	2 00	Х		X				0	0	0		
BOARD MEMBER (30) JOHN CHAPMAN	2 00	X						0	0	0		
BOARD MEMBER (31) DAVID MCDONALD	2 00	Х						0	0	0		
BOÁRD MEMBER	2 00	Х						0	0	0		
(32) JUDGE MARK HAYES BOARD MEMBER	2 00	Х						0	0	0		
(33) MAJOR K SCOTT KATROSH BOARD MEMBER	2 00	х						0	0	0		
(34) MANNING KIMMEL BOARD MEMBER	2 00	х						0	0	0		
(35) REV CHARLES JACKSON BOARD MEMBER	2 00	х						0	0	0		
(36) MIKE KOHLER BOARD MEMBER	2 00	х						0	0	0		
(37) MITCH KENNEDY BOARD MEMBER	2 00	х						0	0	0		
(38) NANCY CORNWELL DAVES BOARD MEMBER	2 00	х						0	0	0		
(39) RAY PETERSON BOARD MEMBER	2 00	х						0	0	0		
(40) REV LEWIS MILLS BOARD MEMBER	2 00	х						0	0	0		
(41) RICHARD STRASBURGER BOARD MEMBER	2 00	х		Х				0	0	0		
(42) REV JACKIE O'NEAL BOARD MEMBER	2 00	х						0	0	0		
(43) ROBERT E JUSTICE	2 00	x						0	0	0		
BOARD MEMBER (44) RUFUS FOSTER	2 00	x						0	0	0		
BOARD MEMBER (45) STEVE QUATANNENS	2 00	x						0	0	0		
BOARD MEMBER (46) SCOTT HUBBARD	2 00	×		X				0	0			
VP MEMBERSHI (47) STEVE JOHNSON	2 00	×		<u> </u> ^					0			
BOARD MEMBER (48) WES HAYES								0		0		
INCOMING PRE (49) STEWART JOHNSON JR	2 00	X						0	0	0		
BOARD MEMBER (50) TIM HALLMAN	2 00	X						0	0	0		
BOARD MEMBER (51) TED MATTHEWS	2 00	X						0	0	0		
BOÁRD MEMBER	2 00	Х						0	0	0		
(52) WALTER OATES BOARD MEMBER	2 00	Х						0	0	0		
(53) WAYNE BOULDIN VP PROGRAM	2 00	Х		Х				0	0	0		
(54) WAYNE HALL BOARD MEMBER	2 00	х						0	0	0		
(55) WILLIAM M SMITH VP ADMIN	2 00	х		х				0	0	0		
(56) WILLIAM COBB BOARD MEMBER	2 00	х						0	0	0		
(57) ALEX FREEMAN BOARD MEMBER	2 00	х						0	0	0		
(58) BUDDY MOTZ BOARD MEMBER	2 00	х						0	0	0		
(59) BOB STONER BOARD MEMBER	2 00	х						0	0	0		
(60) GLEN STONER COUNCIL COMM	2 00	х						0	0	0		
(61) STEVEN WILSON BOARD MEMBER	2 00	х						0	0	0		
(62) ROB GREEN	40 00			Х				110,713	0	16,588		
1b Sub-Total			•		<u>. </u>		>	, ==		,		
c Total from continuation sheets t	o Part VII, Sect	ion A .			•	F						
d Total (add lines 1b and 1c)							•	110,713		16,588		
Total number of individuals (inclu \$100,000 in reportable compens					ed al	pove)	who	received more tha	П			

			Yes	No	
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee				
	on line 1a? If "Yes," complete Schedule J for such individual	3		No	
1	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such				
	ındıvıdual	4		No	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule I for such person	_		No	

Se	ction	ı B.	Ind	epe	ndent	Con	tractor	s
	<u> </u>		A 1	4 - 1-1 -	6	c	la cala a a k	

•	Complete this table for your live highest compensated independent contractors that received more than
	\$100,000 of compensation from the organization

\$100,000	٠.	compensation in	0111 0110	organization
				(A)

(A) Name and business address	(B) Description of services	(C) Compensation			
 2. Total number of independent contractors (including but not limited to those listed above) who received more than					

Form 9							Р	age 9
Part \	<u>V111</u>	Statement of Revenu	ie		(A) Total revenue	(B) Related or exempt	(C) Unrelated business revenue	(D) Revenue
						function		from tax under sections
								512, 513, or 514
Contributions, gifts, grants and other similar amounts		Federated campaigns	1a	98,750				
E G		Membership dues						
ज़ हें ≝ <u>च</u>		Fundraising events						
% E		Related organizations						
<u>Ş</u> .≅		Government grants (contributions)	1e					ļ
후	f	All other contributions, gifts, grants, similar amounts not included above	, and 1f e	634,640				
Top	g	Noncash contributions included in li	nes 1a-1f \$	8,400				
္မ	h	Total. Add lines 1a-1f			733,390			
				Business Code				
wen	l _	ACTIVITY REVENUES		900099	363,546			
<u>윤</u>	b	CAMPING REVENUES		900099	180,449	180,449		
Program Serwce Revenue	d							
Š	e							
Ē	f	All other program service rev	 venue					
ြို့		-	_					
	д 3	Total. Add lines 2a-2f			543,995			
		Investment income (includin and other similar amounts)			13,201			13,201
	4	Income from investment of tax-ex-						
	5	Royalties						
			(ı) Real	(II) Personal				
		Gross Rents	22,275					
		Less rental expenses						
	С	Rental income or (loss)	22,275					
	d	Net rental income or (loss)			22,275			22,275
	_	Cross amount	(ı) Securities 6,172	(II) O ther				
	/a	Gross amount from sales of	6,172					
		assets other than inventory						
	ь	Less cost or other basis and						
	_	sales expenses Gain or (loss)	6,172					
		Net gain or (loss)	· · · · · · · · · · · · · · · · · · ·		6,172			6,172
ë		Gross income from fundraisii (not including						
Other Revenue		\$						
æ		of contributions reported on See Part IV, line 18						
Ē		Section 17, me 10 1	a	732,207				
₹	ь	Less direct expenses	. ь	409,004				
	С	Net income or (loss) from fur	ndraising events 🛌		323,203			
			ctivities See Part IV, line 19 . a					
		Less direct expenses Net income or (loss) from ga		ь				
		Gross sales of inventory, les						
		returns and allowances .	-					
			а					
		Less cost of goods sold .						
		Net income or (loss) from sa Miscellaneous Revenue	ies of inventory F	Business Code				
	11-	Miscellaneous Revenue OTHER		900099	11,031			11,031
	112			300033	11,031			12,000
		d All other revenue						
		Total. Add lines 11a-11d.						
			•		11,031			
	12	Total revenue. See Instruction	ons		1 650 267	5/13 005		52 670

	990 (2010)				Page 10
Par	IX Statement of Functional Expenses				
	Section $501(c)(3)$ and $501(c)(4)$ organizations mus ll other organizations must complete column (A) but are not required to c	-		(D)	
Do no	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21		Схрепаса	general expenses	Скрспэсэ
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	34,783	34,783	-	
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	34,763	34,703		
4	Benefits paid to or for members			1	
5	Compensation of current officers, directors, trustees, and key employees	110,713	97,728	5,993	6,992
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	518,757	457,911	28,083	32,763
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	32,779	28,518	1,967	2,294
9	Other employee benefits	75,280	65,493	4,517	5,270
10	Payroll taxes	54,987	48,320	3,077	3,590
а	Fees for services (non-employees) Management				
b	Legal				
c	Accounting	12,170	11,227	435	508
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees	6,852		6,852	
g	Other	8,250	7,611	295	344
12	Advertising and promotion	8,395	3,563	130	4,702
13	Office expenses	54,967	42,974	372	11,621
14	Information technology				<u> </u>
15	Royalties				
16	Occupancy	189,802	183,182	1,492	5,128
17	Travel	87,152	79,376	 	4,213
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	,	,	,	,
19	Conferences, conventions, and meetings	16,874	13,458	920	2,496
20	Interest	1,134	987	68	79
21	Payments to affiliates	20,519	20,519		
22	Depreciation, depletion, and amortization	68,130	64,627	1,617	1,886
23	Insurance	24,660	23,035	750	875
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
а	SUPPLIES	226,863	198,201	949	27,713
b	RECOGNITION AWARDS	55,638	24,818	350	30,470
c	OTHER EXPENSES	32,578	13,828	505	18,245
d	RENT & MAINT OF EQUIPMENT	28,386	25,719	1,231	1,436
е	TELEPHONE	24,092	21,109	1,377	1,606
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	1,693,761	1,466,987	64,543	162,231
26	Joint costs. Check here ► ☐ If following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Pa	rt X	Balance Sheet					- 1 dgc 11
					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			203,541	1	201,698
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			95,743	3	105,392
	4	Accounts receivable, net	•		12,715	4	19,451
	5	Receivables from current and former officers, directors, trustees	amployees and	12,115	_		
		highest compensated employees Complete Part II of	, ксу (imployees, and			
		Schedule L				5	
	6	Receivables from other disqualified persons (as defined under sepersons described in section $4958(c)(3)(B)$, and contributing ensponsoring organizations of section $501(c)(9)$ voluntary employed organizations (see instructions)	rs, and				
÷		Schedule L				6	
Assets	7	Notes and loans receivable, net \ldots \ldots \ldots \ldots \ldots \ldots			7		
₹	8	Inventories for sale or use			3,690	8	7,693
	9	Prepaid expenses and deferred charges		80,887	9	47,273	
	10a	Land, buildings, and equipment cost or other basis <i>Complete Part VI of Schedule D</i>	10a	3,408,258			
	b	Less accumulated depreciation	10b	1,406,291	2,028,643	10c	2,001,967
	11	Investments—publicly traded securities				11	
	12	Investments—other securities See Part IV, line 11				12	
	13	Investments—program-related See Part IV, line 11				13	_
	14	Intangible assets				14	_
	15	Other assets See Part IV, line 11		•	831,177	15	903,945
	16	Total assets. Add lines 1 through 15 (must equal line 34)			3,256,396	16	3,287,419
	17	Accounts payable and accrued expenses .	13,253	17	49,375		
	18	Grants payable		18			
	19	Deferred revenue	131,269	19	27,475		
	20	Tax-exempt bond liabilities		20			
68	21	Escrow or custodial account liability Complete Part IV of Schedule	eD.		33,639	21	33,658
bilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified					
Lia		persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties				23	65,000
	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			178,161	26	175,508
ې		Organizations that follow SFAS 117, check here 🕨 🔽 and comp	ete lii	nes 27			
9		through 29, and lines 33 and 34.					
Balances	27	Unrestricted net assets			2,046,622		2,061,885
ä	28	Temporarily restricted net assets			257,965	\vdash	273,378
Fund	29	Permanently restricted net assets			773,648	29	776,648
교		Organizations that do not follow SFAS 117, check here ▶ ☐ and	d com	olete			
ō		lines 30 through 34.				_	
SES.	30	Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other fu	nds		0.070.55	32	0.444.500
Net	33	Total net assets or fund balances			3,078,235		3,111,911
	34	Total liabilities and net assets/fund balances			3,256,396	34	3,287,419

Ра	Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1,6	553,26
2	Total expenses (must equal Part IX, column (A), line 25)	2			593,76
3	Revenue less expenses Subtract line 2 from line 1	3			-40,49
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		3,0	78,23
5	Other changes in net assets or fund balances (explain in Schedule O)	5			74,17
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		3,1	11,91
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII	•		୮	
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
b	Were the organization's financial statements audited by an independent accountant?	[2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	ne •	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is on a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separated basis	sued			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3a		Νο
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the reaudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	quired	3b		

Employer identification number

SCHEDULE A Public

(Form 990 or 990EZ)

Name of the organization

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

ZU IU

Open to Public Inspection

ALMETTO CO DY SCOUTS	OUNCIL INC OF AMERICA 549				57-0314450						
Part I	Reason for Pu	blic Charity Stat	tus (All organizations	must complete this pa		ctions					
he organi	zation is not a privat	te foundation becaus	e it is (For lines 1 throu	gh 11, check only one bo	x)						
1	A church, conventi	ion of churches, or as	ssociation of churches de	escribed in section 170(b))(1)(A)(i).						
2	A school described	d in section 170(b)(1	.)(A)(ii). (A ttach Schedu	le E)							
з Г	A hospital or a coo	perative hospital sei	rvice organization descri	bed in section 170(b)(1)(A)(iii).						
4	A medical research hospital's name, ci	-	ed in conjunction with a	hospital described in sect	ion 170(b)(1)(A)	(iii). Ent	er the				
5	An organization op	erated for the benefit	t of a college or universit	y owned or operated by a	governmental uni	t describ	ed ın				
	section 170(b)(1)((A)(iv). (Complete P	art II)								
6	A federal, state, or	· local government or	governmental unit desci	ribed 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) (Com	plete Part II)							
9	An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross										
	receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of										
	ıts support from gr	oss investment incoi	me and unrelated busines	ss taxable income (less s	ection 511 tax) fr	om busır	nesses				
	acquired by the org	ganızatıon after June	30, 1975 See section 5	09(a)(2). (Complete Part	III)						
LO $ egthappa$	An organization or	ganızed and operated	l exclusively to test for p	ublic safety See section!	509(a)(4).						
ı ı	one or more public	ly supported organiza	ations described in secti orting organization and c	fit of, to perform the function 509(a)(1) or section 5 omplete lines 11e throug - Functionally integrated	09(a)(2) See sec h 11h	-	(a)(3).	Check			
е Г		ion managers and oth		olled directly or indirectly licly supported organizati							
f g	If the organization check this box Since August 17, 2	received a written de 2006, has the organi		S that it is a Type I, Type or contribution from any c		pporting	organız	ration,			
	following persons?		ontrols author along or to	ogether with persons desc	sribad in (ii)		Yes	No			
			e the supported organiza		. Tibed III (II)	11g(i)		140			
		er of a person describ	· · · · · · · · · · · · · · · · · · ·	tion.		11g(ii)		\vdash			
		•	n described in (i) or (ii) a	hove?		11g(ii)		\vdash			
h	• •		the supported organizati			119(111)	<u>′ </u>	<u> </u>			
		(iii)	(iv)	(v)	(vi)						

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is th organizat col (i) lis your gove docume	e lon in ted in erning	organizat col (i) of	(v) (vi) Is the organization in col (i) of your support? (vi) Is the organization in col (i) organized in the U S ?		e Ion In anized	(vii) A mount of support	
		instructions))	Yes	No	Yes	No	Yes	No		
Total										

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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

_	under Part III. If the	e organization ra	ilis to qualify u	nder the tests i	istea below, pie	ase co	mpiete i	art III.)
	ection A. Public Support		1					
Cale	endar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2	010	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual	755,426	930,459	874,284	755,870		733,390	4,049,429
2	grants ") 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	755,426	930,459	874,284	755,870		733,390	4,049,429
5	The portion of total contributions by	у						
	each person (other than a							
	governmental unit or publicly							
	supported organization) included or line 1 that exceeds 2% of the	י						
	amount shown on line 11, column							
	(f)							
6	Public Support. Subtract line 5 from line 4	1						4,049,429
	ection B. Total Support							
Cale	endar year (or fiscal year beginning in) 🟲	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2	010	(f) Total
7	A mounts from line 4	755,426	930,459	874,284	755,870		733,390	4,049,429
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties	48,056	64,672	32,950	24,953		35,476	206,107
	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	26,567	51,025	17,814	4,697		11,031	111,134
	IV)							
11	Total support (Add lines 7 through 10)							4,366,670
12	Gross receipts from related activiti	es, etc (See instri	uctions)			12		4,496,443
13	First Five Years If the Form 990 is check this box and stop here	for the organizatio	n's first, second,	thırd, fourth, or fı	fth tax year as a s	501(c)(3) organız	ation, ▶
S	ection C. Computation of Pul	olic Support Pe	ercentage					
14	Public Support Percentage for 2010	0 (line 6 column (f) dıvıded by lıne	11 column (f))		14		92 730 %
15	Public Support Percentage for 2009	9 Schedule A, Part	: II, lıne 14			15		93 690 %
16a	33 1/3% support test—2010. If the				ine 14 is 33 1/3%	or more	e, check t	
h	and stop here. The organization qua 33 1/3% support test—2009. If the				a and line 15 is 3	23 1/20%	or more	►.F
	box and stop here. The organization				a, and fine 15 is 5	1,570	or more,	F.
17a	10%-facts-and-circumstances test				e 13, 16a, or 16b	and line	e 14	•
	is 10% or more, and if the organiza			,		-	•	
	in Part IV how the organization mee	ets the "facts and o	circumstances"	test The organiza	ation qualifies as a	a publici	y support	- -
h	organization 10%-facts-and-circumstances test	 2009. If the organ	nization did not c	heck a box on lin	e 13, 16a 16b o	r 17a ar	nd line	►
_	15 is 10% or more, and if the organ	_						
	Explain in Part IV how the organiza							. —
	supported organization	المصاحبة المساهرات المساهر	. hav an l 12	16- 16- 17-	. 17			► □
18	Private Foundation If the organizat instructions	ion did not check a	טט אטט ווne בטט ג.	10a, 10D, 1/a or	1/υ, cneck this t	ox and	see	▶ □

Schedule A (Form 990 or 990-EZ) 2010 Page 3 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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total ın) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 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 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified **b** A mounts 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 Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning **(e)** 2010 (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (f) Total ın) 9 Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b c Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include 12 gain or loss from the sale of capital assets (Explain in Part Total support (Add lines 9, 10c, 11 and 12) 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 2010 (line 8 column (f) divided by line 13 column (f))	15	
16	Public support percentage from 2009 Schedule A, Part III, line 15		
S	ection D. Computation of Investment Income Percentage		
17	Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))	17	
18	Investment income percentage from 2009 Schedule A , Part III, line 17	18	

19a 33 1/3% support tests—2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

33 1/3% support tests—2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Schedule A (Fo	orm 990 or 990-EZ) 2010	Pag
Part IV	Supplemental Information. Supplemental Information. Complete this required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. additional information. (See instructions).	•

Facts And	Circumstances	Test

Schedule A (Form 990 or 990-EZ) 2010

Software ID: Software Version:

EIN: 57-0314450

Name: PALMETTO COUNCIL INC

BOY SCOUTS OF AMERICA 549

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and Independent Contractors											
(A) Name and Title	(B) Average hours per	(C) Position (check that apply))			(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation	
	week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations	
ALEX EVINS BOARD MEMBER	2 00	×						0	0	0	
ARTHUR GASTON	2 00	х						0	0	0	
BOARD MEMBER AT ALLEN											
BOARD MEMBER	2 00	Х						0	0	0	
BEAU SHULER BOARD MEMBER	2 00	×						0	0	0	
BOB HOLMES	3.00							0	0	0	
BOARD MEMBER	2 00	X						0	0		
BOB ORMSETH BOARD MEMBER	2 00	×						0	0	0	
BRUCE SCHWARTZ	2 00	х		х				0	0	0	
TREASURER WILLIAM LITTLEJOHN											
BOARD MEMBER	2 00	Х						0	0	0	
CHAD MCGOWEN BOARD MEMBER	2 00	×						0	0	0	
DAN D'AGOSTINO	2 00	x						0	0	0	
BOARD MEMBER DAN O'NEAL	200							9	0		
BOARD MEMBER	2 00	Х						0	0	0	
DARWIN SIMPSON PRESIDENT	2 00	Х		х				0	0	0	
DAVID PLEXICO MEMBERSHIP	2 00	Х						0	0	0	
DEAN TOBIAS BOARD MEMBER	2 00	×						0	0	0	
DR RUSSELL BOOKER BOARD MEMBER	2 00	х						0	0	0	
DOUG MARION MD BOARD MEMBER	2 00	Х						0	0	0	
DR KIRK NEELY BOARD MEMBER	2 00	×						0	0	0	
DR LYNN P MOODY BOARD MEMBER	2 00	×						0	0	0	
DR VERNON PROSSER BOARD MEMBER	2 00	Х						0	0	0	
GARRETT SCOTT BOARD MEMBER	2 00	Х						0	0	0	
GARY WILLIAMS NAT'L REP	2 00	Х		х				0	0	0	
GEORDY JOHNSON BOARD MEMBER	2 00	Х						0	0	0	
HENRY NEWTON MCMILLAN BOARD MEMBER	2 00	х						0	0	0	
HULIC RATTERREE BOARD MEMBER	2 00	Х						0	0	0	
JEFF NELMES BOARD MEMBER	2 00	Х						0	0	0	

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and Independent Contractors												
(A) Name and Title	(B) Average hours per		(C tion (hat a	che)			(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation		
	week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations		
JIM STONE BOARD MEMBER	2 00	Х						o	0	0		
JIM GRIER BOARD MEMBER	2 00	Х						0	0	0		
JIM VINING	2 00	X		Х				0	0	0		
VP FINANCE JIMMY HUTTO												
BOARD MEMBER	2 00	Х						0	0	0		
JOHN CHAPMAN BOARD MEMBER	2 00	Х						0	0	0		
DAVID MCDONALD BOARD MEMBER	2 00	Х						o	0	0		
JUDGE MARK HAYES BOARD MEMBER	2 00	Х						0	0	0		
MAJOR K SCOTT KATROSH BOARD MEMBER	2 00	Х						0	0	0		
MANNING KIMMEL BOARD MEMBER	2 00	Х						0	0	0		
REV CHARLES JACKSON BOARD MEMBER	2 00	Х						0	0	0		
MIKE KOHLER BOARD MEMBER	2 00	Х						0	0	0		
MITCH KENNEDY BOARD MEMBER	2 00	Х						0	0	0		
NANCY CORNWELL DAVES BOARD MEMBER	2 00	Х						0	0	0		
RAY PETERSON BOARD MEMBER	2 00	Х						0	0	0		
REV LEWIS MILLS BOARD MEMBER	2 00	Х						0	0	0		
RICHARD STRASBURGER BOARD MEMBER	2 00	Х		х				0	0	0		
REV JACKIE O'NEAL BOARD MEMBER	2 00	Х						0	0	0		
ROBERT E JUSTICE BOARD MEMBER	2 00	Х						0	0	0		
RUFUS FOSTER BOARD MEMBER	2 00	Х						0	0	0		
STEVE QUATANNENS BOARD MEMBER	2 00	Х						0	0	0		
SCOTT HUBBARD VP MEMBERSHI	2 00	Х		Х				0	0	0		
STEVE JOHNSON BOARD MEMBER	2 00	Х						0	0	0		
WES HAYES INCOMING PRE	2 00	Х						0	0	0		
STEWART JOHNSON JR BOARD MEMBER	2 00	Х						0	0	0		
TIM HALLMAN BOARD MEMBER	2 00	Х						0	0	0		

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) A verage hours		(C tion (hat a	che	l		(D) Reportable compensation from the	(E) Reportable compensation	(F) Estimated amount of other compensation
	per week			from the organization (W-2/1099-MISC)	from related organizations (W- 2/1099- MISC)	from the organization and related organizations			
TED MATTHEWS BOARD MEMBER	2 00	Х					0	0	0
WALTER OATES BOARD MEMBER	2 00	×					0	0	0
WAYNE BOULDIN VP PROGRAM	2 00	Х		х			0	0	0
WAYNE HALL BOARD MEMBER	2 00	Х					0	0	0
WILLIAM M SMITH VP ADMIN	2 00	Х		х			0	0	0
WILLIAM COBB BOARD MEMBER	2 00	Х					0	0	0
ALEX FREEMAN BOARD MEMBER	2 00	Х					0	0	0
BUDDY MOTZ BOARD MEMBER	2 00	Х					0	0	0
BOB STONER BOARD MEMBER	2 00	Х					0	0	0
GLEN STONER COUNCIL COMM	2 00	Х					0	0	0
STEVEN WILSON BOARD MEMBER	2 00	Х					0	0	0
ROB GREEN CEO	40 00			х			110,713	0	16,588

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493132034991

OMB No 1545-0047

Department of the Treasury

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.

Open to Public

icina	F Attacil to Fo	of the 350. Fr See Separate Histructions.	IIISP	
	me of the organization		Employer identification nu	mber
	METTO COUNCIL INC ' SCOUTS OF AMERICA 549		57-0314450	
Pa	organizations Maintaining Donor Acorganization answered "Yes" to Form 99		-	olete if the
		(a) Donor advised funds	(b) Funds and other ac	counts
L	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 advis funds are the organization's property, subject to the o		or advised y e	es 🔽 No
6	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the bendonferring impermissible private benefit	efit of the donor or donor advisor, or for an	y other purpose	•
Pa	rt III Conservation Easements. Complete	<u>if the organization answered "Yes" to</u>	Form 990, Part IV, line	7.
2	Purpose(s) of conservation easements held by the or Preservation of land for public use (e.g., recreating Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qualiceasement on the last day of the tax year	on or pleasure) Preservation of an Preservation of a c	historically importantly land ertified historic structure of a conservation	area
	,,,,,,,,	Γ	Held at the End of	the Year
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easements		2b	
c	Number of conservation easements on a certified his	toric structure included in (a)	2c	
d	Number of conservation easements included in (c) ac	equired after 8/17/06	2d	
3 4	Number of conservation easements modified, transfe the taxable year Number of states where property subject to conserva		d by the organization during	
5	Does the organization have a written policy regarding enforcement of the conservation easements it holds?	the periodic monitoring, inspection, hand	— Iling of violations, and	es 🔽 No
5	Staff and volunteer hours devoted to monitoring, insp	ecting and enforcing conservation easem	ents during the year ►	
7	A mount of expenses incurred in monitoring, inspectir	ng, and enforcing conservation easements	during the year ► \$	
8	Does each conservation easement reported on line 2 $170(h)(4)(B)(i)$ and $170(h)(4)(B)(ii)$?	(d) above satisfy the requirements of sec	Γ Y €	es 🔽 No
9	In Part XIV, describe how the organization reports cobalance sheet, and include, if applicable, the text of the organization's accounting for conservation easem	he footnote to the organization's financial nents	statements that describes	
ar	Complete if the organization answered "		or Other Similar Assets	5.
1a	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fin	for public exhibition, education or researc	h in furtherance of public ser	
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	public exhibition, education, or research ir		•
	(i) Revenues included in Form 990, Part VIII, line 1		► \$	
	(ii) Assets included in Form 990, Part X		> \$	
2	If the organization received or held works of art, histofollowing amounts required to be reported under SFAS			
а	Revenues included in Form 990, Part VIII, line 1		► \$	

b Assets included in Form 990, Part X

Part	Organizations Maintaining Co	llections of Art	, His	torical T	reasu	ires, or Othe	r Simila	r Asse	ts (cc	ntınued)
3	Using the organization's accession and other items (check all that apply)	records, check an	y of th	e following	that ar	e a significant u	ise of its co	llection	1	
а	Public exhibition		d	┌ Loan	orexc	hange programs				
b	Scholarly research		e	┌ Othe	r					
c	Preservation for future generations									
4	Provide a description of the organization's co	llections and expla	ın how	thev furth	er the o	organization's ex	cempt purp	ose in		
-	Part XIV			,						
5	During the year, did the organization solicit o						nılar	_		—
Dov	assets to be sold to raise funds rather than t						'ac" ta Fai		Yes	✓ No
Par	Part IV, line 9, or reported an an					i alisweled i	es to roi	ווו פפ	,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?					or other assets	not	Г	Yes	√ No
b	If "Yes," explain the arrangement in Part XIV	and complete the	follow	ıng table						
								A mou	nt	
c	Beginning balance					1c				
d	Additions during the year					1d				
e	Distributions during the year					1e				
f	Ending balance					1f				
2a	Did the organization include an amount on Fo	rm 990, Part X, line	e 21?					\rightarrow	Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV									
Par	t V Endowment Funds. Complete	f the organization	n ans	wered "Ye						
		(a)Current Year	(b)	Prior Year		wo Years Back (d)Three Years	Back (e	Four Y	ears Back
1a	Beginning of year balance	831,177		685,68	_	1,075,996				
b	Contributions	3,000		9,25	-	3,500				
С	Investment earnings or losses	115,166		184,24	_	-343,757				
d	Grants or scholarships	38,546		41,85	8	42,000				
e	Other expenditures for facilities and programs									
f	Administrative expenses	6,852		6,14	0	8,055				
g	End of year balance	903,945		831,17	7	685,684				
2	Provide the estimated percentage of the yea	r end halance held a				I				
- a	Board designated or quasi-endowment	Tena barance nera t								
_										
Ь	20 020 of									
c 3a	Term endowment	cion of the organiz	ation t	hat are hel	d and a	administered for	tho			
Ja	organization by	ssion of the organiza		mac are ner	u anu c	adillilistered for	tile		Yes	No
	(i) unrelated organizations							3a(i)	Yes	
	(ii) related organizations							3a(ii)		Νo
b	If "Yes" to 3a(II), are the related organization	•						3b		No
4	Describe in Part XIV the intended uses of the									
Par	VI Investments—Land, Buildings	s, and Equipme	nt. S			,	1			
	Description of investment			(a) Cost o basis (inve		(b)Cost or other basis (other)	(c) Accumi deprecia		(d) Bo	ok value
1 a L	and		•			681,838				681,838
b E	Buildings		•			2,089,630	8	82,546		1,207,084
c L	easehold improvements					4,933		4,933		
	quipment					277,918	2	256,885		21,033
	Other			1		1	1 -			92,012
	Add lines 1a-1e (Column (d) should equal Fo	· · · · ·	•			353,939	<u> </u>	261,927		2,001,967

Part VII Investments—Other Securities. See (a) Description of security or category	(b)Book value	(c) Metho	d of valuation
(including name of security) (1)Financial derivatives		Cost or end-of	f-year market value
(2)Closely-held equity interests			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)			
Part VIII Investments—Program Related. See	e Form 990, Part X, line		
(a) Description of investment type	(b) Book value		d of valuation f-year market value
		2001010114	y dar market varae
		1	
Total. (Column (b) should equal Form 990, Part X, col (B) line 13) Part IX Other Assets. See Form 990, Part X, line			
(a) Descrip			(b) Book value
(1) REFUNDABLE ADVANCE - FOUNDATION ACCT			736,087
(2) SPLIT INTEREST AGREEMENTS			167,858
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1			903,945
Part X Other Liabilities. See Form 990, Part X		1	
1 (a) Description of Liability	(b) A mount		
Federal Income Taxes			
		_	
		1	
		_	
		†	
		-	
		-	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)		1	
	•		

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	1,653,267
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,693,761
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-40,494
4	Net unrealized gains (losses) on investments	4	74,170
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	74,170
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	33,676
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	1,720,585
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d		
e	Add lines 2a through 2d	2e	74,170
3	Subtract line 2e from line 1	3	1,646,415
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a 6,852		
b	Other (Describe in Part XIV) 4b		
c	Add lines 4a and 4b	4c	6,852
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	1,653,267
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses	per	
1	Total expenses and losses per audited financial statements	1	1,686,909
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
ь	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIV) 2d		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	1,686,909
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 6,852		
ь	Other (Describe in Part XIV) 4b		
c	Add lines 4a and 4b	4c	6,852
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	1,693,761
Pai	rt XIV Supplemental Information		

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

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

Ident if ier	Return Reference	Explanation
ESCROW LIABILITY ARRANGEMENT EXPLANATION	SCHEDULE D, PAGE 2, PART IV, LINE 2B	THE ORGANIZATION MAINTAINS CUSTODY OF FUNDS COLLECTED BY THE ORDER OF THE ARROW AND VARIOUS UNITS THE ACTIVITY IS ACCOUNTED FOR THROUGH CUSTODIAL REVENUE AND EXPENSE ACCOUNTS DURING THE YEAR AND CLOSED TO THE LIABILITY ACCOUNT AT YEAR END
INTENDED USES FOR ENDOWMENT FUNDS	SCHEDULE D, PAGE 2, PART V, LINE 4	TO PROVIDE FINANCIAL SUPPORT FOR THE ORGANIZATION'S EXEMPT PURPOSE AND MAINTENANCE OF CAMP PROPERTIES
LIABILITY UNDER FIN 48 FOOTNOTE	SCHEDULE D, PAGE 3, PART X	THE ORGANIZATION ADOPTED THE PROVISIONS OF FASB ACCOUNTING STANDARDS CODIFICATION (ASC) 740-10-25, "UNCERTAINTY IN INCOME TAXES" ON JANUARY 1, 2009 UNDER FASB ACCOUNTING STANDARDS CODIFICATION (ASC) 740-10-25 AN ORGANIZATION MUST RECOGNIZE THE TAX BENEFIT ASSOCIATED WITH TAX TAKEN FOR TAX RETURN PURPOSES WHEN IT IS MORE LIKELY THAN NOT THE POSITION WILL BE SUSTAINED THE IMPLEMENTATION OF ASC 740-10-25 HAD NO IMPACT ON THE ORGANIZATION'S FINANCIAL STATEMENTS THE ORGANIZATION DOES NOT BELIEVE THERE ARE ANY MATERIAL UNCERTAIN TAX POSITIONS AND ACCORDINGLY, IT WILL NOT RECOGNIZE ANY LIABILITY FOR UNRECOGNIZED TAX BENEFITS NO INTEREST OR PENALTIES WERE ACCRUED AS OF JANUARY 1, 2009, AS A RESULT OF THE ADOPTION OF ASC 740-10-25 FOR THE YEARS ENDED DECEMBER 31, 2010 AND 2009, THERE WERE NO INTEREST OR PENALTIES RECORDED OR INCLUDED IN ITS FINANCIAL STATEMENTS

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493132034991

OMB No 1545-0047

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

SCHEDULE G

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.

Supplemental Information Regarding

Inspection

Name of the organization

Employer identification number

	Y SCOUTS OF AMERICA 54	49						57-0314450		
Pa	art I Fundraising Ac	tivities. Comple	te if the o	organizat	tion a	nswered "Yes"	to Forn	າ 990, Part IV	, line 17.	
1	Indicate whether the organ	nızatıon raısed fund	s through a	any of the	follov	ving activities Ch	neck all t	hat apply		
а	Mail solicitations			е	Г	Solicitation of no	n-goverr	nment grants		
ь	Internet and e-mail so	olicitations		f	\sqcap	Solicitation of go	vernmen	t grants		
С	Phone solicitations			g	Γ	Special fundraisi	ng event	S		
d	In-person solicitation	s								
2a	or key employees listed in	Form 990, Part VI	I) or entity	ın conne	ction	with professional	fundrais	ing services?	┌ Yes	Г _N
b	If "Yes," list the ten higher to be compensated at leas									
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundrai cust cont	Did ser have ody or trol of outions?		Gross receipts rom activity	(or r	mount paid to retained by) aiser listed in col (i)	(vi) A mount p (or retained organization	by)
			Yes	No	1					
							+			
Tota	al			.						

List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Pa	rt II	Fundraising Events. Commore than \$15,000 on Form				
			(a) Event #1 POPCORN SALES (event type)	(b) Event #2 HOLIDAY AUCTION (event type)	(c) O ther Events 3 (total number)	(d) Total Events (Add col (a) through col (c))
Reveilue	1 2	Gross receipts Less Charitable contributions	517,272	101,670	113,265	732,207
	3	Gross income (line 1 minus line 2)	517,272	2 101,670	113,265	732,207
	4	Cash prizes				
မွာ	5	Non-cash prizes				
Expenses	6	Rent/facility costs			2,210	2,210
ă	7	Food and beverages		9,541	4,250	13,791
Direct	8	Entertainment				
ā	9	Other direct expenses .	340,839	46,747	5,417	393,003
	10	Direct expense summary Add lin	es 4 through 9 ın column	(d)	🛌	409,004
	11	Net income summary Combine li	nes 3 and 10 ın column (d)	$(1, \ldots, 1, \ldots, \bullet)$	323,203
Par	t II	Gaming. Complete if the or \$15,000 on Form 990-EZ, lii		"Yes" to Form 990, Pa	rt IV, line 19, or repo	rted more than
Revenue	1	Gross revenue	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(d) Total gaming (Add col (a) through col (c))
		Cash prizes				
nsea		· ·				
Expenses		Non-cash prizes				
Direct Direct		Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Γ Yes % Γ No	Γ Yes % Γ No	Γ Yes % Γ No	
		Direct expense summary Add line				
	8	Net gaming income summary Com	bine lines 1 and 7 in colu	ımn (d)	<u> </u>	
9 a b	Is t	er the state(s) in which the organizathe organization licensed to operate	gaming activities in eac			· Fyes Fno
10a b		re any of the organization's gaming Yes," Explain			the tax year?	· · Fyes Fno

11	Does the organization operate ga	aming activities with nonmembers?		Г үе	s Γ_{No}
12	Is the organization a grantor, be	neficiary or trustee of a trust or a mer	nber of a partnership or other entity		
	formed to administer charitable (jaming?		Г _{Yе}	s Γ_{No}
13	Indicate the percentage of gamin	ng activity operated in			
а	The organization's facility			1	
b	An outside facility			,	
14	Provide the name and address or records	f the person who prepares the organız	ation's gaming/special events books and	d	
	Name 🟲				
	Address 🟲				
15a		ntract with a third party from whom th		_	_
					s No
ь		ning revenue received by the organizated by the third party 🟲 \$	ation > \$ and the		
c	If "Yes," enter name and address	5			
	Name 🟲				
	Address 🟲				
16	Gaming manager information				
	Name 🟲				
	Gaming manager compensation l	* \$			
	Description of services provided	>			
	Director/officer	Employee	Independent contractor		
17	Mandatory distributions				
а		er state law to make charitable distrib		_	_
p.				· Ye	s No
D		required under state law distributed activities during the tax year - \$	to other exempt organizations or spent		
Par			r responses to question on Schedul	e G (see	
	Identifier	ReturnReference	Explanation		

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

Schedule I

DLN: 93493132034991

OMB No 1545-0047

Grants and Other Assistance to Organizations, (Form 990) Governments and Individuals in the United States Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.

Department of the Treasury Internal Revenue Service			Attach to Form 990				Inspect ion
Name of the organization PALMETTO COUNCIL INC						Employer identification	on number
BOY SCOUTS OF AMERICA 549 Part I General Information	on on Grants and	l Assistance				57-0314450	
Does the organization maintain the selection criteria used to a Describe in Part IV the organiz	n records to substanti ward the grants or as zation's procedures fo	ate the amount of the sistance?	f grant funds in the Unite	d States			Г Yes
	ne 21 for any recip	ient that received r	rganizations in the nore than \$5,000. Ch	eck this box if no one	recipient receive	ed more than \$5,000.	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gra or assistance
2 Enter total number of section 5	501(c)(3) and govern	nent organizations .				. _	
2 Enter total number of other ora	anizations					_	

art III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV	7, line 22
	Use Schedule I-1 (Form 990) if additional space is needed.	

(a)Type of grant or assistance	(b) Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) REGISTRATION ASSISTANCE	423	34,783			
(2) CAMPERSHIPS, UNIFORMS &					
(3) BOOKS					

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Part IV Suppleme	intal Information. Complete t	this part to provide the information required in Part 1, line 2, and any other additional information.
Ident if ier	Return Reference	Explanation
		THE ORGANIZATION MAINTAINS CONTROL OVER THE GRANT FUNDS AND REMITS THEM DIRECTLY TO THE ENTITY FROM WHICH THE REGISTRATIONS, CAMPERSHIPS, UNIFORMS, AND BOOKS ARE PURCHASED

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493132034991

OMB No 1545-0047

2010

Open to Public Inspection

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

Supplemental Information to Form 990 or 990-EZ

► Attach to Form 990 or 990-EZ.

Name of the organization PALMETTO COUNCIL INC BOY SCOUTS OF AMERICA 549 Employer identification number

57-0314450

ldentifier	Return Reference	Explanation
ORGANIZATION'S MISSION	FORM 990 - ORGANIZATION'S MISSION	THE PALMETTO COUNCIL, INC, BOY SCOUTS OF AMERICA IS AN AFFILIATE OF THE BOY SCOUTS OF AMERICA (BSA) THE COUNCIL IS A NOT-FOR- PROFIT ORGANIZATION PROVIDING SERVICE TO BOYS, GIRLS, YOUNG MEN AND YOUNG WOMEN AGES 7-21 THE PALMETTO COUNCIL IS DEDICATED TO DEVELOPING VALUES AND LIFE SKILLS IN SPARTANBURG, YORK, CHESTER, LANCASTER, UNION, AND CHEROKEE COUNTIES OF SOUTH CAROLINA IT MAINTAINS CAMPING FACILITIES (CAMP BOB HARDIN) IN SALUDA, NORTH CAROLINA AND (CONLEY CLARKE) NEAR GAFFNEY, SOUTH CAROLINA IT IS DEVOTED TO PROVIDING SUPPORT THROUGH AN EFFICIENT STAFF AND MANY WELL TRAINED ADULT VOLUNTEERS IT'S CHARTER IS RENEWED ANNUALLY BY ITS NATIONAL AFFILIATE ITS GOAL IS TO INSTILL CHARACTER IN YOUNG MEN AND WOMEN THEY WILL LEARN TO DO THINGS FOR THEMSELVES AND OTHERS, RECEIVING TRAINING IN TEAM WORK, SURVIVAL AND CAREER READINESS AND LEARNING PATRIOTISM, COURAGE, SELF-RELIANCE, AND BE PREPARED TO MAKE ETHICAL CHOICES OVER THEIR LIFETIME AND ACHIEVE THEIR FULL POTENTIAL USING THE METHODS WHICH ARE NOW IN COMMON USE BY THE BOY SCOUTS OF AMERICA

ldentifier	Return Reference	Explanation
CLASSES OF MEMBERS OR STOCKHOLDERS	FORM 990, PAGE 6, PART VI, LINE 6	THE CORPORATE MEMBERSHIP IS COMPOSED OF ACTIVE MEMBERS AND MAY ALSO INCLUDE ASSOCIATE AND HONORARY MEMBERS ALL MEMBERS MUS MEET THE MEMBERSHIP QUALIFICATIONS ESTABLISHED BY ARTICLE VI OF THE CORPORATION'S ARTICLES OF INCORPORATION THE ACTIVE MEMBERSHIP SHALL CONSIST OF CHARTERED ORGANIZATION REPRESENTATIVES AND MEMBERS AT LARGE THE LOCAL COUNCIL SHALL HAVE NOT FEWER THAN 100 ACTIVE MEMBERS AND CHARTERED ORGANIZATION REPRESENTATIVES SHALL CONSTITUTE A MAJORITY

ldentifier	Return Reference	Explanation
ELECTION OF MEMBERS AND THEIR RIGHTS	FORM 990, PAGE 6, PART VI, LINE 7A	ACTIVE MEMBERS MAY ELECT MEMBERS AT LARGE, REGULAR MEMBERS OF THE EXECUTIVE BOARD, AND OFFICERS OF THE CORPORATION OTHER THAN THE SCOUT EXECUTIVE

ldentifier	Return Reference	Explanation
DECISIONS SUBJECT TO APPROVAL OF MEMBERS	FORM 990, PAGE 6, PART VI, LINE 7B	ACTIVE MEMBERS MAY VOTE AT THE ANNUAL MEETING TO RECEIVE AND APPROVE FINANCIAL STATEMENTS SHOWING THE FINANCIAL POSITION OF THE CORPORATION AS OF THE CLOSE OF ITS MOST RECENT COMPLETE FISCAL YEAR AND THE RESULTS OF OPERATIONS DURING SUCH YEAR, AND TRANSACTING SUCH OTHER BUSINESS AS MAY COME BEFORE THE MEETING ACTIVE MEMBERS MAY VOTE IN OTHER REGULAR MEETINGS AND SPECIAL MEETINGS, INCLUDING PROPOSALS TO MERGE OR CONSOLIDATE

ldentifier	Return Reference	Explanation
POLICIES AND PROCEDURES GOVERNING CHAPTERS	· ·	CHARTERED UNITS THE EXECUTIVE BOARD SHALL REVIEW ALL APPLICATIONS FOR NEW CHARTERS OR RENEWAL OF CHARTERS WITHIN THE CORPORATION'S TERRITORY AND SHALL FORWARD THE RECOMMENDATION TO THE NATIONAL OFFICE OF THE BOY SCOUTS OF AMERICA ALL UNITS SHALL BE DESIGNATED BY THE NAME OF THE COMMUNITY IN WHICH THE UNIT IS LOCATED

ldentifier	Return Reference	Explanation
ORGANIZATION'S PROCESS USED TO REVIEW FORM 990	FORM 990, PAGE 6, PART VI, LINE 11B	THE FULL BOARD ELECTED A SUBCOMMITTEE CONSISTING OF THE TREASURER, SCOUT EXECUTIVE, AND A FINANCE COMMITTEE MEMBER TO REVIEW AND APPROVE THE FORM 990

Identifier Return Reference	Explanation
OF CONFLICTS POLICY PAGE 6, PART VI, LINE 12C INF REI WIT OT INT PEF THE CO HEI PAAI OF BEL PEF CO BO IS A CO FOI BY SU AN TAI MC AB CO HIS SH	ONFLICT OF INTEREST POLICY FOR EXECUTIVE BOARD MEMBERS RESOLVED, THAT IT IS THE BASIC OLICY OF THE CORPORATION THAT ALL EXECUTIVE BOARD MEMBERS OR MEMBERS OF ANY COMMITTEE HEREOF OR OFFICERS OR EMPLOYES OF THE CORPORATION HAVE A DUTY TO BE FREE FROM THE IFLUENCE OF ANY CONFLICTING INTEREST WHEN THEY ACT ON BEHALF OF THE CORPORATION OR EFRESENT IT IN NEGOTIATIONS OR ADVISE OTHERS IN THE CORPORATION WITH RESPECT TO DEALING WITH THIRD PARTIES THEY ARE EXPECTED TO DEAL WITH SUPPLIERS, CUSTOMERS, CONTRACTORS, AND ITHERS HAVING DEALINGS WITH THE CORPORATION ON THE SOLE BASIS OF WHAT IS IN THE BEST ITTEREST OF THE CORPORATION WITHOUT FAVOR OR PREFERENCE TO THIRD PARTIES BASED ON ERSONAL CONSIDERATIONS TO THIS END THE FOLLOWING RULES SHALL BE OBSERVED NO MEMBER OF HE EXECUTIVE BOARD OR MEMBER OF ANY COMMITTEE THEREOF OR OFFICER OR EMPLOYEE OF THE ORPORATION SHALL ACCEPT FROM ANY PERSON, DIRECTLY OR INDIRECTLY, WHETHER BY HIMSELF OR ERSELF OR THROUGH HIS OR HER SPOUSE OR A MEMBER OF HIS OR HER FAMILY OR THROUGH ANY ARTINER OR BUSINESS OR PROFESSIONAL ASSOCIATE, ANY GIFT, FAVOR, SERVICE, EMPLOY MENT OR FEFER OF EMPLOYMENT OR ANY OTHER THING OF VALUE WHICH HE OR SHE KNOWS OR HAS REASON TO ELIEVE IS MADE OR OFFICER OR HIM OR HER WITH THE INTENT TO INFLUENCE HIM OR HER IN THE EXPONENCE OF HIS OR HER DUTIES AS A MEMBER OF THE EXECUTIVE BOARD OR MEMBER OF ANY COMMITTEE THEREOF OR OFFICER OR EMPLOYEE OF THE CORPORATION NO WHO SO ROMORD THE THAN 10 PERCENT OF THE CORPORATION NO MEMBER OF THE EXECUTIVE OARD OR MEMBER OF ANY COMMITTEE THEREOF OR OFFICER OR EMPLOYEE OF THE EXECUTIVE BOARD OR MEMBER OF THE EXECUTIVE OARD OR MEMBER OF THE EXECUTIVE OARD OR MEMBER OF THE EXECUTIVE BOARD OR MEMBER OF THE EXECUTIVE DOARD OR MEMBER OF THE EXECUTIVE OARD OR MEMBER OF THE EXECUTIVE BOARD OR WHO OWNS OR ONTO THE CORPORATION OF ANY INTEREST IN REAL OR TANGIBLE OR INTANGIBLE PERSONAL PROPERTY TO UCH PARTINERSHIP, FIRM, OR CORPORATION OR WHO OWNS OR ONTO THE EXECUTIVE BOARD OR MEMBER OF THE EXECUTIVE BOARD OR MEMBER OF SHEAL OF THE CORPORATIO

ldentifier	Return Reference	Explanation
COMPENSATION PROCESS FOR TOP OFFICIAL	FORM 990, PAGE 6, PART VI, LINE 15A	THE PALMETTO COUNCIL, BOY SCOUTS OF AMERICA'S OBJECTIVE IS TO PROVIDE A REASONABLE AND COMPETITIVE SCOUT EXECUTIVE COMPENSATION OPPORTUNITY CONSISTENT WITH MARKET-BASED COMPENSATION PRACTICES FOR THE CHIEF EXECUTIVE OFFICER POSSESSING THE EXPERIENCE AND SKILLS NEEDED TO IMPROVE THE OVERALL PERFORMANCE OF THE PALMETTO COUNCIL THE ORIGINAL LETTER OF EMPLOYMENT WILL PROVIDE ALL COMPENSATION AND BENEFITS FOR THE SCOUT EXECUTIVE THE COUNCIL PRESIDENT WILL APPOINT, EACH YEAR, A COMPENSATION AND BENEFITS COMMITTEE WHOSE RESPONSIBILITIES ARE TO REVIEW THE PERFORMANCE OF THE SCOUT EXECUTIVE AND TO RECOMMEND FOR APPROVAL TO THE EXECUTIVE BOARD SALARY AND BENEFITS FOR THE SCOUT EXECUTIVE THE EXECUTIVE BOARD AND COMPENSATION AND BENEFITS COMMITTEE ARE CHARGED WITH ENSURING THAT THE SCOUT EXECUTIVE COMPENSATION POLICY AND PROCEDURES SATISFY THE IRS INTERMEDIATE SANCTIONS REQUIREMENTS

ldentifier	Return Reference	Explanation
GOVERNING DOCUMENTS DISCLOSURE EXPLANATION	l ' '	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON A REASONABLE, WRITTEN REQUEST TO ITS HEADQUARTERS