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# EXTENSION GRANTED TO NOVEMBER 15, 2012

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

 $_{\text{Form}}$ '990

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

Open to Public Inspection

A F	or the	2011 calendar year, or tax year beginning	and	ending					
B C	neck if pplicable	C Name of organization OZARK TRAILS COUNCIL T	RUST FUND #306,		D Employer identific	eation number			
	Address change	BANK OF AMERICA, NA, T	RUSTEE, CHICAGO	,IL					
	Name change	Doing Business As		•	43-19	901317			
	Initial return Termin- ated	Number and street (or P 0 box if mail is not del 1616 S. EASTGATE	vered to street address)	Room/suite	E Telephone number (417)883-1636				
	Amende return	City or town, state or country, and ZIP + 4	G Gross receipts \$	959,534.					
	Application	BERTHGETEED, NO 03007			H(a) is this a group re				
	pending	F Name and address of principal officer: JUII	N S FEICK		for affiliates?	Yes X No			
		SAME AS C ABOVE	4	<del></del>	<b>Н(b)</b> Are all affiliates incl				
				or 527	4	list. (see instructions)			
		:: ► N/A	acception Other	l. v	H(c) Group exemption				
		organization Corporation X Trust As	sociation Other ▶	I L Year	of formation 1930  M	State of legal domicile MO			
	4 5	Briefly describe the organization's mission or most		BONIDE	י קווסטרופי דרוו	R SCOUTING			
Activities & Governance		inerly describe the organization's mission or most in THE OZARK TRAILS COUNC				K BCOUTING			
nar	_	. 🖂	ntinued its operations or dispo		<del> </del>	eete			
Š		lumber of voting members of the governing body	•	SCG OF MORE	3	69			
ő		lumber of independent voting members of the go			4	69			
SS.	l	otal number of individuals employed in calendar y	• , , ,		5	0			
iţi.	l	otal number of volunteers (estimate if necessary)	,, (, ,,		6	69			
ĊĖ	l	otal unrelated business revenue from Part VIII, co	olumn (C), line 12		7a	0.			
-	1	let unrelated business taxable income from Form	A STATE OF THE PARTY OF THE PAR	$\hat{\mathbf{p}} = \mathbf{I}$	7b	0.			
			KEUEIVE	一調	Prior Year	Current Year			
<u>o</u>	8 (	Contributions and grants (Part VIII, line 1h)	18,545.	0.					
enc		Program service revenue (Part VIII, line 2g)	ALLERI HATTAR I O	312	0.	0.			
Revenue		nvestment income (Part VIII, column (A), lines 3, 4		457	19,156.	185,139.			
_	11 (	Other revenue (Part VIII, column (A), lines 5, 6d, 8d	, 9c, 10c, and Head EN;	UI_	46.	33,880.			
	12	otal revenue - add lines 8 through 11 (must equal	Part VIII, column (A), line 12)		37,747.	219,019.			
		Grants and similar amounts paid (Part IX, column (		<u> </u>	0.	0.			
	1	Benefits paid to or for members (Part IX, column (A			0.	0.			
ses	i .	Salaries, other compensation, employee benefits (			0.	0.			
Expenses	1	Professional fundraising fees (Part IX, column (A),		15	0.	0.			
EX		otal fundraising expenses (Part IX, column (D), lin		45.	627.	4,080.			
		Other expenses (Part IX, column (A), lines 11a-11d	•		627.	4,080.			
		otal expenses Add lines 13-17 (must equal Part lines less expenses. Subtract line 18 from line			37,120.	214,939.			
es es		nevenue less expenses. Subtract line 10 nom line	12	Re	ginning of Current Year	End of Year			
ancets	20 7	otal assets (Part X, line 16)			3,575,373.	3,392,793.			
Net Assets or Fund Balances	21	otal liabilities (Part X, line 26)			145,504.	9,588.			
훒	22	Net assets or fund balances. Subtract line 21 from	line 20		3,429,869.	3,383,205.			
	art II	Signature Block				<u>, , , , , , , , , , , , , , , , , , , </u>			
Und	er penal	ties of perjury, I declare that I have examined this return	including accompanying schedule	es and statem	nents, and to the best of my	y knowledge and belief, it is			
true,	correct	, and complete Declaration of preparer (other than office	er) is based on all information of w	hich prepare	r has any knowledge				
		Went / home V	<i>f</i>		11-9-2	2017			
Sig	n	Signature of officer			Date				
Her	e	BANK OF AMERICA, NA, A	S TRUSTEE						
		Type or print name and title	Γ		Doto la E	T D TIN			
D	, <u>ļ</u>	Print/Type preparer's name	Pregarer's signature	_	Date Check C	PTIN			
Paid	- 1	LAWRENCE W. DAVIS	Taverce W. Davis	CPH	11-8-12 self-employe	<del></del>			
	rer	Firm's name DAVIS, LYNN & MO	•		Firm's EIN	43-1626633			
use	Only	Firm's address 3828 SOUTH AVENU SPRINGFIELD, MO			Dh /	417)882-0904			
NA	the ID	SPRINGFIELD, MO S discuss this return with the preparer shown abo		<del>.</del>	Phone no (	X Yes No			
IVIA)	, wie in	o diacuas una return with the preparer shown abo	ノマラ こうさき いういひしいひいろ			169140			

1 (4)	Check if Schedule O contains a response to any question in this Part III	$\overline{\mathbf{X}}$
_		
1	Briefly describe the organization's mission: THE EXECUTIVE BOARD OF OZARK TRAILS COUNCIL, INC., BOY SCOUTS O	)F
	AMERICA #306, HAS APPROVED THE CREATION AND ESTABLISHMENT OF THE	
		IL OZAKK
	TRAILS COUNCIL TRUST FUND, FOR THE BENEFIT OF SCOUTING IN THE	
	TERRITORY COVERED BY THE LOCAL COUNCIL CHARTER, FOR THE GENERAL	
2	Did the organization undertake any significant program services during the year which were not listed on	
	the prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
	If "Yes," describe these changes on Schedule O	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by	expenses.
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allo	
	others, the total expenses, and revenue, if any, for each program service reported.	
40	2 460	219,019.)
4a	(Code) (Expenses \$	
	SCOUTS OF AMERICA #306, WHOSE MISSION IS TO PROMOTE THE ABILITY	
	AND YOUNG MEN AND WOMEN TO DO THINGS FOR THEMSELVES AND OTHERS	
	TRAINING THEM IN SCOUTCRAFT, AND TEACHING THEM PATRIOTISM, COU	
	SELF-RELIANCE, AND KINDRED VIRTUES, USING THE METHODS WHICH ARI	S NOW IN
	COMMON USE BY THE BOY SCOUTS OF AMERICA.	
4b	(Code) (Expenses \$	)
70	(Code ) (Expenses 5 including grants of 4 ) (revenue 4	
		<del></del>
4c	(Code) (Expenses \$	)
	/ Lexpenses 4	
		<del></del>
		<del>_</del>
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$ ) (Revenue \$	)
4e	3 460	
-75	- T	Form <b>990</b> (2011)

132002 02-09-12

43-1901317 BANK OF AMERICA, NA, TRUSTEE, CHICAGO, IL Page 3 Part IV Checklist of Required Schedules No Yes 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? Х 1 If "Yes," complete Schedule A X 2 2 Is the organization required to complete Schedule B, Schedule of Contributors? 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for 3 Х public office? If "Yes," complete Schedule C, Part I 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect X 4 during the tax year? If "Yes," complete Schedule C, Part II 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or Х 5 similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part III 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to Х 6 provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, Х 7 the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Х 8 Schedule D. Part III 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 Х 9 credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent Х endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 10 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Х 11a Part VI b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total Х assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total Х 11c assets reported in Part X, line 169 If "Yes," complete Schedule D, Part VIII 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 Х 11d Part X, line 16? If "Yes," complete Schedule D, Part IX e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses Х the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete X 12a Schedule D. Parts XI, XII, and XIII b Was the organization included in consolidated, independent audited financial statements for the tax year? Х If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional 12b 13 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 14a 14a Did the organization maintain an office, employees, or agents outside of the United States? b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 14b Х or more? If "Yes," complete Schedule F, Parts I and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization Х 15 or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals X 16 located outside the United States? If "Yes," complete Schedule F, Parts III and IV 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, Х 17 column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines Х

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Х

18

19

20a

20b

19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

complete Schedule G, Part III

1c and 8a? If "Yes," complete Schedule G, Part II

Pal	Tiv Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			v
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		<u>X</u>
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			v
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the		i	1
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
¢	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		ļ
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		X
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		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			•
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	1		
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
ь	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
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? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
-	If "Yes," complete Schedule N, Part I	31		Х
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		Х
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? If "Yes," complete Schedule R, Part I	33		X
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	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of	7.7		
_	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
55	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	"		<del> </del>
31	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
29	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	<u> </u>	1	<del> </del>
38	Note. All Form 990 filers are required to complete Schedule O	38	x	
	Note: All Form 950 files are required to complete Schiedule O	1 30	<del></del>	

Form 990 (2011)

BANK OF AMERICA, NA, TRUSTEE, CHICAGO, IL

Part V Statements Regarding Other IRS Filings and Tax Compliance 43-1901317

<u> </u>	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
ь	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	[	1	
	filed for the calendar year ending with or within the year covered by this return		- 1	
þ	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	,,,	, , , , , , , , , , , , , , , , , , , ,
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		1	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	l		
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country:			İ
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	1	- 1	.,
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			Х
	any contributions that were not tax deductible?	6a		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	6ь		
7	were not tax deductible?  Organizations that may receive deductible contributions under section 170(c).	00		
7	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	i	Х
a h	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		X
d	If "Yes," Indicate the number of Forms 8282 filed during the year			
e		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	W	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting	·		
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		X
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
þ	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		ļ
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	· · · · · · · · · · · · · · · · · · ·			
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
40	amounts due or received from them.)	40-		1
	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			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	12-		<del> </del>
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
<b>L</b>	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O  Enter the amount of reserves the organization is required to maintain by the states in which the			
U	organization is licensed to issue qualified health plans			
~	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

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BANK OF AMERICA, NA, TRUSTEE, CHICAGO, IL

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

	to line da, db, or rob below, describe the checkinstances, processes, or changes in definition					(32)
	Check if Schedule O contains a response to any question in this Part VI				-	X
Sec	tion A. Governing Body and Management				· 1	
		۔ ا	69	,	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a				
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O	1b	69	)		
ь	Enter the number of voting members included in line 1a, above, who are independent			4		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship of a business relationship of a business relationship of a business relationship of a business relationship or a business relationship of a business relationship or a business relationship of a business relationship or a business relationship of a business relationship or a business relationship of a business relationship or a business relationship of a business relations	ip with	arry other	2	Х	
2	Did the organization delegate control over management duties customarily performed by or under the	o direc	et supervision	-		
3	of officers, directors, or trustees, or key employees to a management company or other person?	ie direc	t supervision	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form	990 wa	is filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's as			5		X
6	Did the organization have members or stockholders?			6	Х	
	Did the organization have members, stockholders, or other persons who had the power to elect or a	tnioga	one or			
	more members of the governing body?			7a	x	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockh	olders, or			
_	persons other than the governing body?		·	7b	Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by th	e following			
а	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	ached	at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		- <u>-</u>	9	X	
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F	Revenu	e Code )			
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a	X	ļ
b	If "Yes," did the organization have written policies and procedures governing the activities of such of	hapter	s, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b	X	17
11a		dy befo	re filing the form?	11a		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990				v	1
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris			12b	<u> </u>	<del></del>
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "	Yes," a	escribe	40.		X
	in Schedule O how this was done			12c	Х	
13	Did the organization have a written whistleblower policy?			13	X	-
14	Did the organization have a written document retention and destruction policy?	al bu	adonondos.	1 - 1 - 4	1	
15	Did the process for determining compensation of the following persons include a review and approximately persons, comparability data, and contemporaneous substantiation of the deliberation and decision.		idependent			
_	The organization's CEO, Executive Director, or top management official	•		15a	j	X
a	Other officers or key employees of the organization			15b		X
Ų	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 arrange	ement v	with a			
	taxable entity during the year?			16a	ĺ	X
ь	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu-	ate its	participation			
_	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization					
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed ► NONE					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990	-T (Sec	tion 501(c)(3)s only	avaılal	ole	
	for public inspection. Indicate how you made these available. Check all that apply.					
	Own website Another's website X Upon request					
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, or	conflict	of interest policy, a	nd fina	ncıal	
	statements available to the public during the tax year.			_		
20	State the name, physical address, and telephone number of the person who possesses the books JOHN S FEICK - (417)883-1636	and red	cords of the organiz	ation:	_	
	1616 S. EASTGATE, SPRINGFIELD, MO 65809					
13200 01-23	6			Forn	990	(2011)
0						

BANK OF AMERICA, NA, TRUSTEE, CHICAGO, IL

43-1901317

# Form 990 (2011) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

Check if Schedule O contains a response to any question in this Part VII

 $\overline{X}$ 

## 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. 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 employees."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A) Name and Title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				than is bot	h an	(D) Reportable compensation from	(E)  Reportable compensation from related	(F) Estimated amount of other
	(describe hours for related organizations in Schedule O)	stee or director	Institutional frustee	Officer		Highest compensated employee		the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) JOEL ALEXANDER										_
VP-PUBLIC RELATIONS	0.10	Х		X		<u> </u>	ļ <u>.</u>	0.	0.	0
(2) CARL ALLISON							ŀ			
BOARD MEMBER	0.10	X	_					0.	0.	0
(3) JOHN ARATA		l						<u> </u>	•	
BOARD MEMBER	0.10	X	ļ			ļ	<u> </u>	0.	0.	0
(4) JAMES ARNESON										
VP-PROPERTIES	0.10	X	ļ	X				0.	0.	C
(5) KEVIN AUSBURN	0.10									
BOARD MEMBER	0.10	X	ļ			_		0.	0.	C
(6) ROSS AUSBURN			ŀ							,
BOARD MEMBER	0.10	Х	<u> </u>	<u> </u>	_			0.	0.	С
(7) TOM BABIK	0.10									,
BOARD MEMBER	0.10	X				-	_	0.	0.	C
(8) STEVE BECKER	0.10	١.,								,
BOARD MEMBER	0.10	X	$\vdash$			_		0.	0.	C
(9) BRUCE BELL	0.10	١,,							_	,
BOARD MEMBER	0.10	X		₩	<u> </u>	-		0.	0.	C
(10) SANDRA BELL	0.10	١.,	İ	ĺ	Ì				_	,
BOARD MEMBER	0.10	X	┢	┢	-	-	<u> </u>	0.	0.	C
(11) GARY BISHOP	0.10	\ ,						0.	0.	C
BOARD MEMBER	0.10	X	$\vdash$	$\vdash$	├	-	-	0.	0.	
(12) BECKY BONNER	0.10	X			İ			0.	0.	C
BOARD MEMBER	0.10	^	-		┢			- 0.	0.	
(13) GLEN CAMERON	0.10	x		X				0.	0.	c
VP-VENTURING	0.10	1	+-	<u> </u>	┼	+	╁	0.	<del></del>	
(14) DAVID CANE	0.10	Y					l	0.	0.	(
BOARD MEMBER (15) MICHAEL CLARKE	0.10		+	$\vdash$	$\vdash$	+	<del> </del>	<del> </del>	<del></del>	-
INTERNATIONAL REPRESENTATIVE	0.10	x		X				0.	0.	(
(16) CHRIS COCHRAN	0.10	<b>↑</b>	+-	1 <u>^</u>	-	1	<del>                                     </del>	1		
BOARD MEMBER	0.10	x						0.	0.	(
(17) MICHAEL CORDONNIER	0.10	<del>  **</del>	+	+	┼	+	<del> </del>	<u> </u>	-	<u> </u>
BOARD MEMBER	0.10	x						0.	0.	(
132007 01-23-12 ,		1		1		т.				Form <b>990</b> (20

132007 01-23-12

Form **990** (2011)

		NCIL TRUST F	•	L 43-1901	317 Page 8
ficers, Directors, Tru	stees, Key Er	nployees, and Highest	Compensated Employ	ees (continued)	
	(B)	(C)	(D)	(E)	(F)
l tıtle	Average	Position (do not check more than one	Reportable	Reportable	Estimated

								E, CHICAGO,I		317	P	age 8
Part VII Section A. Officers, Directors, T	rustees, Key E	mplo	yee	s, a	nd l	High	est	Compensated Employ	ees (continued)	·		
(A) Name and title	(B) Average		not c	Pos heck	more	than		( <b>D)</b> Reportable	<b>(E)</b> Reportable	1	(F) timate	
	hours per week (describe hours for related organizations in Schedule O)	the or director				Highest compensated starting of employee	tee)	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	com fi org	nount other pensation the anizate anizate	ition e ion ed
(18) BOB CRUDGINGTON		Ī		j	_	1			-		-	
BOARD MEMBER	0.10	X				<u> </u>		0.	0.			0.
(19) RILEY DANIELS												
VP-FINANCE	0.20	X		X	<u> </u>	<u> </u>	_	0.	0.	:		0.
(20) DAVID ESLICK	0.10								0			^
BOARD MEMBER	0.10	Х	<del> </del>	<u> </u>	-	┼	ļ	0.	0.	-		0.
(21) DAVID EVANS BOARD MEMBER	0.10	x						0.	0.			0.
(22) BILL FOSTER	1 3.10	1	├─		<del>                                     </del>	<del>                                     </del>		•		1		
BOARD MEMBER	0.10	Х	l					0.	0.	.		0.
(23) LUKE FRASER			<u> </u>		T	1						
BOARD MEMBER	0.10	X	<u> </u>	<u> </u>			<u> </u>	0.	0.			0.
(24) BRENT GREEN												
BOARD MEMBER	0.10	X			ļ	ļ	ļ	0.	0.			0.
(25) ALAN GREENE	0.10	١										^
BOARD MEMBER	0.10	X	<u> </u>		-			0.	0 .	<b></b> -		0.
(26) LOUIS GRIESEMER BOARD MEMBER	0.10	X						0.	0.			0.
1b Sub-total	, 3,12	1	!	1	<u> </u>	<b> </b>		0.	0.			0.
c Total from continuation sheets to Part	VII. Section A					•		12,507.	133,603		8,7	
d Total (add lines 1b and 1c)	,					•		12,507.	133,603		8,7	
2 Total number of individuals (including but	not limited to th	nose	liste	ed a	bov	e) w	ho re	eceived more than \$100	0,000 of reportable			
compensation from the organization									<u> </u>			0
											Yes	No
3 Did the organization list any former office			e, ke	у ег	mple	oyee	, or	highest compensated e	mployee on			v
line 1a? If "Yes," complete Schedule J for										3	,,,,	X
4 For any individual listed on line 1a, is the									the organization			Х
<ul><li>and related organizations greater than \$1</li><li>Did any person listed on line 1a receive o</li></ul>									idual for sendoss	4		<u> </u>
rendered to the organization? If "Yes," co	•					-	Ciai	ed organization or indiv	idual for services	5		Х
Section B. Independent Contractors	11,510.0 00,1000		<del>0. 0</del>	<del></del>	<i>p.</i>	<u> </u>				1	·	
Complete this table for your five highest of the organization. Report compensation for		-							*	sation	from	
(A)							C)					
Name and busines	ss address	N	INC	E				Description of s	services	Compe	nsatio	n
							_					

<b>(A)</b> Name and business address	NONE	(B) Description of services	(C) Compensation
·	1101112		, , , , , , , , , , , , , , , , , , , ,
Total number of independent contractors (including but			

\$100,000 of compensation from the organization ► 0

SEE PART VII, SECTION A CONTINUATION SHEETS

Form **990** (2011)

	t VII	Statement of Reve			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a					
S a	b	Membership dues	1ь					
An An	c	Fundraising events	1c					
ië ë	d	Related organizations	1d					
Si.E	е	Government grants (contribut	tions) 1e					
e E	f	All other contributions, gifts, gran	nts, and					
듗		similar amounts not included abo	ove 1f					
<u> </u>	9		s 1a-1f \$					
عَ ق	<u>h</u>	Total. Add lines 1a-1f		<b>&gt;</b>				
				Business Code				
ice	2 a							
Le G	b							
en S	C	·						
Re	d							
Program Service Revenue	e							
_		All other program service reve	enue	<b>—</b>	-		<del></del>	
-	<u></u> 9	Total. Add lines 2a-2f Investment income (including	alizado do Johan					
	3	other similar amounts)	j dividends, inter	est, and	33,752.			33,752.
	4	Income from investment of ta	v-evemnt bond	proceeds	33,732.			33,732.
	5	Royalties	ix-exempt bond ;	oroceeds				
	•	rioyanies	(ı) Real	(II) Personal				
	6 a	Gross rents	(1) 11001	(ii) i oroonai				
	b							
		Rental income or (loss)						
		Net rental income or (loss)	1	<b>•</b>				
		Gross amount from sales of	(i) Securities	(II) Other	•••••			
		assets other than inventory	891,902.					
	b	Less cost or other basis						
		and sales expenses	740,515.					
	С	Gain or (loss)	151,387.					
	d	Net gain or (loss)		<b></b>	151,387.			151,387.
une	8 a	Gross income from fundraisir including \$	ng events (not of					
e e		contributions reported on line						
Other Revenu		Part IV, line 18	·					
풀	þ	Less. direct expenses	b	,				
0	С	Net income or (loss) from fun	draising events	<b>•</b>				
	9 a	Gross income from gaming a	ctivities. See					
		Part IV, line 19	а	· <u> </u>				
	b	Less: direct expenses	b					
	C	Net income or (loss) from gar	ning activities	<b></b>		ľ		
	10 a	Gross sales of inventory, less	returns					
		and allowances	а					
	b	Less: cost of goods sold	b					
ļ	С	Net income or (loss) from sale		<u> </u>				
		Miscellaneous Reveni	ue	Business Code	22 222			22 222
	11 a	OTHER INCOME		900099	33,880.			33,880.
	b		<del></del>					
	C							
	d	All other revenue			22 000			1
	e	Total. Add lines 11a-11d			33,880. 219,019.	0.	0	210 010
13200	<u>12</u>	Total revenue. See instructions			213,013.	<u> </u>	0	219,019.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	Check if Schedule O contains a respons not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b,	8b, 9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	expenses
1	Grants and other assistance to governments and				,
	organizations in the United States See Part IV, line 21			<del>,,, , , , , , , , , , , , , , , , , , </del>	·····
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22				<del>,</del>
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				·
5	Compensation of current officers, directors,	:			
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages		·		
8	Pension plan accruals and contributions (include				
	section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management				
b	Legal				
C	Ť F				
d			<del></del>		
е					
f	Investment management fees	2 007	2 700	1 4 1	250
9	F	3,287.	2,788.	141.	358
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties	204		10	
16	Occupancy	294.	249.	13.	32
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings		<u></u>		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	400			
23	Insurance	499.	423.	21.	55
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				<u></u>
а					
b					
C			<del></del>		
d					
е					
25	Total functional expenses. Add lines 1 through 24e	4,080.	3,460.	175.	445
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				
	Check here if following SOP 98-2 (ASC 958-720)				

Part X	BANK OF AMERICA, NA, TRUSTEE, Balance Sheet			190131/ Page 11
		(A) Beginning of year		(B) End of year
1	Cash · non-interest-bearing	9,709.	1	
2	Savings and temporary cash investments		2	
3	Pledges and grants receivable, net	59,692.	3	
4	Accounts receivable, net		4	
5	Receivables from current and former officers, directors, trustees, key			
1	employees, and highest compensated employees. Complete Part II			
	of Schedule L		5	
6	Receivables from other disqualified persons (as defined under section			
	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
	employers and sponsoring organizations of section 501(c)(9) voluntary			
	employees' beneficiary organizations (see instructions)		6	
S 7	Notes and loans receivable, net	-	7	
Assets 4 8	Inventories for sale or use		8	·
`   9	Prepaid expenses and deferred charges		9	***
- 1	a Land, buildings, and equipment: cost or other			······································
"	basis. Complete Part VI of Schedule D			
	b Less: accumulated depreciation 10b	-	10c	
11		2,478,156.	11	2,477,393.
12	·	1,027,816.	12	
13			13	
14	Intangible assets		14	
15	•	0.	15	915,400.
16		3,575,373.	16	3,392,793.
17		9,709.	17	
18	• •		18	· · · · · · · · · · · · · · · · · · ·
19	• •	·····	19	· ·
20			20	
1 _ 1	Escrow or custodial account liability Complete Part IV of Schedule D	17,226.	21	
Liabilities 23				
	highest compensated employees, and disqualified persons. Complete Part II			
<u>.</u> =	of Schedule L		22	
00			23	
23 24		-	24	
25				
23	parties, and other liabilities not included on lines 17-24) Complete Part X of			
	Schedule D	118,569.	25	9,588.
26		145,504.	26	9,588.
20	Organizations that follow SFAS 117, check here   X and complete	113/301	20	27000
,	lines 27 through 29, and lines 33 and 34.			
ğ 27		476,631.	27	0.
E 28		17070310	28	
စ္က   20 ဗ   29	• •	2,953,238.		3,383,205.
Net Assets or Fund Balances 22 28 29 30 31 32 32 32 32 32 32 32 32 32 32 32 32 32	Organizations that do not follow SFAS 117, check here and	2,333,230	-5	0,000,200.
<u> </u>	complete lines 30 through 34.			
ဗ္ဗ ၂ ၈၈	· -		30	
30 31			31	
ğ 31	• • • •		32	
를 32 로 32	-	3,429,869.		3,383,205.
33		3,575,373.	34	3,392,793.
34	Total liabilities and net assets/fund balances	1 3,313,313	1 34	5,392,193.

Form **990** (2011)

Form	.990 (2011) BANK OF AMERICA, NA, TRUSTEE, CHICAGO, IL	43-	190131	7	Pan	je <b>12</b>
	t XI Reconciliation of Net Assets		10101	<del>-</del>	rag	10 12
1 (4)						X
	Check if Schedule O contains a response to any question in this Part XI					<u> </u>
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2	19	, 0	19.
2	Total expenses (must equal Part IX, column (A), line 25)	2				80.
3	Revenue less expenses. Subtract line 2 from line 1	3	2	14	, 9:	39.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,4	29	, 80	69.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-2	61	,60	03.
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	3,3	83	,20	05.
Pa	t XII Financial Statements and Reporting					
	Check if Schedule O contains a response to any question in this Part XII					X
				Y	'es	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		[	$\top$		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2	а		X
b	Were the organization's financial statements audited by an independent accountant?		2	ь	X	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,		İ		
	review, or compilation of its financial statements and selection of an independent accountant?		_ 2	c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Scho	edule O				,
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued	d on a				
	separate basis, consolidated basis, or both:		1			
	X Separate basis Consolidated basis Both consolidated and separate basis					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Aud	int			
	Act and OMB Circular A-133?		3	а		X

**b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

# SCHEDULE A

(Form 990 or 990-EZ)

Name of the organization

**Public Charity Status and Public Support** 

**201**°

**Employer identification number** 

ZUII Coen to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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.

OZARK TRAILS COUNCIL TRUST FUND #306,

Open to Public Inspection

		BANK OF	AMERICA, NA	, TRU	STEE,	CHICA	AGO, II	<u> </u>	4	3-190131	.7
Part I	Reason f	or Public Chari	ty Status (All organiza	ations mus	st complete	e this part	.) See instr	uctions	-		
The organ	ızatıon ıs not a	private foundation b	pecause it is: (For lines 1	through 1	1, check o	nly one bo	ox.)				
1 🔲	A church, con	vention of churches	, or association of churc	hes descr	ribed in <b>se</b> d	ction 170(	b)(1)(A)(i).				
2	A school desc	cribed in section 17	<b>0(b)(1)(A)(ii).</b> (Attach Sch	nedule E.)							
з 🔲			al service organization d								
4 🗀	A medical res	earch organization o	perated in conjunction v	with a hos	pital descri	bed in <b>se</b> e	ction 170(	b)(1)(A)(iii	). Enter t	he hospital's n	ame,
	city, and state		ga per es								
5 🗌	An organization	on operated for the I	penefit of a college or un	versity ov	vned or op	erated by	a governn	nental unit	describ	ed in	
	section 170(	<b>b)(1)(A)(iv).</b> (Comple	te Part II.)								
6			ent or governmental unit								
7	An organization	on that normally rece	eives a substantial part o	of its supp	ort from a	governme	ntal unit oi	from the	general	public describe	ed in
	section 170(b	o)(1)(A)(vi). (Complet	te Part II.)								
8 🖳	•		ection 170(b)(1)(A)(vi). (	-							
9 📖			eives: (1) more than 33 1								
			nctions - subject to certai								
			axable income (less secti	ion 511 ta	x) from bus	sinesses a	cquired by	the orga	nization	after June 30,	1975
		5 <b>09(a)(2).</b> (Complete	•								
10			perated exclusively to tes							_	
11 X			perated exclusively for th								
			itions described in section				). See <b>sec</b>	tion 509(	a)(3). Ch	eck the box tha	at
		· · · · · · · · · · · · · · · · · · ·	organization and comple		_				. —	1	
	a Type i				e III • Func	-	-		d ∟	J Type III ⋅ Oth	
e X			t the organization is not								
			han one or more publicly						3(a)(1) or	section 509(a)	(2).
f	-		ten determination from t	he IRS tha	at it is a Ty	pe I, Type	II, or Type	111			
		ganization, check th		٠.							
9			rganization accepted an							[v	es No
			irectly controls, either ald	one or tog	etner with	persons o	escribed i	n (II) and (	III) below		es No X
	•		upported organization?							11g(i)	X
		•	described in (i) above?		- 0					11g(ii)	X
	• •	•	person described in (i) o							11g(iii)	
h	Provide the to	ollowing information	about the supported org	ganization	(S).						
	<u> </u>		(III) Type of	Viv.) In the	organization	(w) Did ::s:	notify the	(vi) Is	the		
	of supported	(ii) EIN	1		sted in your			organizati	on in col	(vii) Amou suppor	
org	anization		(described on lines 1-9		document?			(i) organiz U S	ea in the ?	յուսական	ι
			above or IRC section (see instructions))	Yes	No	Yes	No	Yes	No		

Х

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

7

Schedule A (Form 990 or 990-EZ) 2011

85,498.

85,498.

132021 01-24-12

OZARK TRAILS

COUNCIL #30 |44-0546294

Pa	art II Support Schedule for						
	(Complete only if you checke	d the box on line 5	, 7, or 8 of Part I o	or if the organization	on failed to qualify	under Part III. If t	he organization
	fails to qualify under the tests	listed below, plea	se complete Part	III.)			
Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not	1					
	include any "unusual grants.")						1-2
2	Tax revenues levied for the organ-						
	ization'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	1					
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4				1		
<u>Se</u>	ction B. Total Support			•			
Cale	endar year (or fiscal year beginning in) ►	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4		_				
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties					1	
	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					ł	
	or loss from the sale of capital						
	assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10				1		L. <u>.</u>
12	Gross receipts from related activities	, etc. (see instructi	ons)			12	
13	First five years. If the Form 990 is fo	r the organization'	s first, second, the	ırd, fourth, or fifth 1	tax year as a sectio	on 501(c)(3)	
	organization, check this box and sto						<u>▶</u>
Se	ection C. Computation of Pub	iic Support Pe	rcentage				
14	Public support percentage for 2011	line 6, column (f) d	livided by line 11,	column (f))		14	%
15	Public support percentage from 2010	ງ Schedule A, Part	: II, line 14			15	%
16	a 33 1/3% support test - 2011. If the	organization did no	ot check the box	on line 13, and line	14 is 33 1/3% or i	more, check this	box and
	stop here. The organization qualifies	as a publicly supp	oorted organizatio	ก			▶□
1	b 33 1/3% support test - 2010. If the	organization did no	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/39	% or more, check	this box
	and stop here. The organization qua	lifies as a publicly	supported organi	zation			▶
17	a 10% -facts-and-circumstances tes	<b>it - 2011</b> . If the orc	ganization did not	check a box on lin	ne 13, 16a, or 16b,	and line 14 is 10	% or more,
	and if the organization meets the "fa	cts-and-circumstar	nces" test, check	this box and stop	here. Explain in Pa	art IV how the org	ganization
	meets the "facts-and-circumstances"	' test. The organiza	ation qualifies as a	a publicly supporte	ed organization		▶ □
ı	b 10% -facts-and-circumstances tes	<b>it - 2010.</b> If the orç	ganization did not	check a box on lir	ne 13, 16a, 16b, or	17a, and line 15	ıs 10% or
	more, and if the organization meets t	he "facts-and-circi	umstances" test, o	check this box and	d <b>stop here</b> . Explai	n in Part IV how	the
	organization meets the "facts-and-cir	cumstances" test.	The organization	qualifies as a pub	licly supported org	janization	▶

Schedule A (Form 990 or 990-EZ) 2011

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

# Schedule A (Form 990 or 990·EZ) 2011 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.)	

	ality under the tests listed be Public Support	low, please comp	Diete Part II ]				· · · · · · · · · · · · · · · · · · ·
	or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	nts, contributions, and	(0) 2007	(5) 2000	(0) 2000	(5) = 5 . 0	10/2011	
	hip fees received. (Do not	ļ					
	ny "unusual grants.")				ľ		
	elpts from admissions,						
	dise sold or services per-						
	r facilities furnished in						
	ty that is related to the ion's tax-exempt purpose					İ	
•	elpts from activities that						
	unrelated trade or bus-						
	ler section 513						
	<u> </u>			*			
•	ues levied for the organ-						
	penefit and either paid to						
•	ded on its behalf					<del> </del>	
	of services or facilities						
	by a governmental unit to						
_	ization without charge						<del></del>
	d lines 1 through 5				<del></del>		
	included on lines 1, 2, and						
	d from disqualified persons						
	luded on lines 2 and 3 received han disqualified persons that						
	greater of \$5,000 or 1% of the						
	ne 13 for the year					<del>                                     </del>	
c Add lines	7a and 7b			<del>  .</del>	ļ		<del></del>
	ipport (Subtract line 7c from line 6)		1	<u> </u>	<u> </u>		
	Total Support				T	<del>                                     </del>	
,	or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	from line 6					<del>                                     </del>	
	come from interest, s, payments received on						
	s loans, rents, royalties						
and inco	me from similar sources						
<b>b</b> Unrelated	business taxable income		•				
•	on 511 taxes) from businesses						
acquired a	fter June 30, 1975				<u>.</u>		
c Add lines	10a and 10b	<u></u>					
	me from unrelated business						
	not included in line 10b, or not the business is						
	carried on						
	ome. Do not include gain					1	
	om the sale of capital explain in Part IV.)						
	Out (Add lines 9, 10c, 11, and 12)					<u></u>	
14 First five	years. If the Form 990 is for	the organization'	's first, second, thi	rd, fourth, or fifth t	tax year as a sect	ion 501(c)(3) orga	nization,
check th	s box and <b>stop here</b>			<u> </u>			<b>▶</b>
Section C.	Computation of Publi	c Support Pe	ercentage				
15 Public su	ipport percentage for 2011 (li	ne 8, column (f) c	divided by line 13,	column (f))		15	%
16 Public su	pport percentage from 2010	Schedule A, Par	t III, line 15			16	%
Section D.	Computation of Inves	tment Incom	<u>ne Percentage</u>	_		<u>,                                      </u>	
17 Investme	ent income percentage for 20	<b>11</b> (line 10c, colu	mn (f) dıvıded by lı	ne 13, column (f))		17	%
	ent income percentage from 2					18	%
	support tests - 2011. If the						e 17 is not
more tha	in 33 1/3%, check this box ar	nd <b>stop here.</b> The	e organization qua	lifies as a publicly	supported organ	ızatıon	▶
	support tests - 2010. If the	_					
line 18 is	not more than 33 1/3%, che	ck this box and s	<b>stop here.</b> The org	anızatıon qualıfıes	s as a publicly sup	ported organizati	on <b>&gt;</b>
20 Private 1	oundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check	this box and see i	nstructions	<u> </u>

# **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

# **Supplemental Financial Statements**

➤ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ➤ Attach to Form 990. ➤ See separate instructions. 2011
Open to Public Inspection

Name of the organization

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

Employer identification number 43-1901317

Par	Organizations Maintaining Donor Advise	d Funds or Other Similar Fund	Is or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line	e 6	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor adv	rised funds
	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor a		e used only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpos	e conferring
	impermissible private benefit?		Yes No
Par	······································	ganization answered "Yes" to Form 990	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizati		
	Preservation of land for public use (e.g., recreation or e		nistorically important land area
	Protection of natural habitat		ertified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form	n of a conservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic struc	oture
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re-	leased, extinguished, or terminated by t	he organization during the tax
	year ▶		
4	Number of states where property subject to conservation ea	sement is located >	_
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling o	ıf
	violations, and enforcement of the conservation easements i	t holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation easements	during the year ▶
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements duri	ng the year > \$
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 17	70(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIV, describe how the organization reports conservati	ion easements in its revenue and expen	se statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describe	es the organization's accounting for
	conservation easements.		
Pa	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or	Other Similar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue stat	ement and balance sheet works of art,
	historical treasures, or other similar assets held for public ext	hibition, education, or research in furthe	rance of public service, provide, in Part XIV,
	the text of the footnote to its financial statements that descri	ibes these items.	
ь	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue stateme	ent and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of p	public service, provide the following amounts
	relating to these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X		► \$ ► \$
2	If the organization received or held works of art, historical tre	easures, or other similar assets for finance	
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:	
а	Revenues included in Form 990, Part VIII, line 1		<b>&gt;</b> \$
b	Assets included in Form 990, Part X		► \$ ► \$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 132051 01-23-12

Schedule D (Form 990) 2011

# OZARK TRAILS COUNCIL TRUST FUND #306,

BANK OF AMERICA, NA, TRUSTEE, CHICAGO, IL 43-1901317 Page 2 Schedule D (Form 990) 2011 Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued) Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply) Public exhibition Loan or exchange programs а Other C Preservation for future generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Part IV | Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included X No Yes on Form 990. Part X? **b** If "Yes," explain the arrangement in Part XIV and complete the following table: Amount c Beginning balance 1c d Additions during the year 1d Distributions during the year 1e Ending balance 1f X Yes 2a Did the organization include an amount on Form 990, Part X, line 21? No b If "Yes." explain the arrangement in Part XIV. Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance 3,429,869. 3,228,599 2,754,328 2,113,735 33,880 8,532 1,362,111 Contributions 18,547 -709.077 Net investment earnings, gains, and losses -228,992, 183,350 468 142 Grants or scholarships Other expenditures for facilities and programs 3 460 502 1 922 11 633 Administrative expenses 620 125 481 808 g End of year balance 3,392,793. 3,429,869. 3,228,599. 2,754,328. Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment Permanent endowment ► 100.00 Temporarily restricted endowment ▶ The percentages in lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization Yes No (i) unrelated organizations Х 3a(i) (ii) related organizations 3a(ii) 3ь b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? Describe in Part XIV the intended uses of the organization's endowment funds Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10. Description of property (a) Cost or other (b) Cost or other (c) Accumulated (d) Book value basis (investment) basis (other) depreciation 1a Land **b** Buildings c Leasehold improvements d Equipment e Other Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c))

Schedule D (Form 990) 2011

OZARK TRAILS COUNCIL TRUST FUND #306, BANK OF AMERICA, NA. TRUSTEE, CHICAGO, IL 43-1901317 Page 3

Part VII Investments - Other Securities. (a) Description of security or category	(b) Book value		(c) Method of valuation	
(including name of security)	(b) DOOK value	Cost	or end-of-year market	value
) Financial derivatives				
2) Closely-held equity interests				
3) Other				
(A)	<del></del>			
(B)		-		
(C)				
(D) (E)				
(F)				
(G)				
(H)				
()				
otal. (Col (b) must equal Form 990, Part X, col (B) line 12 )				
Part VIII Investments - Program Related.	See Form 990, Part X, Irr	e 13.		
(a) Description of investment type	(b) Book value		(c) Method of valuation t or end-of-year market	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9) (10)				
otal. (Col (b) must equal Form 990, Part X, col (B) line 13 )	<b>&gt;</b>			
Part IX Other Assets. See Form 990, Part X, II				
<del></del>	(a) Description			(b) Book value
(1) PROPERTY HELD IN TRUST				915,400
(2)				
(3)				
(4)				
(5)				
(6)				
(7)	·			
(8)				
(9)				
(10)				915,400
Total. (Column (b) must equal Form 990, Part X, col (B)  Part X Other Liabilities. See Form 990, Part				313/100
1. (a) Description of liability	7, inte 20.	(b) Book value		
(1) Federal income taxes				
(2) DUE TO COUNCIL		9,588.		•
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
(11)		0 500		
Fin 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote.  FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote.  FIN 48 (ASC 740)	IINE 25.)	tatements that reports the organi	zation's liability for uncertain to	ax positions under
1114 4B (ABB 740) 1 Cottlete 1111 Bit Air, provide the text of the localis				

OZARK TRAILS COUNCIL TRUST FUND #306,

	dule D (Form 990) 2011 BANK OF AMERICA, NA, TRUSTEE, CHICAG			1901317	Page 4
Par	t XI Reconciliation of Change in Net Assets from Form 990 to Audited Finance	cial State	ement		010
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1			019.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2			080.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3			939.
4	Net unrealized gains (losses) on investments	4		<u>-414,</u>	132.
5	Donated services and use of facilities	5			
6	Investment expenses	6			
7	Prior period adjustments	7			E 0.0
8	Other (Describe in Part XIV.)	8		-404	588.
9	Total adjustments (net). Add lines 4 through 8	9			
10 Par	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9  **EXAMPLE **INDICATE: The Statement	10   nue per F	Return		005.
1	Total revenue, gains, and other support per audited financial statements	•	1	-185,	525.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а		4,132.	.		
ь	Donated services and use of facilities 2b		]		
С	Recoveries of prior year grants 2c				
d	Other (Describe in Part XIV.)	9,588.	<u>.</u> ] [		
е	Add lines 2a through 2d		2e	-404,	<u>.544.</u>
3	Subtract line 2e from line 1		3	219,	019.
4	Amounts 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		_		
b	Other (Describe in Part XIV.)		4 1		
С	Add lines 4a and 4b		4c	010	0.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5		019.
Pa	t XIII Reconciliation of Expenses per Audited Financial Statements With Expe	nses per	1 [	irn	,080.
1	Total expenses and losses per audited financial statements		1		,000.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а.	Donated services and use of facilities  Prior year adjustments  2b	· · · · · · · · · · · · · · · · · · ·	1 1		
b	Prior year adjustments  Other losses  2b  2c	-	-		
ن س	Other (Describe in Part XIV)		┤	1	
۵	Add lines 2a through 2d		2e		0.
3	Subtract line 2e from line 1		3	4	,080.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1				
a	Investment expenses not included on Form 990, Part VIII, line 7b				
	Other (Describe in Part XIV.)		1		
	Add lines 4a and 4b		4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	4	,080.
Pa	t XIV Supplemental Information				
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	art IV, lines	1b and	2b; Part V, line	4; Part
	e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to pro				
PAI	RT IV, LINE 2B: THE CUSTODIAL ACCOUNT BEGINNING BALA	NCE L	ISTE	D IN PAI	RT
<b>y</b> (	OF FORM 990 IS A RELATED ORGANIZATION'S LIABILITY WH	ITCH W	AS T	NCORRECT	יד.ע
<u> </u>	of Told 990 to it Redicted Charles of Historia Williams	11011 1112	10 1		
RE	PORTED ON THE PRIOR YEAR RETURN. THE CORRECTION IS F	ART OF	TH	E PRIOR	-
PEI	RIOD ADJUSTMENT REPORTED ON THIS YEAR'S RETURN.				
PAI	RT V, LINE 4: MOST OF THE ENDOWMENT FUND INCOME IS U	INREST	RICT	ED AND	
				FUNDS A	——— ਹਵ
		DIRIC.	והה	TUNDS A	<u>re</u>
<u>US</u>	ED PER THE RESTRICTIONS.		Sched	dule D (Form 9	90) 2011

PART X, LINE 2: THE COUNCIL ADOPTED THE PROVISIONS OF THE FASB

STANDARD ON 'ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES' (ASC 740-10-25)ON

JANUARY 1, 2009. UNDER THIS STANDARD, AN ORGANIZATION SHALL INITIALLY

RECOGNIZE THE FINANCIAL STATEMENT EFFECTS OF A TAX POSITION WHEN IT IS

MORE LIKELY THAN NOT, BASED ON THE TECHNICAL MERITS, THAT THE POSITION

WILL BE SUSTAINED UPON EXAMINATION. THE IMPLEMENTATION OF THIS STANDARD

HAD NO IMPACT ON THE COUNCIL'S FINANCIAL STATEMENTS. THE COUNCIL DOES NOT

BELIEVE THERE ARE ANY MATERIAL UNCERTAIN TAX POSITIONS AND, ACCORDINGLY,

IT WILL NOT RECOGNIZE ANY LIABILITY FOR UNRECOGNIZED TAX BENEFITS. NO

INTEREST OR PENALTIES WERE ACCRUED AS OF JANUARY 1, 2009, AS A RESULT OF

THE ADOPTION OF THIS STANDARD. FOR THE YEAR ENDED DECEMBER 31, 2011,

THERE WERE NO INTEREST OR PENALTIES RECORDED OR INCLUDED IN THE COUNCIL'S

FINANCIAL STATEMENTS.

PART XI, LINE 8 - OTHER ADJUSTMENTS:

REVENUE RECORDED IN INCORRECT FUND

9,588.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

REVENUE RECORDED IN INCORRECT FUND

9,588.

PART V, LINE 1G, COLUMN (A): THE ENDING BALANCE REFLECTS AN ADJUSTMENT TO

CORRECT AMOUNTS PREVIOUSLY REPORTED IN THE TRUST'S ENDOWMENT WHICH BELONG

TO A RELATED ORGANIZATION.

PART V - ENDOWMENT FUND FOOTNOTE:

THE COUNCIL'S ENDOWMENT FUND INCLUDES DONOR-RESTRICTED ENDOWMENT

FUNDS. AS REQUIRED BY ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE

Schedule D (Form 990) 2011

UNITED STATES OF AMERICA, NET ASSETS ASSOCIATED WITH THE ENDOWMENT FUNDS

ARE CLASSIFIED AND REPORTED BASED ON THE EXISTENCE OR ABSENCE OF

DONOR-IMPOSED RESTRICTIONS. UNRESTRICTED NET ASSETS, IDENTIFIED BY THE

COUNCIL'S BOARD OF DIRECTORS TO BE USED FOR FUTURE INVESTMENT AND GROWTH,

ARE INCLUDED IN UNRESTRICTED NET ASSETS - BOARD DESIGNATED.

INTERPRETATION OF RELEVANT LAW - THE COUNCIL HAS INTERPRETED THE STATE PRUDENT MANAGEMENT OF INSTITUTIONAL FUNDS ACT ("SPMIFA") AS REQUIRING THE PRESERVATION OF THE FAIR VALUE OF THE ORIGINAL GIFT AS OF THE GIFT DATE OF THE DONOR-RESTRICTED ENDOWMENT FUNDS ABSENT EXPLICIT DONOR STIPULATIONS TO THE CONTRARY. AS A RESULT, THE COUNCIL CLASSIFIES AS PERMANENTLY RESTRICTED NET ASSETS (A) THE ORIGINAL VALUE OF GIFTS DONATED TO THE PERMANENT ENDOWMENT, (B) THE ORIGINAL VALUE OF SUBSEQUENT GIFTS TO THE PERMANENT ENDOWMENT, AND (C) ACCUMULATIONS TO THE PERMANENT ENDOWMENT MADE IN ACCORDANCE WITH THE DIRECTION OF THE APPLICABLE DONOR GIFT INSTRUMENT AT THE TIME THE ACCUMULATION IS ADDED TO THE FUND. THE REMAINING PORTION OF THE DONOR-RESTRICTED ENDOWMENT FUND THAT IS NOT CLASSIFIED IN PERMANENTLY RESTRICTED NET ASSETS IS CLASSIFIED AS TEMPORARILY RESTRICTED NET ASSETS UNTIL THOSE AMOUNTS ARE APPROPRIATED FOR EXPENDITURE BY THE COUNCIL. THE COUNCIL CONSIDERS THE FOLLOWING FACTORS IN MAKING A DETERMINATION TO APPROPRIATE OR ACCUMULATE DONOR-RESTRICTED **ENDOWMENT FUNDS:** 

- 1) THE DURATION AND PRESERVATION OF THE FUND
- 2) THE PURPOSES OF THE COUNCIL AND THE DONOR-RESTRICTED ENDOWMENT FUND
- 3) GENERAL ECONOMIC CONDITIONS
- 4) THE POSSIBLE EFFECT OF INFLATION AND DEFLATION
- 5) THE EXPECTED TOTAL RETURN FROM INCOME AND THE APPRECIATION OF INVESTMENTS
- 6) OTHER RESOURCES OF THE COUNCIL

Schedule D (Form 990) 2011

# **SCHEDULE O** (Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047 Open to Public Inspection

Internal Revenue Service Name of the organization

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

Employer identification number 43-1901317

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: PURPOSE STATED IN THE ACT OF CONGRESS APPROVED JUNE 15, 1916, CREATING THE BOY SCOUTS OF AMERICA.

FORM 990, PART VI, SECTION A, LINE 1: THE EXECUTIVE BOARD SHALL BE THE GOVERNING BODY OF THE CORPORATION AND SHALL MANAGE ITS AFFAIRS. EXECUTIVE BOARD SHALL BE THE LOCAL REVIEWING AUTHORITY WITH RESPECT TO MATTERS WITHIN THE SCOUTING MOVEMENT WHICH ARISE IN THE TERRITORY OF THE CORPORATION. THERE SHALL BE AN EXECUTIVE COMMITTEE CONSISTING OF THE PERSONS AND HAVING THE POWERS SPECIFIED BELOW.

THE EXECUTIVE COMMITTEE SHALL BE COMPOSED OF THOSE PERSONS WHO ARE THE OFFICERS OF THE CORPORATION, INCLUDING THE SCOUT EXECUTIVE (WHO SHALL HAVE NO VOTE), AND MAY INCLUDE OTHERS APPOINTED BY THE PRESIDENT.

THE EXECUTIVE COMMITTEE OF THE EXECUTIVE BOARD SHALL HAVE AND MAY EXERCISE ALL THE NECESSARY POWERS OF THE EXECUTIVE BOARD IN THE MANAGEMENT OF THE CORPORATION DURING THE INTERVALS BETWEEN THE MEETINGS OF THE EXECUTIVE BOARD, BUT IN NO EVENT SHALL THE EXECUTIVE COMMITTEE ACT CONTRARY TO ACTION THERETOFORE TAKEN BY THE EXECUTIVE BOARD. MINUTES SHALL BE KEPT OF ALL EXECUTIVE COMMITTEE ACTION AND REPORTED AT THE ENSUING MEETING OF THE EXECUTIVE BOARD FOR ITS APPROVAL.

MEETINGS OF THE EXECUTIVE COMMITTEE MAY BE CALLED AT ANY TIME BY THE PRESIDENT AND SHALL BE CALLED BY THE PRESIDENT WITHIN 30 DAYS UPON THE REQUEST OF THREE OR MORE MEMBERS OF THE EXECUTIVE COMMITTEE. IT SHALL BE THE GENERAL PRACTICE OF THE EXECUTIVE COMMITTEE TO MEET IN THOSE MONTHS IN WHICH THE EXECUTIVE BOARD DOES NOT MEET. ALL MEETINGS OF THE EXECUTIVE

COMMITTEE SHALL BE HELD ON AT LEAST 3 DAYS WRITTEN NOTICE BY FAX OR LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

132211 01-23-12

Schedule O (Form 990 or 990-EZ) (2011)

**Employer identification number** 43-1901317

ELECTRONIC MAIL. A MAJORITY OF THE VOTING MEMBERS OF THE EXECUTIVE COMMITTEE SHALL CONSTITUTE A QUORUM.

FORM 990, PART VI, SECTION A, LINE 2: KEVIN AND ROSS AUSBURN HAVE A FAMILY RELATIONSHIP; BRUCE AND SANDRA BELL HAVE A FAMILY RELATIONSHIP; PATSY AND TED HURST HAVE A FAMILY RELATIONSHIP; JEANETTE AND TOM ROUSE HAVE A FAMILY RELATIONSHIP.

FORM 990, PART VI, SECTION A, LINE 6: ACTIVE MEMBERS MAY ELECT THE MEMBERS OF THE GOVERNING BODY. MEMBERS AT LARGE AND EXECUTIVE BOARD MEMBERS HAVE A RIGHT TO VOTE FOR MEMBERS OF THE BOARD AND OFFICES OF OUR COUNCIL. THE EXECUTIVE BOARD FOLLOWS THE RULES AND REGULATIONS OF THE BOY SCOUTS OF AMERICA AND ADMINISTERS THE PROGRAM.

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

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

FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 IS DISTRIBUTED TO BOTH THE TRUSTEE AND THE COUNCIL'S EXECUTIVE COMMITTEE FOR APPROVAL BEFORE IT IS Schedule O (Form 990 or 990-EZ) (2011) Name of the organization OZARK TRAILS COUNCIL TRUST FUND #306,
BANK OF AMERICA, NA, TRUSTEE, CHICAGO, IL

Employer identification number 43-1901317

FILED.

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

FORM 990, PART VII, LINE 1A:

COMPENSATION OF TRUSTEE:

THE COMPENSATION SHOWN ON THE RETURN THAT IS PAID TO BANK OF

AMERICA, NA AS CORPORATE TRUSTEE IS NOT CALCULATED BASED UPON AN HOURLY

RATE FOR TIME SPENT BY THE TRUSTEE; RATHER, BANK OF AMERICA'S

COMPENSATION AS CORPORATE TRUSTEE IS A NEGOTIATED FEE BASED ON A MARKET

VALUE FEE SCHEDULE. THE TRUST OFFICER'S TIME SPENT PERFORMING

ADMINISTRATIVE RESPONSIBILITIES FOR THIS TRUST FUND AVERAGES ONE HOUR

PER WEEK. IN ADDITION, TIME IS SPENT BY OTHER STAFF MEMBERS FOR

RECORDKEEPING, INVESTMENT MANAGEMENT, INCOME COLLECTION, RENDERING

STATEMENTS AND ACCOUNTINGS, REGULATORY REPORTING, REGULATORY

COMPLIANCE, AND TAX SERVICES.

BANK OF AMERICA'S TRUSTEE'S FEE OF \$12,507 LISTED IN PART VII OF

THIS RETURN WAS REPORTED AS AN EXPENSE ON FORM 990 OF OZARK TRAILS

COUNCIL #306 - BOY SCOUTS OF AMERICA, WHICH IS A RELATED ORGANIZATION

(SEE SCHEDULE R). SPECIFICALLY, THE FEE IS A PORTION OF "ALL OTHER

EXPENSES" OF \$28,604 LISTED ON LINE 24E OF PART IX OF THE COUNCIL'S

FORM 990. THE COUNCIL RECORDS EXPENSES AND INCOME IN ACCORDANCE WITH

FUND ACCOUNTING AND FINANCIAL REPORTING GUIDELINES ISSUED BY THE

NATIONAL SCOUT OFFICE.

Schedule O (Form 990 or 990·EZ) (2011)	Page 2
Name of the organization OZARK TRAILS COUNCIL TRUST FUND #306 BANK OF AMERICA, NA, TRUSTEE, CHICAG	
FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:	
NET UNREALIZED LOSSES ON INVESTMENTS:	-414,132.
PRIOR PERIOD ADJUSTMENTS:	152,529.
TOTAL TO FORM 990, PART XI, LINE 5	-261,603.
FORM 990, PART XII, LINE 2C:	
THE ORGANIZATION DID NOT CHANGE ITS PROCESS IN THE	LAST YEAR FOR
OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS	AND SELECTION OF AN
INDEPENDENT ACCOUNTANT.	
FORM 990, PART VI, SECTION A, LINE 9:	
TRUSTEE'S MAILING ADDRESS:	
BANK OF AMERICA, NA, 231 S LASALLE STREET, CHICAGO	, IL 60604
	·

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

Related Organizations and Unrelated Partnerships

2011 Open to Public Inspection

OMB No 1545-0047

Employer identification number 43-1901317

Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ▶ See separate instructions. BANK OF AMERICA, NA, TRUSTEE, CHICAGO, IL OZARK TRAILS COUNCIL TRUST FUND #306, ► Attach to Form 990. Name of the organization

Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

Part

Direct controlling entity Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) End-of-year assets Total income ত্ত Legal domicile (state or foreign country) Primary activity Name, address, and EIN of disregarded entity Part #

(g) Section 512(b)(13) controlled ŝ × × entity? Yes SCOUTS OF AMERICA COUNCIL #306 BOY Direct controlling OZARK TRAILS  $\boldsymbol{\varepsilon}$ status (if section Public charity 501(c)(3)) e σ LINE 7 CINE Exempt Code section 501(C)(3) 501(C)(3) ত্ত Legal domicile (state or foreign country) MISSOURI MISSOURI PROVIDE SUPPORT TO OZARK TRAILS COUNCIL #306 BOY Primary activity SCOUT PROGRAMS AND SCOUTS OF AMERICA ACTIVITIES CAMP ARROWHEAD ENDOWMENT FUND - 43-1901316 OZARK TRAILS COUNCIL #306, BOY SCOUTS OF AMERICA - 44-0546294, 1616 S EASTGATE Name, address, and EIN of related organization SPRINGFIELD, MO 65809 62809 1616 S EASTGATE SPRINGFIELD, MO

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2011

OZARK TRAILS COUNCIL TRUST FUND #306,

BANK OF AMERICA, NA, TRUSTEE, CHICAGO, IL

Schedule R (Form 990) 2011

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

Page 2

43-1901317

(a)	<b>(9)</b>	3	(g)	(e)	6	(6)	ε	6	S	3
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	trolling y	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total Income	Share of end-of-year assets	Disproportionate allocations?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General or managing partner?	General or Percentage managing ownership partner?
SHIP - 44-0546294 JNSHINE	REAL ESTATE	1	RAILS #306 - UTS OF				<b>\</b>	, N		
SFKINGFIELD, MO 05004	מס מס מס מס מס מס מס מס מס מס מס מס מס מ	1	S C C C C C C C C C C C C C C C C C C C							
Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)	ganizations Taxable as rporation or trust during	s a Corpo	oration or Trust (Conyear.)	plete if the organiz	ation answered "Yes	to Form 990, Pa	rt IV, line 34	because it had or	ne or mor	e related
(a) Name, address, and EIN of related organization	Z <sub>C</sub>		(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	Share of total income	(9) I total Share of end-of-year assets		(h) Percentage ownership

SEE PART VII FOR CONTINUATIONS

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Schedule R (Form 990) 2011

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

Schedule R (Form 990) 2011

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

Note. Complete line 1 if any entity is listed in Parts II. III, or IV of this schedule.				*	Yes	۱
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	is with one or more re	lated organizations listed	ın Parts II-IV?		<del>- 1</del>	
a Receipt of (i) interest (ii) annuttes (iii) royalties or (iv) rent from a controlled entity				<b>1</b>	×	ا
<b>b</b> Gift, grant, or capital contribution to related organization(s)				1p	×	
c Gift, grant, or capital contribution from related organization(s)				<b>1</b>	×	١
d I cans or loan grantees to or for related organization(s)				7	×	١
				2 .	;  <b>&gt;</b>	.l.
e Loans or loan guarantees by related organization(s)				<b>Je</b>	۲	.[
f Sale of assets to related organization(s)				<b>=</b>	×	ا
g Purchase of assets from related organization(s)				19	×	ا
				<b>1</b>	×	
i Lease of facilities, equipment, or other assets to related organization(s)				÷	×	۱ا
		•				
	;			<b>-</b>	<b>دا&gt;</b>	٦.
K Performance of services or membership or fundraising solicitations for related organization(s)	anization(s)			¥;	< >	٦.
	anization(s)			= ,	<b>( )</b>	.l.
	lon(s)			E	∢ :	.1.
n Sharing of paid employees with related organization(s)				무	×	
					<b>×</b>	
				2 ,	<b>: &gt;</b>	.[.
<ul> <li>Meimbursement paid by related organization(s) for expenses</li> </ul>				J.	<u> </u>	.1
					×>	-
٠l				-		1
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	who must complete the	is line, including covered	relationships and transaction thresholds.			-
(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved			
OZARK TRAILS COUNCIL #306, BOY SCOUTS OF	Q	85,498.CASH	CASH TRANSFERS			l
OZARK TRAILS COUNCIL #306, BOY SCOUTS OF (2) AMERICA	Ж	88,060.CASH	CASH TRANSFERS			1
(3)						
(4)						i l
(5)						- 1
(9)	•					
132163 01-23-12	33		Schedule R (Form 990) 2011	4 (Form 99	90) 201	=

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OZARK TRAILS COUNCIL TRUST FUND #306,

BANK OF AMERICA, NA, TRUSTEE, CHICAGO, IL

Schedule R (Form 990) 2011

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

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

Dispreporbonate
amount in box 20 managing ownership
allocations? of Schedule K-1
Pes No (Form 1065) Yes No Schedule R (Form 990) 2011 Ξ end-of-year Share of assets Share of total Income Are all partners sec 501(c)(3) ongs Predominant income pariers second (related, unrelated, excluded from tax under section 512-514) Yes No. **©** (state or foreign Legal domicile country) Primary activity Name, address, and EIN of entity

OZARK TRAILS COUNCIL TRUST FUND #306,

Form 990 (2011)

43-1901317 Part VII | Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (A) (B) (C) (D) (E) (F) Name and title Average Position Reportable Reportable Estimated hours (check all that apply) compensation compensation amount of per from from related other organizations week the compensation (W-2/1099-MISC) from the Individual trustes or director organization (W-2/1099-MISC) organization Highest compensated and related Key employee organizations Institutional Former ĕ (27) DONALD HANCOCK 0.10 0 0 0. BOARD MEMBER (28) GENE HARTLEY 0.10 X 0 0 0. BOARD MEMBER (29) BRAD HODSON 0 0. 0.10 X 0 BOARD MEMBER (30) TRISHA HOLBERT 0. 0.10 0 0 X BOARD MEMBER (31) JOHN HORTON 0.10 X 0. 0. 0. BOARD MEMBER (32) PATSY HURST 0 0. 0  $0.10 \mid X$ BOARD MEMBER (33) TED HURST 0. 0 0 0.10 X BOARD MEMBER (34) RICHARD JAMES 0. 0 0 0.10 X BOARD MEMBER (35) EARL JOHNSON 0 0 0.10 X 0. BOARD MEMBER (36) JEFF JUSTUS 0. 0. 0 0.10 BOARD MEMBER (37) PAUL KIRK 0. 0.80 X 0. 0 VP-DEVELOPMENT Х (38) PHIL KNOT 0. 0.10 0. 0 Х BOARD MEMBER (39) RUSS LEWIS 0.10 | X0. 0 0. BOARD MEMBER (40) LES MACE 0. 0.10 | X0. 0. BOARD MEMBER (41) RON MARTIN 0.10 | X0 0 0. BOARD MEMBER (42) EUGENE MCMEEN 0.10 Х 0. 0. 0. BOARD MEMBER (43) JAROD MICHEL 0. 0.10 0. 0 X BOARD MEMBER (44) JOHN MILLER 0.10 Х 0. 0. 0. BOARD MEMBER (45) KEVIN MITCHELSON 0. 0.10 0 0 Х BOARD MEMBER (46) LYLE MORGAN 0. 0.10 0. 0. BOARD MEMBER Total to Part VII, Section A, line 1c

Part VII Section A. Officers, Directors, (A)	(B)				C)			(D)	(E)	(F)
Name and title	Average hours per	(cl		Pos	ition that		ly)	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(47) M FRED MULLINAX	0.10	v						0.	0.	0
BOARD MEMBER	0.10	X						· ·	0.	0
(48) WILLIAM MYERS	0.10	X						0.	0.	0
BOARD MEMBER	0.10	^	-	├╌		-		0.		
(49) THOMAS NETZER	0.10	X						0.	0.	0
BOARD MEMBER	1 0.10	^		$\vdash$	├	$\vdash$	├	0.	0.	0
(50) ROBERT NICHOLS	0.10	X		X				0.	0.	0
VP-EXPLORING (51) MICK NITSCH	0.10	<u> </u>	-	^	<del> </del>	1	1			0
BOARD MEMBER	0.10	X	ĺ					0.	0.	0
(52) CHRIS O'HARA	0.10	^			$\vdash$			0.		
BOARD MEMBER	0.10	Х						0.	o.	0
(53) JOHN PRATT	0.10	1					$\vdash$	•		
BOARD MEMBER	0.10	Х	Ŀ					0.	0.	0
(54) STEVE RICE	0.10	-		-	<del> </del>		$\vdash$	•		
BOARD MEMBER	0.10	x		1				0.	0.	o
(55) GARY ROBINSON	- 0.10	1	<del>                                     </del>	╁				•		
VP-ADMINISTRATION	0.10	X		X		ŀ		0.	0.	О
(56) LYNN RODGERS				<del> </del>	$\vdash$	<del>                                     </del>	<del> </del>			
BOARD MEMBER	0.10	X		ļ		1		0.	0.	o
(57) JIM ROGERS			┢	$\vdash$	1	<del>                                     </del>				i
BOARD MEMBER	0.10	X		1				0.	0.	0
(58) WILLIAM ROHLFING					<b> </b>					
PRESIDENT	0.20	X		X		1		0.	0.	o
(59) MARK ROSENAUER										
BOARD MEMBER	0.10	X			1			0.	0.	0
(60) JEANETTE ROUSE										
VP-PROGRAM	0.10	X		X				0.	0.	0
(61) TOM ROUSE										
BOARD MEMBER	0.10	X	<u> </u>					0.	0.	0
(62) RICHARD SAMM										
BOARD MEMBER	0.10	X						0.	0.	0
(63) GARY SMITH										
BOARD MEMBER	0.10	X		1	_	<u> </u>		0.	0.	0
(64) WARREN SOPER								_	_	_
BOARD MEMBER	0.10	X	_	_	1_	_	1	0.	0.	0
(65) SHAWN STRONG			1						_	_
BOARD MEMBER	0.10	X	<del> </del>	_	_	_	1	0.	0.	0
(66) TOM UPDEGRAFF										
VP-MEMBERSHIP	0.10	X		X			1	0.	0.	0

								E, CHICAGO, IL 43-1901317		
Part VII Section A. Officers, Directors, T							est	Compensated Employees (continued)		
(A) Name and title	(B) Average hours	(C) Position (check all that apply)					oly)	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(67) JOHN VIEW	0.10	v		X				0.	0.	0.
COUNCIL COMMISSIONER (68) JIM WAMMACK	0.10	A		Α	┢	┢	<del> </del>	<u> </u>	•	<u>_</u>
TREASURER	0.10	х		Х				0.	0.	0
(69) DEE WAMPLER	0.10	.,							0	
BOARD MEMBER	0.10	X	<u> </u>	<u> </u>			<u> </u>	0.	0.	0
(70) BANK OF AMERICA, NA TRUSTEE	1.00		х					12,507.	0.	0
(71) DEAN ERTEL							İ			
SCOUT EXECUTIVE/SECRETARY	0.40	ļ	<u> </u>	X			<u> </u>	0.	133,603.	8,711
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<del>-</del>				1	-					
		-	$\vdash$	+	+	1				
		1		<u> </u>		1	<u> </u>	12 507	122 602	0 711
Total to Part VII, Section A, line 1c								12,507.	133,603.	8,711