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DLN: 93493226020182

Form 990

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

2011

Open to Public
Inspection

			lendar year, or tax year beginning (C Name of organization	01-01-2011 and ending 12-31-20:	11	D Emplo	ver id	entification number		
		pplicable	BOY SCOUTS OF AMERICA			J Linple	yer ia	circincution number		
Ad	dress ch	nange	DANIEL BOONE COUNCIL Doing Business As			56-05 E Tele ph				
□ Na	me chai	nge	Doing business as			E Teleph	ione n	umber		
— _{Inı}	tıal retui	rn	Number and street (or P.O. hoy if mail i	s not delivered to street address) Room/s	<u> </u>	(828)	254-	6189		
– _{Te}	rmınated	d	333 W HAYWOOD STREET	s not delivered to street dudiessy Room, s	oute	G Gross r	eceipts	\$ \$ 2,668,467		
_	nended i		City or town state or country and 7ID							
_			City or town, state or country, and ZIP - ASHEVILLE, NC 28801	+ 4						
Ap	plication	pending								
			F Name and address of princip	al officer	H(a) I	s this a group	retur			
			JESSE C BOWES JR 333 W HAYWOOD STREET		a	ffiliates?		┌ Yes ┌ No		
			ASHEVILLE, NC 28801		H(b) A	re all affiliates	includ	ded?		
					1 '			(see instructions)		
I Ta	ıx-exem	npt status	▽ 501(c)(3) ┌ 501(c)() ◄ (inse	rt no)	1	Group exempt				
1 W	ehsite	• • \\/\\/	W DANIELBOONECOUNCIL ORG		7(5)					
					<u> </u>					
			Corporation Trust Association	Other -	L Year	of formation 19	93	M State of legal domicile NC		
Pa	rt I	Sum	mary							
Governance	7	TO PROI AND PRE	escribe the organization's mission of MOTE THE ABILITY OF BOYS AN EPARE YOUNG PEOPLE TO MAKE LUES OF THE SCOUT OATH AND	D YOUNG MEN TO DO THINGS F ETHICAL AND MORAL CHOICE:						
<u>ş</u>	-									
ŝ	2 (Check th	iis box দ if the organization disco	ntınued its operations or disposed	of more th	an 25% of its	net a	ssets		
	3 1	Number	of voting members of the governing	body (Part VI, line 1a)			3	43		
<u>ĕ</u>	4 1	Number	of independent voting members of t	ne governing body (Part VI, line 1b	o)		4	42		
Activities &	5 1	Total nur	mber of individuals employed in cale	endar year 2011 (Part V, line 2a)			5	134		
্ব	6 7	Total nur	mber of volunteers (estimate if nece	essary)			6	1,785		
			related business revenue from Part				7a	0		
	1		lated business taxable income from				7b			
				·		Prior Year		Current Year		
	8	Contrib	butions and grants (Part VIII, line :	(h)		686,	591	419,117		
3	9		m service revenue (Part VIII, line		_	1,458,	-	1,681,358		
Revenue	10	_	ment income (Part VIII, column (A				321	63,591		
Ě	11		revenue (Part VIII, column (A), line		•	374,		215,978		
	12		evenue—add lines 8 through 11 (m		ne 💳		-			
			<u> </u>			2,550,	302	2,380,044		
	13	Grants	and sımılar amounts paıd (Part IX,	column (A), lines $1-3$)		5,	411	7,618		
	14	Benefit	ts paid to or for members (Part IX, o	column (A), line 4)				0		
ch.	15		es, other compensation, employee b	enefits (Part IX, column (A), lines		205		1 100 716		
Ϋ́		5-10)				995,	-	1,108,746		
Expenses	16a		sional fundraising fees (Part IX, col			2,	488	1,928		
五	b		ndraising expenses (Part IX, column (D), lir							
-	17		expenses (Part IX, column (A), line	· · · · · · · · · · · · · · · · · · ·		1,230,	564	1,132,126		
	18		expenses Add lines 13–17 (must e			2,233,	641	2,250,418		
	19	Reveni	ue less expenses Subtract line 18	from line 12		316,	661	129,626		
8 8					Begir	nning of Curre	nt	End of Year		
9.44 10.44		- · ·	Andrew (Device of Co.)			Year	017			
Net Assets or Fund Balances	20		assets (Part X, line 16)			5,981,9		6,144,302		
<u> 5</u> 5	21		iabilities (Part X, line 26)			492,0		593,061		
	22		sets or fund balances Subtract line	21 from line 20		5,489,	8/6	5,551,241		
Unde know		ties of pe	ature Block erjury, I declare that I have examined t f, it is true, correct, and complete. Dec							
		****	**			2012-07-12				
Sigr	1	Signa	ture of officer			Date				
Her		JESSE	E C BOWES JR CEO							
			or print name and title							
		Preparer'	's k	Date	Check If			ayer identification number		
Paid		signature		2012-08-13	self- employed	(see inst	ructions	s)		
	arer's	Firm's na	nme (or yours LEAH B NOEL CPA PC	<u> </u>	pioyeu F	!				
•	Only	ıf self-en	nployed),			EIN Þ	EIN ▶			
		address,	and ZIP + 4 29 1/2 PAGE AVE			Dhone no) b /	828) 333-4520		
			ASHEVILLE, NC 28801	Prione no	Phone no 🕨 (828) 333-4529					

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

Pa	rt IIII Statemen Check if Sch	nt of Program Service nedule O contains a respon	Accomplishments se to any question in this	Part III		৮
1	Briefly describe th	e organization's mission				
RE		LITY OF BOYS AND YOUN PLE TO MAKE ETHICAL AI AND LAW				
2	the prior Form 990	n undertake any significant or 990-EZ?			sted on ⊤Yes ▼	No
	If "Yes," describe t	hese new services on Sche	dule O			
3	services?	n cease conducting, or mal			am ГYes ✓	No No
	If "Yes," describe t	hese changes on Schedule	0			
4	expenses Section	nization's program service a 501(c)(3) and 501(c)(4) o ons to others, the total exp	rganizations and section	4947(a)(1) trusts are req	uired to report the am	
	(Code) (Expenses \$	2,045,720 including gran	ts of \$ 7,618) (Revenue \$)
	VENTURING AND EXPI VOLUNTEERS IN 14 W PEOPLE IN THEIR PRO PROCESS BY INSTILL ORGANIZATIONS WILL PERSONAL AND CIVIC SERVICE HOURS CON	MS TARGET BOYS AGES 6-10 FOR LORING PROGRAMS, AND BOYS A VESTERN NC COUNTIES, GUIDED DGRAMS TO PROVIDE THEM WITH ING VALUES AND CHARACTER DE LE BETTER PREPARED TO ASSUIT RESPONSIBILITY THROUGH COMDUCTED BY YOUTH IN SCOUTING SCHOOLS AND COMMUNITY CEN	ND GIRLS IN KINDERGARTEN - BY PROFESSIONAL STAFF MEM FUN AND EDUCATIONAL ACTI VELOPMENT IN THE YOUTH OF ME THAT RESPONSIBILITY IN A MUNITY SERVICE PROJECTS A FPROGRAMS ESTABLISHED W	 12TH GRADE FOR LEARNING FOR BERS FROM THE DANIEL BOONE VITIES WHILE ALSO SERVING AS WESTERN NC, THE FUTURE LEADDITION, SCOUTING'S FOCUS OND LEADERSHIP TRAINING PROVERSHIP PROBLEMENS, ACTOR 	OR LIFE PROGRAMS THOU COUNCIL, WORK CLOSELY MENTORS AND POSITIVE FADERSHIP OF THESE COUND DEVELOPING A KEEN AV JUDES A TREMENDOUS VOLFIVITIES AND SERVICE PRO	ISANDS OF ADULT WITH THE YOUNG ROLE MODELS IN THE ITIES AND THEIR VARENESS OF UME OF COMMUNITY DIECTS TAKE PLACE
4b	(Code) (Expenses \$	ıncludıng grant	s of \$) (F	Revenue \$)
4 c	(Code) (Expenses \$	ıncludıng grant	s of \$) (F	Revenue \$)
4d	Other program se	rvices (Describe in Schedi	ıle O)			
	(Expenses \$	ıncludı	ng grants of \$) (Revenue \$)
4e	Total program ser	vice expenses +\$	2,045,720			

Part IV	Checklist of	Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏	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		N o
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 for which 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 1	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	Yes	
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		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part $\sqrt{2}$	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? <i>If "Yes," complete Schedule D, Part VI.</i>	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		No
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		No
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
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
Ь	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 or more? If "Yes," complete Schedule F, Part I	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, Part 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, Part 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? <i>If "Yes," complete Schedule G, Part I</i>	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. All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

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 $\textcircled{\textbf{5}}$	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		N o
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 questions 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
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
c	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 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		No
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
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		Νo
b	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	35b		No
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	
		F	orm 990	(2011)

Part V	Statements Regarding Other IRS Filings and Tax Complia	ince)				
	Check if Schedule O contains a response to any question in this Part V $$. [

			Yes	No
a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
L	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
ט	1b			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable		\	
:a	gaming (gambling) winnings to prize winners?	1c	Yes	
.a	Statements filed for the calendar year ending with or within the year covered by this			
	return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
a	Did the organization have unrelated business gross income of \$1,000 or more during the			
	year ⁷	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
a	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 or securities			
	account)?	4a		Νo
b	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		No
Ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		No
u	organization solicit any contributions that were not tax deductible?			1110
b	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).			
а	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		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			
	file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			
	contract?	7e		
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	 7g		
h	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.	<u> </u>		
а	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		
0	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			
b	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		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?			
	Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue			
	qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state	13a		
b	Enter the aggregate amount of reserves the organization is required to maintain by			
	the states in which the organization is licensed to issue qualified health plans			
C	Enter the aggregate amount of reserves on hand 13c			
4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

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
4-				
1a	Enter the number of voting members of the governing body at the end of the tax year			
b	Enter the number of voting members included in line 1a, above, who are independent			
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	Yes	
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	Did the organization have members or stockholders?	6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	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 organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal			
Re	evenue Code.)			
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did 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?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b		No
	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	estion C. Biodones			
	ection C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed.			

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 made these available.

Own website Another's website Vpon request

(828) 254-6189

- 19 Describe in Schedule O whether (and if so, how), the organization made 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 FERRY QUACKENBUSH

 333 W HAYWOOD STREET

 ASHEVILLE, NC 28801

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, or 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 or	ganization nor any re	lated o	rgan	ızatı	ons	compe	ensat	ted any current or fo	rmer officer, direc	tor, or trustee
(A) Name and Title	(B) A verage hours per week (describe	unles an	on (d e tha	n one son er ar	e bo: is bo nd a	x, oth		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and
	hours for related organizations in Schedule O)	Individual trustae or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former		MISC)	related organizations
See Additional Data Table										
				\vdash			_			

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

	(A) Name and Title	(B) A verage hours per week (describe	unles an	on (d e tha	n on son er a	e bo is b nd a stee	x, oth)		(E Repor comper from organiza	table isation the tion (W-	(E) Reportable compensation from related organizations (W- 2/1099-	,	(F) Estima imount of compens from rganizat relat	ated If other sation the ion and
		hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			MISC)		organiza	
See A	vidditional Data Table													
												\top		
												\top		
												\top		
												+		
												+		
1b	Sub-Total				٠.			<u> </u>						
С	Total from continuation sheets							>						
d	Total (add lines 1b and 1c) .							•		117,594				
2	Total number of individuals (inc \$100,000 of reportable compe					ted	above) who	o received	more tha	in			
													Yes	No
3	Did the organization list any fo					-	mploy	ee, c	or highest	compens	ated employee		103	110
_	on line 1a? If "Yes," complete Sc					•		•				3		No
4	For any individual listed on line organization and related organization and related organizations.											4		No
5	Did any person listed on line 1a	receive or accru	ie comi	pensa	tion	fror	n any	unre	elated orga	nızatıon (or individual for	-		INO
	services rendered to the organi	zation? <i>If</i> "Yes,"	complet	e Sch	edul	e J f	or suc	h per	rson		•	5		No
	ection B. Independent Cor	ntractors												
1	Complete this table for your five \$100,000 of compensation from or within the organization's tax	e highest comper n the organizatio												
		(A)	droce							Dag-	(B)		(C	
	ONSTRUCTION & DEVELOPMENT INC	me and business ad	u1622								ription of services	-+	Compe	
	JRRAY DEBRUHL ROAD ANDER, NC 28701								ļ ^ĸ	ENOVATION	4			102,640
												$-\Gamma$		
2	Total number of independent con	tractors (ıncludır	ng but r	ot lır	nited	d to	those	liste	ed above) w	ho recei	ved more than			

\$100,000 of compensation from the organization \blacktriangleright 1

Part \	/	Statement o	f Revenue					
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
発	1a	Federated camp	paigns 1a	52,208				
豆豆	Ь	Membership due	es 1b					
% ₩	c	Fundraising eve	ents 1c	21,082				
£ξ	d	Related organiz	ations 1d					
% ≣ 	e	Government grants	(contributions) 1e					
들풍	f	All other contributio	ons, gifts, grants, and 1f	345,827				
至		sımılar amounts no	t included above					
重す	g		butions included in					
Contributions, gifts, grants and other similar amounts	h			▶	419,117			
U 10					·			
e⊒		CAMPING AND ACT	DATE SECO	Business Code				
Yen Yen	2a	CAMPING AND ACT	IVITY FEES	713990	1,681,358	1,681,358		
윤	b							
<u> </u>	C							
Ž Ž	d							
Ξ	e							
Program Serwce Revenue	f	All other progra	m service revenue					
چ	_	Total Addisse	- 2a - 2f		1 (01 250			
	g 3		2a-2f		1,681,358			
	•		ome (including dividend ar amounts)		37,996			37,996
	4		tment of tax-exempt bond p	-	3.7550			3,,330
	5		· · · · · · ·					
		Royalties	(ı) Real	(II) Personal				
	6a	Gross rents	28,116	(II) I CISOIIdi				
	ь	Less rental	·					
		expenses Rental income	28,116					
	C	or (loss)	,					
	d	Net rental incor	me or (loss)	•	28,116			28,116
			(ı) Securities	(II) Other				
	7a	Gross amount from sales of	29,469	10				
		assets other than inventory						
	ь	Less cost or	2,376	1,508				
		other basis and sales expenses						
	c	Gain or (loss)	27,093	-1,498				
	d	Net gain or (los	s)	▶ [25,595	-1,498		27,093
Other Revenue	8a	Ψ	uding 082 reported on line 1c)					
			a	452,966				
Ě	b		penses b	284,539	160 437			
J	C		loss) from fundraising (events 🟲	168,427			
	9a	See Part IV, line	om gaming activities e 19 a					
	Ь		penses b					
	С		loss) from gamıng actıv ı	/ities►				
	10a	Gross sales of i returns and allo						
	ь	Less cost of go	oods sold b					
	c		ا loss) from sales of Inve	entory 🟲				
		Miscellaneous	Revenue	Business Code				
	11a	OTHER REVEN	UE	713990	19,435			19,435
	Ь							
	c							
	d	All other revenu	ıe					
	e		: 11a-11d	 †				
				· · · · •	19,435			
	12	lotal revenue.	See Instructions	•	2,380,044	1,679,860		112,640

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)

<u>C</u>	heck if Schedule O contains a response to any question in this Part IX	<u></u>			
	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 United States See Part IV, line 21				
2	Grants and other assistance to individuals in the United States See Part IV, line 22	7,618	7,618		
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	901,573	803,430	30,340	67,803
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	123,106	106,195	5,228	11,683
10	Payroll taxes	84,067	76,246	2,418	5,403
11	Fees for services (non-employees)				
а	Management				
b	Legal				
c	Accounting	10,229		10,229	
d	Lobbying				
е	Professional fundraising See Part IV, line 17	1,928			1,928
f	Investment management fees	7,626	7,626		
g	Other	11,058	10,374	684	
12	Advertising and promotion				
13	Office expenses	556,996	537,711	3,276	16,009
14	Information technology				
15	Royalties				
16	Occupancy	141,360	137,170	1,295	2,895
17	Travel	111,467	102,286	2,795	6,386
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	49,836	45,433	1,073	3,330
20	Interest	16,840	13,800	940	2,100
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	141,438	132,837	2,663	5,938
23	Insurance	31,762	30,520	384	858
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)				
a	RECOGNITION AWARDS	40,489	20,298	144	20,047
b	MISCELLANEOUS	13,109	14,245	440	-1,576
c	EMPLOYEE RELATED EXPENSES	-84	-69	-5	-10
d					
е					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	2,250,418	2,045,720	61,904	142,794
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				

Part X **Balance Sheet** (A) (B) Beginning of year End of year 686.481 544,988 1 1 933,220 1.035.606 2 2 3 26,906 3 24.088 15.631 4 131.887 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 5 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of 6 Schedule L 211,968 7 209,208 29.848 8 36.135 54.090 9 51.235 9 Prepaid expenses and deferred charges 5.366.965 Land, buildings, and equipment cost or other basis Complete 10a Part VI of Schedule D 10a 10b 1,258,665 4,026,628 b Less accumulated depreciation 10c 4,108,300 11 11 12 12 Investments—other securities See Part IV, line 11 13 13 Investments—program-related See Part IV, line 11 . . 14 Intangible assets 14 15 15 5,981,917 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 16 6,144,302 56,207 174,884 17 17 Accounts payable and accrued expenses . 18 18 19 62,735 19 52,582 20 20 21 21 Escrow or custodial account liability Complete Part IV of Schedule D . . Liabilities 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L \ldots . \ldots . \ldots 22 23 Secured mortgages and notes payable to unrelated third parties . . . 308.219 23 284,856 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule 64,880 25 80,739 D 26 492,041 26 593,061 **Total liabilities.** Add lines 17 through 25 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 27 5,024,223 5,251,400 Unrestricted net assets 318,510 28 146,425 28 Temporarily restricted net assets Fund 29 147,143 29 153,416 Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34. ö 30 Capital stock or trust principal, or current funds 30 Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 33 Total net assets or fund balances 5.489.876 33 5.551.241 34 Total liabilities and net assets/fund balances 5.981.917 34 6.144.302

Pal	Check if Schedule O contains a response to any question in this Part XI			.୮			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		2,3	380,04		
2	Total expenses (must equal Part IX, column (A), line 25)	2		2,250,41			
3	Revenue less expenses Subtract line 2 from line 1	3		1	129,62		
4	4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4						
5	Other changes in net assets or fund balances (explain in Schedule O)	5		-	-68,26		
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		5,5	551,24		
Par	Tinancial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII			୮			
1	Accounting method used to prepare the Form 990			Yes	No		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No		
b	Were the organization's financial statements audited by an independent accountant?	H	2b	Yes			
С	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		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 Onsolidated basis Both consolidated and separated basis	sued					
За	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		No		
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				

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As Filed Data -

DLN: 93493226020182

OMB No 1545-0047

Inspection

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization

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.

Public Charity Status and Public Support

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

Employer identification number

BOY S	COUTS	OF AMERI	CA						Limpioyei	identii idatii	on number		
		IE COUNC		la Charita Cha	# / A II			-1-4- 46	56-0529				
Par				Iblic Charity Sta te foundation becaus						Instructions	j		
1				ion of churches, or a					·				
2	<u>'</u>		•	d in section 170(b)(1			-	//(±//\\\/\!).					
3	<u>'</u>			perative hospital se				n 170(h)(1)	(A)(iii)				
4	Ė	A medi	cal researc	h organization opera	-					(1)(A)(iii). I	Enter the		
5	Γ	_	•	erated for the benefication (A)(iv). (Complete P	_	e or universi	ty owned or o	perated by a	governmer	ntal unit desc	cribed in		
6	Г				•	tal unit desc	ribed in secti	ion 170(b)(1)(A)(v).				
7	<u>~</u>	An orga describ	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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	Г			described in section		A)(vi) (Cor	mplete Part II	[)					
9	Ĺ.			at normally receives			=	=	outions, mei	mbership fee	s, and gross		
	·	_		rities related to its e					•	•	-		
		ıts sup	port from gr	oss investment inco	me and unre	lated busine	ess taxable ın	come (less s	section 511	tax) from bu	usinesses		
		acquire	d by the or	ganızatıon after June	30,1975 S	ee section	509(a)(2). (C	omplete Par	tIII)				
10	Γ	An orga	anization or	ganized and operated	d exclusively	to test for	public safety	See section	509(a)(4).				
11	Γ	one or the box	more public	ganized and operated ly supported organiz ibes the type of supp b Type I	ations descr oorting organ	ribed in sect ii <u>za</u> tion and	ion 509(a)(1) or section ! s 11e throu	509(a)(2) § gh 11h	See section 5			
e	Γ	other tl		ox, I certify that the ion managers and ot									
f		If the o		received a written d	etermination	from the IR	S that it is a	Туре І, Туре	e II or Type	III supporti	ng organization,		
g				2006, has the organ	ızatıon accep	oted any gift	t or contributi	on from any	of the				
		(i) a pe and (III) below, the	rectly or indirectly c governing body of th er of a person descri	ne the suppor	rted organız	_	persons des	crıbed ın (ıı	110	Yes No		
		(iii) a 3	5% contro	lled entity of a perso	n described	ın (ı) or (ıı) a	above?			11g	(iii)		
h		Provide	the follow	ng information about	the supporte	ed organızat	cion(s)						
(i) Name suppor organiza		e of (ii) (described on orted EIN lines 1 - 9 above		Type of organization (described on lines 1- 9 above	(iv) Is the organizati col (i) list your gove docume	e Ion In ted In Frning	organizat col (i) of	(v) Did you notify the organization in col (i) of your support?) he tion in ganized J S ?	(vii) A mount of support?		
				instructions))	Yes No Yes		Yes	No	Yes	No			
Total				l	1	1	1	1			1		

Support Schedule for Organizations Described in IRC 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 organızatıon f	ails to qualify ι	ınder the tests l	isted below, ple	ase co	mplete F	Part III.)
	ection A. Public Support							
Cale	endar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2	011	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	508,120	366,428	3 467,296	686,591		419,117	2,447,558
	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 5	Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included or line 1 that exceeds 2% of the amount shown on line 11, column (f)	508,12i	5 366,421	467,296	686,591		419,117	2,447,558
6	Public Support. Subtract line 5 from line 4	١						2,447,558
S	ection B. Total Support							
Cale	endar year (or fiscal year beginning	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 20	011	(f) Total
7	ın) A mounts from line 4	508,126	366,428	467,296	686,591	419,117		2,447,558
8	Gross income from interest,	300,120	300,120	107,230	000,331		115,117	2,117,330
	dividends, payments received on securities loans, rents, royalties and income from similar sources	106,213	111,759	62,997	76,622		66,112	423,703
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets	145,701	88,202	73,183	148,145		19,435	474,666
11	Total support (Add lines 7 through 10)							3,345,927
12	Gross receipts from related activiti					12		2,134,324
	First Five Years If the Form 990 is check this box and stop here			, thırd, fourth, or fı	Ifth tax year as a	501(c)(i	3) organız	ration, ▶┌
	ection C. Computation of Pul			441 (2)				
14	Public Support Percentage for 201	•	•	11 column (f))		14		73 150 %
15	Public Support Percentage for 201	•	•			15		69 990 %
b	33 1/3% support test—2011. If the and stop here. The organization qua 33 1/3% support test—2010. If the box and stop here. The organizatio 10%-facts-and-circumstances test is 10% or more, and if the organization Part IV how the organization medorganization	alifies as a public e organization did n qualifies as a pu — 2011. If the orga ition meets the "fa	y supported orga not check the bo iblicly supported anization did not acts and circums	nization x on line 13 or 16 organization check a box on lin tances" test, chec	a, and line 15 is 3 e 13, 16a, or 16b ck this box and st	33 1/3% and line	or more, e 14 Explain	►/▽ check this ►/
b 18	10%-facts-and-circumstances test 15 is 10% or more, and if the organization Explain in Part IV how the organization Private Foundation If the organizationstructions	nization meets the ition meets the "fa	e "facts and circu acts and circums	ımstances" test, o tances" test The	check this box and organization qual	d stop h e ifies as a	e re. a publicly	•

Schedule A (Form 990 or 990-EZ) 2011 Page 3 Part III Support Schedule for Organizations Described in IRC 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) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (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 persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) 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 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 13 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 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f)) 15 15 Public support percentage from 2010 Schedule A, Part III, line 15 16 16 Section D. Computation of Investment Income Percentage

Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))

19a 33 1/3% support tests—2011. 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

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

33 1/3% support tests-2010. 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

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Investment income percentage from 2010 Schedule A, Part III, line 17

17

18

17

18

▶[

Part IV	Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).										
	Facts And Circumstances Test										
	Explanation										

Schedule A (Form 990 or 990-EZ) 2011

DLN: 93493226020182

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, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b

ntema	al Revenue Service	► Attach to Fo	orm 990. ► See separate instructions.		Inspect	ion			
	me of the organiz			Employer identifi	cation numbe	<u> </u>			
	Y SCOUTS OF AMERIONIEL BOONE COUNCI			56-0529937					
Pa	rt I Organi	zations Maintaining Donor Ac	dvised Funds or Other Similar Fu		ts. Complet	e if the			
	organız	ation answered "Yes" to Form 99	· · · · · · · · · · · · · · · · · · ·		·				
			(a) Donor advised funds	(b) Funds and	other accour	nts			
1	Total number at								
2	33 3	ributions to (during year)							
3		ts from (during year)							
4 Aggregate value at end of year									
5	_		sors in writing that the assets held in dono organization's exclusive legal control?	or advised	┌ Yes	✓ No			
6	used only for cl		donor advisors in writing that grant funds efit of the donor or donor advisor, or for an		┌ Yes	√ No			
Pa	rt III Consei	rvation Easements. Complete	if the organization answered "Yes" to	Form 990, Part	IV, line 7.				
1 2	Preservation Preservation Complete lines	onservation easements held by the or on of land for public use (e g , recreati of natural habitat on of open space 2a-2d if the organization held a quali de last day of the tax year	on or pleasure)	historically importa ertified historic stru of a conservation	•	ì			
		,		Held at th	e End of the	Year			
а	Total number o	f conservation easements		2a		1			
b	Total acreage r	estricted by conservation easements		2b		275			
С	Number of cons	servation easements on a certified his	toric structure included in (a)	2c					
d	Number of cons	servation easements included in (c) ac	cquired after 8/17/06	2d					
3	Number of cons	servation easements modified, transfe	- rred, released, extinguished, or terminate:	d by the organizatio	n during				
	the taxable yea	r ►							
4	Number of state	es where property subject to conserva	ation easement is located 🛌 1						
5	Does the organ		g the periodic monitoring, inspection, hand	— Iling of violations, ai	nd Ves	√ No			
6	Staff and volunt	teer hours devoted to monitoring, insp	pecting and enforcing conservation easem	ents during the year	<u>►</u> 124	1			
7	A mount of expe ► \$ 24	• .	ng, and enforcing conservation easements	during the year					
8		servation easement reported on line 2 and 170(h)(4)(B)(ii)?	(d) above satisfy the requirements of sec	tion	┌ Yes	√ No			
9	balance sheet,		onservation easements in its revenue and the footnote to the organization's financial nents						
Par			ns of Art, Historical Treasures,	or Other Similar	Assets.				
			'Yes" to Form 990, Part IV, line 8.		*				
1a	art, historical ti	reasures, or other similar assets held	116, not to report in its revenue stateme for public exhibition, education or research ancial statements that describes these it	h in furtherance of p		,			
b	historical treas		116, to report in its revenue statement a public exhibition, education, or research ir s						
	(i) Revenues in	ncluded in Form 990, Part VIII, line 1		► \$					
	(ii) Assats in al	udod in Form 990 Part V		.					

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

following amounts required to be reported under SFAS 116 relating to these items

	Organizations Maintaining Co					-				ontinued)
3	Using the organization's accession and othe items (check all that apply)	r records, check any	of th	e follow	ng that a	are a significar	nt us	e of its collecti	on	
а	Public exhibition		d	┌ Lo	an or ex	change progra	ms			
b	Scholarly research		e	Г о	ther					
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and evnlar	ın how	uthey fu	rther the	organization's	: AV	mnt nurnosa ir	•	
-	Part XIV					_			l	
5	During the year, did the organization solicition assets to be sold to raise funds rather than to								_ Yes	√ No
Par	t IV Escrow and Custodial Arrang							<u>.</u>		1. 140
	Part IV, line 9, or reported an ar	nount on Form 99	0, Pa	irt X, lı	ne 21.					
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	dian or other interme	dıary	for cont	rıbutıons	or other asse	ts n		Yes	√ No
b	If "Yes," explain the arrangement in Part XI	V and complete the f	follow	ıng table	e					
_						<u> </u>		Am	ount	
с	Beginning balance						lc			
d	Additions during the year					<u> </u>	ld			
e	Distributions during the year					_	le			
f	Ending balance						Lf			
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21?					Г	Yes	√ No
b	If "Yes," explain the arrangement in Part XI\									
Pa	rt V Endowment Funds. Complete									
1_	Parimum of warm balance	(a)Current Year 1,422,335	(b)	Prior Yea	r (c) 1,255	Two Years Back 1,246,307	 ` ·	Three Years Back	(e)Four	Years Back
1a	Beginning of year balance	1,422,333		1,54-	+,233	32,513	+			
Ь	Contributions	-35,034		107	2,774	275,770	₩			
С	Investment earnings or losses	-35,034		182	2,774	2/5,//(Ή_			
d	Grants or scholarships	35.000		20:	1.461					
е	Other expenditures for facilities and programs	35,000		29.	1,461					
f	Administrative expenses	7,922		13	3,233	10,335	5			
q	End of year balance	1,344,379		1,422	2,335	1,544,255	5			
2	Provide the estimated percentage of the year	r end balance held a	ıs							
а	Board designated or quasi-endowment	85 680 %								
ь	Permanent endowment ► 4 770 %									
	remailent endowment P									
c 3a	Term endowment • 9 550 % Are there endowment funds not in the posse	ssion of the organiza	ation t	hat are	held and	administered	for t	ha		
Ja	organization by	ssion of the organiza	1011 0	.iiat are	neia ana	adillillistered	101 6	iie	Yes	No
	(i) unrelated organizations							3a(i)	No
	(ii) related organizations							3a(ii	i)	No
b	If "Yes" to $3a(II)$, are the related organization							3b		No
4	Describe in Part XIV the intended uses of th									
Par	t VI Land, Buildings, and Equipme	ent. See Form 99	0, Pa	<u>rt X, lır</u>	ne 10.				<u> </u>	
	Description of property				st or other nvestment)			(c) Accumulated depreciation	(d) B	ook value
1a	_and					1,334,9	79			1,334,979
b I	Buildings					3,786,2	218	1,123,946	5	2,662,272
c l	_easehold improvements									
d I	Equipment					188,	199	79,319)	108,880
e (Other					57,!	569	55,400		2,169
	I. Add lines 1a-1e <i>(Column (d) should equal Fo</i>		nn (B),	, line 10	(c).) .				1	4,108,300
	•							Schedule D	(Form	990) 2011

Part VII Investments—Other Securities. See	Form 990, Part X, line 1	2.
(a) Description of security or category	(b)Book value	(c) Method of valuation
(including name of security)	. ,	Cost or end-of-year market value
(1) Financial derivatives		
(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		13.
		(c) Method of valuation
(a) Description of investment type	(b) Book value	Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)		
Part IX Other Assets. See Form 990, Part X, lir	ne 15.	-
(a) Descrip	otion	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1	5.)	
Part X Other Liabilities. See Form 990, Part X	(, line 25.	
1 (a) Description of Liability	(b) A mount	
Federal Income Taxes		
CUSTODIAL ACCOUNTS	80,739	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	80,739	
2 Fin 48 (ASC 740) Footpote In Part VIV provide the tay		aization's financial statements that reports the

Par	t XII Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	2,380,044
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	2,250,418
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	129,626
4	Net unrealized gains (losses) on investments	4	-82,023
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		9	-82,023
	Total adjustments (net) Add lines 4 - 8		
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	47,603
1	Reconciliation of Revenue per Audited Financial Statements With Revenue p	1	2,298,021
	Total revenue, gains, and other support per audited financial statements	-	2,290,021
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
Ь	Donated services and use of facilities		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	-82,023
3	Subtract line 2e from line 1	3	2,380,044
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 . 4a		
b	Other (Describe in Part XIV)		
C	Add lines 4a and 4b	4c	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	2,380,044
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses	per Return	
1	Total expenses and losses per audited financial statements	1	2,250,418
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	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	2,250,418
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		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	2,250,418
Par	t XIV Supplemental Information	•	
	nplete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, 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 t		

addıtıonal ınformatıon

Identifier	Return Reference	Explanation
ACCOUNTING FOR CONSERVATION EASEMENTS	,	THE COUNCIL'S ASSETS AND ACTIVITY RELATED TO THE CONSERVATION EASEMENTS ARE EMBEDDED IN THE
		FINANCIAL STATEMENTS

Software ID: Software Version:

EIN: 56-0529937

Name: BOY SCOUTS OF AMERICA DANIEL BOONE COUNCIL

Form 990, Special Condition Description:

Special Condition Description

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

Compensated Employees, a	(A) (B) (C) (D) (E) (F)												
Name and Title	A verage hours		tion that	(che	/)	_	Reportable compensation		Reportable compensation	Estimated amount of other			
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations			
JESSE C BOWES JR SECRETARY/CE	40 00	Х		x				117,594	0	0			
DAVID BURRELL PRESIDENT	1 00	Х		х				0	0	0			
BRYANT WEBSTER PRESIDENT EL	1 00	Х		х				0	0	0			
JERRY GMYR COUNCIL COMM	1 00	Х		х				0	0	0			
CJ PETE ARMSTRONG EXEC BOARD M	1 00	Х		х				0	0	0			
JOEL CHAMBERS VP, FINANCE/	1 00	Х		х				0	0	0			
KATHY EATON VP, PROGRAMS	1 00	Х		х				0	0	0			
DR JACK FRISCH VP, ADMINIST	1 00	Х		х				0	0	0			
RICHARD HURLEY VP, MANPO WER	1 00	Х		х				0	0	0			
DR STEPHEN PAGE VP, MEMBERSH	1 00	Х		х				0	0	0			
GEORGE PFEIFFER VP, MARKETIN	1 00	Х		х				0	0	0			
JONATHAN SMITH VP, FUND DEV	1 00	Х		х				0	0	0			
BILL ARLEDGE EXEC BOARD M	1 00	Х						0	0	0			
DERRICK BAILEY EXEC BOARD M	1 00	Х						0	0	0			
RANDALL BARNETT EXEC BOARD M	1 00	Х						0	0	0			
DR LAUREL BROADHURST EXEC BOARD M	1 00	Х						0	0	0			
BRYSON CHRISTY EXEC BOARD M	1 00	Х						0	0	0			
RONNIE JUSTICE EXEC BOARD	1 00	Х						0	0	0			
CLAY DANGERFIELD EXEC BOARD M	1 00	Х						0	0	0			
BILL DYAR EXEC BOARD M	1 00	Х						0	0	0			
HANK DUNN EXEC BOARD M	1 00	Х						0	0	0			
NEAL ENSLEY EXEC BOARD M	1 00	Х						0	0	0			
WILLIAM GOACHER EXEC BOARD M	1 00	Х						0	0	0			
GREG HUTCHINS EXEC BOARD M	1 00	Х						0	0	0			
BOB LITTEN EXEC BOARD M	1 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		(tion that a			II		(D) Reportable compensation from the	(E) Reportable compensation	(F) Estimated amount of other compensation		
	per week	Key employee Key employee Officer Institutional Trustee Individual trustee or director		Former Highest compensated employee Key employee		Former	rrom tne organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	from the organization and related organizations			
KEITH LOVIN EXEC BOARD M	1 00	Х						0	0	0		
ED MCFARLAND EXEC BOARD M	1 00	Х						0	0	0		
PEGGY MELVILLE EXEC BOARD M	1 00	Х						0	0	0		
SUE PERSONS EXEC BOARD M	1 00	Х						0	0	0		
MARK PINKSTON EXEC BOARD M	1 00	Х						0	0	0		
ARNOLD SKIP SHELDON EXEC BOARD M	1 00	Х						0	0	0		
STEVE SIZEMORE EXEC BOARD M	1 00	Х						0	0	0		
PETER SPRAGUE EXEC BOARD M	1 00	Х						0	0	0		
BETTY TAYLOR EXEC BOARD M	1 00	Х						0	0	0		
G STUART THORP EXEC BOARD M	1 00	Х						0	0	0		
TAYLOR TOWNSEND EXEC BOARD M	1 00	Х						0	0	0		
DR CHARLES VIZZINI EXEC BOARD M	1 00	Х						0	0	0		
TED WHITE EXEC BOARD M	1 00	Х						0	0	0		
DAVID WHITSON EXEC BOARD M	1 00	Х						0	0	0		
CHARLES WOLFE EXEC BOARD M	1 00	Х						0	0	0		
CHRISTOPHER REINHARDT LEGAL COUNSE	1 00	Х						0	0	0		
RONNIE BLYTHE EXEC BOARD	1 00	Х						0	0	0		
NANTHANIEL BROADHURST EXEC BOARD	1 00	Х						0	0	0		

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DLN: 93493226020182

OMB No 1545-0047

Department of the Treasury

(Form 990 or 990-EZ)

SCHEDULE G

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

Fundraising or Gaming Activities

Open to Public

Internal Revenue Service	Attacl	ctions.	Inspection				
Name of the organization BOY SCOUTS OF AMERICA DANIEL BOONE COUNCIL				Employer ide 56-0529937	Employer identification number		
Part I Fundraising	Activities. Complet	te if the organiza	ation answered "Yes"	to Form 990, Part IV	, line 17.		
 Indicate whether the or Mail solicitations Internet and e-mail Phone solicitations In-person solicitations Did the organization had or key employees listed If "Yes," list the ten hig to be compensated at let 	en-government grants overnment grants ing events ers, directors, trustees fundraising services?						
(i) Name and address of Individual or entity (fundraiser) Total	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes No	(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization		
3 List all states in which t licensing	the organization is regi	stered or licensed	to solicit funds or has b	peen notified it is exemp	t from registration or		
All States							
- n'				E000011			

	t II			e organization answered "Yes" to Form 990, Part IV, line 18, or reported line 6a. List events with gross receipts greater than \$5,000.								
			(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events						
			POPCORN SALES	PROJECT SALES		(Add col (a) through col (c))						
ds.			(event type)	(event type)	(total number)							
HME	1	Gross receipts	431,741	21,225	21,082	474,048						
Revenue	2	Less Charitable contributions			21,082	21,082						
	3	Gross income (line 1 minus line 2)	431,741	21,225		452,966						
	4	Cash prizes										
ွ	5	Non-cash prizes										
Expenses	6	Rent/facility costs										
	7	Food and beverages										
Direct	8	Entertainment										
Δ	9	Other direct expenses .	282,256		2,283	284,539						
	10	Direct expense summary Add line	es 4 through 9 ın column	(d)	🛌	(284,539)						
	11	Net income summary Combine li	nes 3 and 10 ın column (d)		168,427						
Par	t III	Gaming. Complete if the or \$15,000 on Form 990-EZ, lir		"Yes" to Form 990, Pa	rt IV, line 19, or repo	rted more than						
Reveilue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))						
	1 (Gross revenue										
ses	2 (Cash prizes										
Expenses	3 1	Non-cash prizes										
	4 F	Rent/facility costs										
Direct	5 (Other direct expenses										
	6 \	Volunteer labor	┌ Yes	Г Yes Г No	┌ Yes							
	7 [Direct expense summary Add lines	s 2 through 5 in column (d)	•	()						
	8	Net gaming income summary Com	bine lines 1 and 7 in colu	ımn (d)	🛌							
9	Ente	er the state(s) in which the organiza	tion operates gaming ac	tivities								
a b	Is th	ne organization licensed to operate	gaming activities in each	n of these states?								
		Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?										

Sche	dule G (Form 990 or 990-EZ) 20	11			Page 3
11	Does the organization operate ga	aming activities with nonmembers? .		Г _{Yes} Г	- No
12	Is the organization a grantor, be	neficiary or trustee of a trust or a mem	per of a partnership or other entity		
	formed to administer charitable (gamıng?		· · · · F Yes F	- No
13	Indicate the percentage of gamii	ag activity operated in		1 1	
a				13a	
b					
14		f the person who prepares the organiza		<u> </u>	
	Name ►				
	Address ►				
	revenue?	ntract with a third party from whom the			- No
		ed by the third party 🟲 \$			
С	If "Yes," enter name and address	S			
	Name 🟲				
	Address ►				
16	Gaming manager information				
	Name 🟲				
	Gaming manager compensation I	\$ \$			
	Description of services provided	>			
17 a		Employee er state law to make charitable distribu		· · ·	- No
b	Enter the amount of distributions	required under state law distributed to	o other exempt organizations or sp		-
_		activities during the tax year > \$		hadala C /	
Par	t IV Complete this part to property instructions.)	provide additional information for	responses to quuestion on Sc	nedule G (see	
	Identifier	ReturnReference	Explana	tion	
		•	•		

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Schedule I

(Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.

OMB No 1545-0047

DLN: 93493226020182

Department of the Treasury ► Attach to Form 990 Inspection Internal Revenue Service Name of the organization Employer identification number BOY SCOUTS OF AMERICA 56-0529937 DANIEL BOONE COUNCIL Part I General Information on Grants and Assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use (a) Name and address of **(b)** EIN (c) IRC Code (d) Amount of cash (f) Method of (a) Description of (h) Purpose of grant (e) A mount of nonorganization section grant valuation non-cash assistance or assistance cash ıf applicable (book, FMV, or government assistance appraisal, other)

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, 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) SPECIFIC ASSISTANCE	2	44		cost	REGISTRATIONS
(2) SPECIFIC ASSISTANCE	26	809		соѕт	UNIFORMS
(3) SPECIFIC ASSISTANCE	46	6,765		cost	CAMPERSHIPS

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

Identifier	Return Reference	Explanation
	SCHEDULE I, PAGE 1, PART I, LINE 2	REQUESTS ARE SUBMITTED FOR SPECIAL ASSISTANCE THE REQUESTS ARE THEN REVIEWED AND NEEDS ARE ASSESSED BY THE CAMPING COMMITTEE SPECIAL ASSISTANCE IS GRANTED AFTER REVIEW

Schedule I (Form 990) 2011

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DLN: 93493226020182

OMB No 1545-0047

SCHEDULE 0 (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. ► Attach to Form 990 or 990-EZ.

Supplemental Information to Form 990 or 990-EZ

Inspection

Name of the organization BOY SCOUTS OF AMERICA DANIEL BOONE COUNCIL

Employer identification number

56-0529937

Identifier	Return Reference	Explanation
ORGANIZATION'S MISSION	FORM 990 - ORGANIZATION'S MISSION	TO PROMOTE THE ABILITY OF BOYS AND YOUNG MEN TO DO THINGS FOR THEMSELVES AND OTHERS IN WESTERN NC AND PREPARE YOUNG PEOPLE TO MAKE ETHICAL AND MORAL CHOICES OVER THEIR LIFETIMES BY INSTILLING THEM THE VALUES OF THE SCOUT OATH AND LAW
FIRST ACCOMPLISHMENT DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4A	AWARENESS OF PERSONAL AND CIVIC RESPONSIBILITY THROUGH COMMUNITY SERVICE PROJECTS AND LEADERSHIP TRAINING PROVIDES A TREMENDOUS VOLUME OF COMMUNITY SERVICE HOURS CONDUCTED BY YOUTH IN SCOUTING PROGRAMS ESTABLISHED WEEKLY PROGRAM MEETINGS, ACTIVITIES AND SERVICE PROJECTS TAKE PLACE AT AREA CHURCHES, SCHOOLS AND COMMUNITY CENTERS ON A REGULAR BASIS AND ALL SCOUT LEADERS COMPLETE COMPREHENSIVE TRAINING COURSES HELD BY THE COUNCIL
RELATED PARTY INFORMATION AMONG OFFICERS	FORM 990, PAGE 6, PART VI, LINE 2	GREG HUTCHINS PETER SPRAGUE BOARD MEMBER BOARD MEMBER FAMILY
CLASSES OF MEMBERS OR STOCKHOLDERS	FORM 990, PAGE 6, PART VI, LINE 6	THE COUNCIL'S BOARD CONSISTS OF THE VOTING BOARD APPOINTED BY THE COUNCIL AND MEMBERS APPOINTED BY EACH CHARTERED COUNCIL'S SCOUT GROUP TO ACT AS THE GROUP'S REPRESENTATIVE
ELECTION OF MEMBERS AND THEIR RIGHTS	FORM 990, PAGE 6, PART VI, LINE 7A	EACH GROUP'S REPRESENTATIVE HAS THE RIGHT TO ATTEND BOARD MEETINGS AND VOTE ON DISCUSSED MATTERS THAT INCLUDE THE RIGHT TO ELECT MEMBERS OF THE GOVERNING BODY IN THE MANNER SET FORTH IN THE COUNCIL'S BY LAWS
DECISIONS SUBJECT TO APPROVAL OF MEMBERS	FORM 990, PAGE 6, PART VI, LINE 7B	CERTAIN DECISIONS OF THE GOVERNING BODY ARE SUBJECT TO THE APPROVAL OF THE MEMBERS OF THE COUNCIL THESE DECISIONS INCLUDE, BUT ARE NOT LIMITED TO, THE APPOINTMENT OF DIRECTORS
ORGANIZATION'S PROCESS USED TO REVIEW FORM 990	FORM 990, PAGE 6, PART VI, LINE 11B	THE FORM 990 WILL BE REVIEWED BY THE EXECUTIVE COMMITTEE ON BEHALF OF THE BOARD ON A DATE PRIOR TO THE FILING DATE.
ENFORCEMENT OF CONFLICTS POLICY	FORM 990, PAGE 6, PART VI, LINE 12C	A CONFLICT OF INTEREST POLICY DOCUMENT IS DISTRIBUTED ANNUALLY AT THE ANNUAL BUSINESS MEETING FOR COMPLETION AND TURN-IN FOLLOW UPS ARE CONDUCTED BY SUPPORT STAFF TO COLLECT ANY MISSING DOCUMENTS FROM MEMBERS WHO MISS THE ANNUAL BUSINESS MEETING CEO AND TREASURER REVIEW ALL INVOICES FOR PAYMENT AND VENDOR VERIFICATION
COMPENSATION PROCESS FOR TOP OFFICIAL	FORM 990, PAGE 6, PART VI, LINE 15A	THE NATIONAL COUNCIL, BOY SCOUTS OF AMERICA, SUPPORT BY TOWERS PERRIN, NATIONALLY RECOGNIZED COMPENSATION CONSULTANTS, CONDUCTED A STUDY THAT GATHERED COMPARABILITY DATA AND DEVELOPED A MODEL COMPENSATION PROGRAM FOR MANAGEMENT AND EMPLOYEES OF LOCAL COUNCILS THE PROCESS IS ENFORCED AND APPROVED LOCALLY BY A COMPENSATION COMMITTEE MADE UP OF KEY VOLUNTEER BOARD MEMBERS
GOVERNING DOCUMENTS DISCLOSURE EXPLANATION	FORM 990, PAGE 6, PART VI, LINE 19	THE COUNCIL'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST

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DLN: 93493226020182

OMB No 1545-0172

Form **4562**

Depreciation and Amortization (Including Information on Listed Property)

Department of the Treasury Internal Revenue Service (99)	•	See separate instructio	ons. 🕨 Attach		Attachment Sequence No 179		
Name(s) shown on return BOY SCOUTS OF AMERIO	~ ^	Busines	ss or activity to w		dentifying number		
DANIEL BOONE COUNCI		INDIRE	ECT DEPRECIAT	ION		5	6-0529937
Part I Election	To Expense (Certain Property U					
	-	sted property, comp			plete Part I.		
1 Maxımum amount (see	ınstructions)					1	500,000
2 Total cost of section 1	79 property plac	ed in service (see inst	ructions) .			2	
3 Threshold cost of sect	ion 179 property	, before reduction in lim	nitation (see instr	uctions) .		3	2,000,000
4 Reduction in limitation	Subtract line 3	from line 2 If zero or le	ess. enter -0-			4	
5 Dollar limitation for tax			•	n- If married	filina		
separately, see instruc	-	inic i nominic I ii zer	o or ress, erreer	o ir marrica	g	5	
Separatery, see motivate				· · ·	• • •		
6 (a)	Description of pr	operty	(b) Cost (be	usiness use lv)	(c) Elected c	ost	
7 Listed property Enter	the amount from	line 29		. 7			
8 Total elected cost of s			olumn (c.) lines 6	and 7		8	
9 Tentative deduction E			51411111 (c), 1111c5 c			9	
						-	
10 Carryover of disallower						10	
11 Business income limitation						11	
12 Section 179 expense of	deduction Add I	ines 9 and 10, but do no	ot enter more tha	n line 11 ·		12	
13 Carryover of disallowed	d deduction to 2	012 Add lines 9 and 10), less line 12	.▶ 13			
Note: Do not use Part	II or Part III b	elow for listed prope	erty. Instead, u	ise Part V.			
Part III Special De	epreciation A	Allowance and Oth	<u>er Depreciati</u>	<u>on (Do not</u>	ınclude lısted pı	ropert	y) (See instructions)
14 Special depreciation a		lified property (other the	an listed property) placed in se	rvice during the		
tax year (see instruction	ons)					14	
15 Property subject to see	ction 168(f)(1) e	election				15	
16 Other depreciation (inc	cluding ACRS)					16	137,236
Part IIII MACRS De	preciation (I	Do not include listed	l property.) (Se	ee instructio	ns.)		
		9	Section A				_
17 MACRS deductions for	assets placed ı	n service in tax years b	eginning before 2	011		17	
18 If you are electing t	o group any a	ssets placed in servi	ice during the t	ax year into	one or more		
general asset accou	ınts, check hei	re			▶□		
Section B-Ass	ets Placed in	Service During 20	011 Tax Year	Using the	General Dep	recia	ation System
		(c) Basıs for					
(a) Classification of	(b) Month and	depreciation (business/investment	(d) Recovery	(e) Convent	ion (f) Metho	.	(g)Depreciation
property	year placed in service	use	period	(e) Convent	(I) Metho	'u	deduction
		only—see instructions)				
19a 3-year property							
b 5-year property							
c 7-year property							
d 10-year property							
e 15-year property							
f 20-year property							
g 25-year property			25 yrs		S/L		
h Residential rental			27 5 yrs	ММ	S/L		
property			27 5 yrs	ММ	S/L		
i Nonresidential real			39 yrs	ММ	S/L		
property				MM	S/L		
	n C—Assets Plac	ced in Service During 20	11 Tax Year Usin	g the Alterna		ı Syst	em
20a Class life	4		1.0		S/L		
b 12-year	-		12 yrs		S/L		
c 40-year	/	<u> </u>	40 yrs	MM	S/L		
	y (see instruc	•					4 3 2 2
21 Listed property Enter						21	4,202
	lines of your ret	urn Partnerships and S	corporations—s	ee instruction		22	141,438
23 For assets shown above portion of the basis att				e 23			

Part V Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depre	ciation a	nd Other Info	mation ((Caution	: See	the in	struct	ions for	limits i	for pa	sseng	er au	tomot	iles.)
24a Do you have evider	nce to support	the business/investm	nent use clain	ned? 🔽 Yes	Гпо		24	b If "Yes,"	ıs the ev	/ idence	written?	V Ye	sГN	5
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment C use percentage	(d) ost or other basıs	(busines	(e) r deprecia ss/investr se only)	nent l ^K	(f) Recovery period	(g) Method Conventi		(h Depreci deduc	ation/		(i) Electe section : cost	d 179
25 Special depreciation allo 50% in a qualified busi	•		aced in servic	e during the	tax year	and us	ed more	than 2	5					
26 Property used more	e than 50%	ın a qualıfıed busı	ness use											
See Additional Data Table		%												
		%							_			+		
27 Property used 50%	orless in a		s use											
		%						S/L -						
		%						S/L -						
20 Add		% 25 thusumb 25			21			S/L -			4 20	╅		
28 Add amounts in co							•	28		Τ	4,20	2		
29 Add amounts in co	olumn (ı), lin					• •		· ·		29				
Complete this section	for vehicles		n B—Info						or relat	ad nar	con			
If you provided vehicles to	your employee	es, first answer the qu	estions in Sec	ction C to see	e if you m	neet an	except	on to compl	eting this	section	for thos	se vehic	les	
30 Total business/inv	vestment mi	les driven during :	the	(a)	-)		(c)		i)		≘)		f)
year (do not inclu		_	V e	hicle 1	Vehi	cle 2	Ve	hicle 3	Vehi	cle 4	Vehi	cle 5	Vehi	ıcle 6
31 Total commuting i	miles driven	during the year												
32 Total other persor			. —		+		-		<u> </u>					
33 Total miles driven	•	· .			+									
	· · ·		.											
34 Was the vehicle a	vaılable for p	ersonal use	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
during off-duty ho	urs? .													1
35 Was the vehicle us		by a more than 5	5%											
owner or related p			• —				_		<u> </u>					_
36 Is another vehicle		'	•											
Answerthese question	ns to determ		. <i>.</i>						-				not mo	re tha
5% owners or related 37 Do you maintain a			nrohihits a	II nersonal	l use of	vehic	les inc	ludina co	mmutin	ıa hv v	/OUT	Τ.		
													es	No
38 Do you maintain a employees? See t														
39 Do you treat all us	e of vehicles	s by employees a:	s personal (use? .										
40 Do you provide movehicles, and reta			employees,	obtain info	ormatio •	n from	your e	mployees	about	the us	e of the	e 🗀		
41 Do you meet the re			fied automo	bile demoi	nstratio	n use	? (See	ınstructıc	ns)					
Note: If your answ	•						•		•	5			-+	
	rtization	, , , , , , , , , , , , , , , ,												
Allio	rtization	(b)						1 (e)					
(a) Description of c	osts	Date amortization begins	Amo	(c) ortizable mount		C	(d) ode ction	A mort	ization od or intage			(f) rtızatı hıs ye:		
42 A mortization of co	sts that bea		011 tax yea	ar (see ins	truction	ns)		<u> </u>						
		<u> </u>	. ,	• • • • • • • • • • • • • • • • • • • •	1	•								
					-+									
43 A mortization of co	sts that bed	an before your 20	11 tax yea	ır					43	I <u> </u>				
44 Total. Add amount	_	-	•		port				44					

Additional Data

Software ID: Software Version:

EIN: 56-0529937

Name: BOY SCOUTS OF AMERICA

DANIEL BOONE COUNCIL

Form 4562, Part V, Line 26, Property used more than 50% in a qualified business use

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation/ deduction	(i) Elected section 179 cost
1985 CHEVY TRUCK	2007-12-31	100 00 %	2,685	2,685	10 0	S/L-S/L	268	
CHEVROLET SUBURBAN -	2004-05-13	100 00 %	2,050	2,050	7 0	S/L-S/L	98	
PONTOON BOAT	2007-06-20	100 00 %	3,000	3,000	10 0	S/L-S/L	300	
2002 DODGE VAN	2007-07-12	100 00 %	2,035	2,035	10 0	S/L-S/L	204	
1990 GMC SUBARBAN	2008-12-20	100 00 %	2,500	2,500	5 0	S/L-S/L	500	
KAWASAKI OFF ROAD VE	2009-05-19	100 00 %	10,625	10,625	5 0	S/L-S/L	2,125	
THOMAS HAMPTON	2011-09-29	100 00 %	10,400	10,400	10 0	S/L-S/L	260	
AQUAITC MTN LAKES MA	2011-05-11	100 00 %	6,700	6,700	10 0	S/L-S/L	447	