COMMITTEE ON NATURAL RESOURCES

Disclosure Form

As required by and provided for in House Rule XI, clause 2(g) and the Rules of the Committee on Natural Resources

"Natural Gas – America's New Energy Opportunity: Creating Jobs, Energy and Community Growth" February 27, 2012

For Individuals:
1. Name:
2. Address:
3. Email Address:
4. Phone Number:
* * * *
For Witnesses Representing Organizations:
1. Name: Nathan Johnson
2. Name of Organization(s) You are Representing at the Hearing:
Buckeye Forest Council
3. Business Address:
1200 W. Fifth Avenue, STE 103 Columbus, OH 43212
4. Business Email Address:
[Information redacted for privacy]
5. Business Phone Number:
614-487-9290

Name/Organization: Nathan Johnson / Buckeye Forest Council
Title/Date of Hearing: "Natural Gas – America's New Energy Opportunity: Creating Jobs, Energy and Community Growth" 2/27/2012

a. Any training or educational certificates, diplomas or degrees or other educational experiences that are relevant to your qualifications to testify on or knowledge of the subject matter of the hearing.

Juris Doctor.

b. Any professional licenses, certifications, or affiliations held that are relevant to your qualifications to testify on or knowledge of the subject matter of the hearing.

Ohio licensed attorney.

c. Any employment, occupation, ownership in a firm or business, or work-related experiences that relate to your qualifications to testify on or knowledge of the subject matter of the hearing.

Work experience relating to oil and gas development on public lands.

d. Any federal grants or contracts (including subgrants or subcontracts) from the <u>Department of the Interior</u> (<u>and /or other agencies invited</u>) that you have received in the current year and previous four years, including the source and the amount of each grant or contract.

N/A

e. A list of all lawsuits or petitions filed by you against the federal government in the current year and the previous four years, giving the name of the lawsuit or petition, the subject matter of the lawsuit or petition, and the federal statutes under which the lawsuits or petitions were filed.

"Protest of the Bureau of Land Management's Notice of Competitive Oil and Gas Lease Sale Concerning Parcels in Perry, Gallia, and Athens Counties, Ohio"; Formal protest of BLM proposed lease sale of 3,302 acres of the Wayne National Forest; 43 CFR 3120.1-3.

f. Any other information you wish to convey that might aid the Members of the Committee to better understand the context of your testimony.

Name/Organization: Nathan Johnson / Buckeye Forest Council

Title/Date of Hearing: "Natural Gas - America's New Energy Opportunity: Creating Jobs, Energy and

Community Growth " 2/27/2012

<u>In addition, for witnesses representing organizations:</u>

g. Any offices, elected positions, or representational capacity held in the organization(s) on whose behalf you are testifying.

Staff Attorney

h. Any federal grants or contracts (including subgrants or subcontracts) from the <u>Department of the Interior</u> (<u>and /or other agencies invited</u>) that were received in the current year and previous four years by the organization(s) you represent at this hearing, including the source and amount of each grant or contract for each of the organization(s).

N/A

i. A list of all lawsuits or petitions filed by the organization(s) you represent at the hearing against the federal government in the current year and the previous four years, giving the name of the lawsuit or petition, the subject matter of the lawsuit or petition, and the federal statutes under which the lawsuits or petitions were filed for each of the organization(s).

"Protest of the Bureau of Land Management's Notice of Competitive Oil and Gas Lease Sale Concerning Parcels in Perry, Gallia, and Athens Counties, Ohio"; Formal protest of BLM proposed lease sale of 3,302 acres of the Wayne National Forest; 43 CFR 3120.1-3.

j. A list of any countries from which the organization(s) you represent at the hearing have received foreign donations and the total amount of donations received from each country, for the current year and the previous four years, by each organization.

N/A

k. For tax-exempt organizations and non-profit organizations, copies of the three most recent public IRS Form 990s (including Form 990-PF, Form 990-N, and Form 990-EZ) for each of the organization(s) you represent at the hearing (not including any contributor names and addresses or any information withheld from public inspection by the Secretary of the Treasury under 26 U.S.C. 6104)).

Buckeye Forest Council's 990s for the years 2010, 2009, and 2008 are enclosed with this submission.

DLN: 93492132005369

OMB No 1545-1150

2008

Open to Public Inspection

Form 990-EZ

Department of the

Internal Revenue

Treasury

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)

Short Form

▶ Sponsoring organizations and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2.500.000 at the end of the year may use this form

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

Service For the 2008 calendar year, or tax year beginning 01-01-2008 , and ending 12-31-2008 Check if applicable D Employer identification number Please BUCKEYE FOREST COUNCIL Address change use IRS 31-1408723 label or Name change Number and street (or P O box, if mail is not delivered to street address) Room/suite E Telephone number print or 1200 W FIFTH AVE SUITE 103 Initial return type. (614) 487-9290 Termination Specific City or town, state or country, and ZIP + 4 F Group Exemption Amended return Instruc Columbus, OH 43212 Application pending tions. G Accounting method Cash Accrual Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts Other (specify) must attach a completed Schedule A (Form 990 or 990-EZ). 🖏 Check ► if the organization

I Website: ► www buckeyeforestcouncil org is **not** required to attach J Organization type (check only one) — 501(c) (3) ◄(Insert no) 4947(a)(1) or Schedule B (Form 990, 990-EZ, or 990-PF) K Check ▶ If the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than

\$25,000 A return is not required, but if the organization chooses to file a return, be sure to file a complete return L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 instead of Form 990-EZ 27 072

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I) 21,964 Contributions, gifts, grants, and similar amounts received 1 2 Program service revenue including government fees and contracts 2 365 Membership dues and assessments 3 3 4,223 Investment income 4 20 4 Gross amount from sale of assets other than inventory 5a Less cost or other basis and sales expenses 5b Revenue Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule) Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here 🕨 Gross revenue (not including \$ of contributions reported on line 1) 6a Less direct expenses other than fundraising expenses Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 6c 7a Gross sales of inventory, less returns and allowances 7a b Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c 500 8 8 Other revenue (describe **Total revenue** (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8) . 27.072 9 9 10 Grants and similar amounts paid (attach schedule) 10 11 Benefits paid to or for members . . . 11 12 Salaries, other compensation, and employee benefits 12 34.069 Professional fees and other payments to independent contractors 933 13 13 Expenses Occupancy, rent, utilities, and maintenance 2,826 14 6.840 Printing, publications, postage, and shipping 15 15 10.459 16 Other expenses (describe ► 🕮 16 Þ Total expenses (add lines 10 through 16) 55,127 17 17 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 -28,055 NetAssets 18 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 44,284 Other changes in net assets or fund balances (attach explanation) 20 -838 20 Net assets or fund balances at end of year (combine lines 18 through 20) 15,391

Balance Sheets—If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ Part II (See the instructions for Part II) (B) End of year (A) Beginning of year 44.716 22 Cash, savings, and investments 22 16,371 23 Land and buildings 23 24 24 Other assets (describe 🛌 44,716 16,371 432 26 Total liabilities (describe 26 980 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 44,284 27 15,391

Part III Statement of Program Service Accomplishments (See the instructions for Part III)					Expenses		
What is the organization's primary exemp	t purpose?			(Required for 501(c)(3) and (4) organizations ar			
, ,	cribe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, cribe the services provided, the number of persons benefited, or other relevant information for each program						
28 FOREST PROTECTION (Grants \$ 13,085) Ifth	nis amount includes foreign	grants, check here .	▶┌	28a	55,127		
29							
(Grants \$) If the	nis amount includes foreign	grants, check here .	▶┌	29a			
30							
. ,	nis amount includes foreign	grants, check here .	▶┌	30a			
31 O ther program services (attach sched (Grants \$)	ule) nis amount includes foreign	grants, check here	▶┌	31a			
32 Total program service expenses (add li	nes 28a through 31a) .		 	32	55,12		
Part IV List of Officers, Directors, Tr	ustees, and Key Employees.	List each one even if not co	ompensated (See the ins	structions	for Part IV)		
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0)	(d) Contributions employee benefit p deferred compens	lans &	(e) Expense account and other allowances		
See Additional Data Table							

Form	990-EZ (2008)			Page 3
Pa	rt V Other Information (Note the statement requirements in the instructions for Part VI.)		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		Νο
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	34		Νο
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T			
а	Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?	35a		No
ь	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		No
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N	36		No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a			
ь	Did the organization file Form 1120-POL for this year?	37b		No
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
	any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38a		Νo
ь	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b			
39	501(c)(7) organizations. Enter	1		
а	Initiation fees and capital contributions included on line 9			
ь	Gross receipts, included on line 9, for public use of club facilities 39b	1		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under			
	section 4911 •, section 4912 •, section 4955 •			
b	Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I	40b		Νο
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Enter amount of tax on line 40c reimbursed by the organization			
	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	40e		No
	List the states with which a copy of this return is filed 🕨			
42a	The books are in care of ► DAVID MAYWHOOR Telephone no ► (614)	487-9	290	
	1200 W FIFTH AVE STE 103 Located at Columbus, OH ZIP + 4 43212			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	No No
	If "Yes," enter the name of the foreign country 🕨			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
c	At any time during the calendar year, did the organization maintain an office outside of the U S ?	42c		Νο
	If "Yes," enter the name of the foreign country			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here		▶	_
	and enter the amount of tax-exempt interest received or accrued during the tax year			
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of			
	Form 990-EZ.	44		Νo
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes", Form 990			
	must be completed instead of Form 990-EZ.	45		Νο
			00- E 7	(2000)

Form 99	0-EZ (2008)						Page
Part V	/I S	ection 501(c)(3) orga			anızatıons must answer	quest	ions 46	-49
	C	omplete the tables for lin	and es 50 and 51.					
46 Die		rganization engage in direct		aign activities on behal	f of or in apposition to		Yes	No
		es for public office? If "Yes,"				46		No
47 Die	d the o	rganızatıon engage ın lobbyır	ng activities? If "Yes," co	omplete Schedule C, Pa	rt II	47		Νο
48 Is	the org	janization operating a schoo	l as described in section	170(b)(1)(A)(II)? If "ye	s," complete Schedule E	48		No
49a Die	d the o	rganızatıon make any transfe	ers to an exempt non-cha	rıtable related organıza	tion?	49a		Νo
b If	"Yes,"	was the related organization	(s) a section 527 organiz	ation?		49b		No
	•	this table for the five highes more than \$100,000 of com		• •	, ,	emplo	yees) w	ho
• •		address of each employee ore than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	a	e) Expe ccount a er allowa	and
NONE								
Total nu		fother employees paid over \$100,000 >						
51 Co		this table for the five highes	st compensated independ	lent contractors who ea	ch received more than \$10	0.000	of	
co	mpens	ation from the organization I	If there are none, enter "I	None "				
	Name	and address of each indeper	ndent contractor paid mo	re than \$100,000	(b) Type of service	(c) (ompen	sation
NONE								
Total pu	mhara	fother independent centreet	ers recoving over \$100	000				
- TOTAL IIU		f other independent contract						
	and	der penalties of perjury, I declare t I belief, it is true, correct, and com						
Please Sign		***** Signature of officer						
Here		HEATHER CANTINO CHAIRPERSON	I					
		Type or print name and title						
Paid Prepa	rer's	Preparer's signature MARY ANN MCCLU	RE	Date 2009-05-11				
Use Only	Firm's name (or yours of self-employed),							

Athens, OH 45701 May the IRS discuss this return with the preparer shown above? See instruction

PO BOX 389

Employer identification number

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

1

2

3

10 11

h

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)nonexempt charitable trusts. Attach to Form 990 or Form 990-EZ. See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Name of the organization BUCKEYE FOREST COUNCIL

31-1408723 Reason for Public Charity Status (to be completed by all organizations) (See Instructions) The organization is not a private foundation because it is (Please check only one organization) A church, convention of churches, or association of churches described in Section 170(b)(1)(A)(i). A school described in **Section 170(b)(1)(A)(ii).** (Attach Schedule E) A hospital or a cooperative hospital service organization described in Section 170(b)(1)(A)(iii). (Attach Schedule H) A medical research organization operated in conjunction with a hospital described in Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in Section 170(b)(1)(A)(iv). (Complete Part II) 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) A community trust described in Section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See Section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See Section 509(a)(4). (See instructions.) An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See Section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h **b** Type II c Type III - Functionally Integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No and (III) below, the governing body of the the supported organization? 11g(i)

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (See Instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the US?		(vii) A mount of support?
			Yes	No	Yes	No	Yes	No	
otal									

(ii) a family member of a person described in (i) above?

(iii) a 35% controlled entity of a person described in (i) or (ii) above?

Provide the following information about the organizations the organization supports

11g(ii)

11g(iii)

Part II 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.)

	(Complete only if you ched	ked the box o	n line 5, 7, or	8 of Part I.)				
P	ublic Support							
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	69,847	, ,	62,798	54,292	• •	21,964	251,340
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
3	The value of services or facilities furnished by a governmental unit to the organization without charge							
4	Total. Add line 1-3	69,847	42,439	62,798	54,292		21,964	251,340
5	The portion of total contribution by each person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column	03,017	12,133	02,730	31,232		21,501	231,310
6	(f) Public Support subtract line 5 from line 4							251,340
T	otal Support							
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
7	A mounts from line 4	69,847	70	62,798	54,292		21,964	251,340
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar	60	70	58	33		20	241
9	sources Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	3,188	124		2,889		500	6,701
11	Total Support (Add lines 7 through 10)							258,282
12	Gross receipts from related activities, etc	(See instruction	ıs)	<u>. </u>		12		51,518
13	First Five Years. If the Form 990 is for the organization, check this box and stop here omputation of Public Support Perc		rst, second, third	d, fourth, or fifth	tax year as a 50	01(c)(<u> </u>
14	Public Support Percentage for 2008 (line 6		ed by line 11 co	Jumn (f))		14		07.21.0/
15	Public Support Percentage for 2007 Scheo	7.7	*	, , , , , , , , , , , , , , , , , , ,		14		97 31 %
	33 1/3% Test - 2008. If the organization di			nd line 14 is 22	1/20/ 05 more	15	this hav	98 23 %
	and stop here. The organization qualifies a 33 1/3% Test - 2007. If the organization dibox and stop here. The organization qualifi	s a publicly supp d not check the	orted organizati box on line 13 o	on r 16a, and line 1	·			►√ IS
	10% Facts and Circumstances Test - 2008. more, and if the organization meets the "fa organization meets the "facts and circumstances Test - 2007. more, and if the organization meets the "facts and circumstances Test - 2007. The organization meets the "facts and circumstances Test - 2007. The organization meets the "facts and circumstances Test - 2008.	If the organizations to and circumstances" test The If the organizations and circumstances" test	on did not check cances" test, che e organization qu on did not check cances" test, che The organizatio	a box on line 13 eck this box and ualifies as a publ a box on line 13 eck this box and in qualifies as a	stop here. Explicly supported 3, 16a, 16b, or s stop here. Expl publicly suppor	lain in organi 17a ar lain in ted org	Part IV ho zation nd line 15 i Part IV ho ganization	ow the ► Is 10% or
	instructions							- 1

Part III Support Schedule for Organizations Described in IRC 509(a)(2)

	(Complete only if you check	ced the box or	n line 9 of Part	t I.)			
Se	ction A. Public Support					_	
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's taxexempt purpose	4,459	5,421				9,880
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total Add lines 1-5	4,459	5,421				9,880
	A mounts included on lines 1, 2, and 3 received from disqualified persons A mounts included on lines 2 and 3						
	received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
с 8	Total of lines 7a and 7b Public Support (Substract line 7c from line 6)						9,880
	ital Support						
	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	A mounts from line 6	4,459	5,421	(6) 2000	(u) 2007	(e) 2008	9,880
	Gross income from interest, dividends,	1,133	3,121				3,000
10a	payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly						
12	carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total Support (Add lines 9, 10c, 11 and						9,880
14	12) First Five Years If the Form 990 is for the contact this box and stop here	rganızatıon's fir	st, second, third	l, fourth, or fifth	l n tax year as a 5	 01(c)(3) orga	 inization, ▶┌
	mputation of Public Support Perce	entage					
15	Public Support Percentage for 2008 (line 8		ed by line 13 co	olumn (f))		15	100 00 %
16	Public Support Percentage for 2007 Sched	, ,	·	, , , , , , , , , , , , , , , , , , ,		16	100 00 %
	municipal of Taylor transport	Dongontono					
17	mputation of Investment Income Investment Income Percentage for 2008 (II		(f) divided hy lin	e 13 column (f	5))	17	
18	Investment Income Percentage from 2007			_	//	17	
					more than 22 1/	18 2% and line	
19a b	33 1/3% Tests - 2008. If the organization d 17 is not more than 33 1/3%, check this bo 33 1/3% Tests - 2007. If the organization d	x and stop here	. The organization	on qualifies as	a publicly suppo	rted organiza	

line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Supplemental Information. Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)

Additional Data

Software ID: Software Version:

EIN: 31-1408723

Name: BUCKEYE FOREST COUNCIL

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
HEATHER CANTINO 33 CABLE LANE Athens,OH 45701	CHAIRPERSN 10	0	0	0
MICHELLE ANDERSON 835 BEECH DR Columbus, OH 43235	VICE CHAIR 6	0	0	0
JED THORP 85 EAST FIRST AVE APT 3 Columbus, OH 43201	TREASURER 4	0	0	0
MARTHA BISHOP 30 CURRIER ST Athens,OH 45701	DIRECTOR 1	0	0	0
A J KOOSED 1076 JEFFERSON AVE 1 Akron,OH 44313	DIRECTOR 1	0	0	0
SARAH STRALEY 58 EAST SOUTH ST Columbus, OH 43085	SECRETARY 4	0	0	0
CHARLIE FREDRICK 2408 MEDARY AVE Columbus, OH 43201	DIRECTOR 1	0	0	0
DAVID MAYWHOOR 2662 GLENMAWR AVE Columbus, OH 43202	EXEC DIRTR 40	30,000	0	0

efile GRAPHIC print - DO NOT PROCESS As Filed Data - DLN: 93492132005369

TY 2008 Other Changes in Net Assets Schedule

Name: BUCKEYE FOREST COUNCIL

EIN: 31-1408723

Software ID: 08000121

Software Version: 23.1.3.2

Description	Amount
CORRECTION TO 2007 PAYROLL TAXES	-838

efile GRAPHIC print - DO NOT PROCESS As Filed Data - DLN: 93492132005369

TY 2008 Other Expenses Schedule

Name: BUCKEYE FOREST COUNCIL

EIN: 31-1408723

Software ID: 08000121

Software Version: 23.1.3.2

Description	Amount
MEMBERSHIPS & SPONSORSHIPS	1,316
BANK FEES	257
FILING FEES	75
OFFICE SUPPLIES	1,721
WEBSITE	500
MEETING EXPENSE	768
TRAVEL	2,621
OUTREACH	1,751
STAFF DEVELOPMENT	593
OFFICE EQUIPMENT	694
PROGRAM EQUIPMENT	163

990-EZ

Short Form Return of Organization Exempt From Income Tax

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

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

2009

Department of the Treasury Internal Revenue Service ▶ The organization may have to use a copy of this return to satisfy state reporting requirements Open to Public Inspection

OMB No. 1545-1150

A For the 2009 calendar year, or tax year beginning 2009, and ending . 20 Check if applicable C Name of organization, number and street, city, town, state, and ZIP code D Employer identification number Please Address change use IRS label or Name change 31-1408723 onnt or BUCKEYE FOREST COUNCIL E Telephone number Initial return tvoe See 614-487-9290 Termination Specific Instruc-1200 W FIFTH AVE SUITE 103 Amended return F Group Exemption tions Application pending Columbus OH 43212 Number. ▶ G Accounting Method: X Cash Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). Other (specify) ▶ ▶www.buckeyeforestcouncil.org H Check► If the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF) If the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000 A 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return. 61,226. L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$5000,000 or more, file Form 990 instead of Form 990-EZ **▶** \$ Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.) 47,908. Contributions, gifts, grants, and similar amounts received 1 2,975.Program service revenue including government fees and contracts Membership dues and assessments . 3 6,110. Investment income 4 5 a Gross amount from sale of assets other than inventory **b** Less: cost or other basis and sales expenses c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a).... 5c 6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here a Gross revenue (not including \$ of contributions 4,222. reported on line 1) **b** Less: direct expenses other than fundraising expenses 4,222. c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 6 c 7 a Gross sales of inventory, less returns and allowances **b** Less cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7 c Other revenue (describe ▶ 8 61,226. Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 9 Grants and similar amounts paid (attach schedule) 10 11 Benefits paid to or for members 11 39**,**223. 12 Salaries, other compensation, and employee benefits Expenses 12 $1, \overline{473}$. Professional fees and other payments to independent contractors 13 13 3,299. 14 Occupancy, rent, utilities, and maintenance 14 5,519. 15 Printing, publications, postage, and shipping 15 16 Other expenses (describe ►SEE STMT 14,806. 16 64,320. 17 Total expenses. Add lines 10 through 16 . 17 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 (3,094.Assets 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 15,391. end-of-year figure reported on prior year's return) 19 4,096. Net 20 Other changes in net assets or fund balances (attach explanation) 20 Net assets or fund balances at end of year. Combine lines 18 through 20 16,393. 21 Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ (See the instructions for Part II) (A) Beginning of year (B) End of year 17,451. 22 Cash, savings, and investments .. . 16,371. 22 23 Land and buildings ... 23 24 24 Other assets (describe > 16,371. 25 25 Total assets 1,058. 980. 26 Total liabilities (describe ▶ PAYROLL TAX A/P 26

0

27 Net assets or fund balances (line 27 of column (B) must agree with line 21)

16,393.

391.

27

Par	Other Information (Note the statement requirements in the instructions for Part V)			
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed			
	description of each activity	33		X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of			
	the changes	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but			
	not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.			
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice,			
	reporting, and proxy tax requirements?	35a		X
þ	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year?			
	If "Yes," complete applicable parts of Schedule N	36		X_
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions			
þ	Did the organization fileForm 1120-POL for this year?	37b		l
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employeer were			1
	any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	-	*	
39	Section 501(c)(7) organizations. Enter:	ļ	, î	, 3° ′
а	Initiation fees and capital contributions included on line 9		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
b	Gross receipts, included on line 9, for public use of club facilities	8×2	÷.,	l.
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under	, ,	- 1	
	section 4911 ▶		<u> </u>	<u>.</u>
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction			ĺ
	during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes", complete	ŀ		
	Schedule L, Part I	40ь		Х
С	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified			
	persons during the year under sections 4912, 4955, and 4958	iş v	2/4	-N/2
đ	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by	[3. 5	
	the organization		43	- 35
е	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	٠,) (3	
	If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed. ▶ OH			
42 a	The organizations books are in care of ▶ CHERYL JOHNCOX Telephone no. ▶ 614	-48	7-9	290
	Located at ▶ 1200 W FIFTH AVE STE 103 OH Columbus ZIP+4 ▶ 432	12		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority			
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No
	account)?	42b		X
	If "Yes," enter the name of the foreign country: ▶		•	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	See the instructions for exceptions and filing requirements foForm TD F 90-22.1, Report of Foreign Bank		` .	
	and Financial Accounts.			
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		X
	If "Yes," enter the name of the foreign country		-	
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here			▶ [
	and enter the amount of tax-exempt interest received or accrued during the tax year			
	,			
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of	Γ	I	·
• •	Form 990-EZ	44	1	X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes,"			I
70	Form 990 must be completed instead of Form 990-EZ	45	1	X
	Form	<u> </u>	E7 /	1

Form 990-EZ (2009) BUCKEYE FORE	ST COUNCIL			31-14	08723	D	age 4
Part VI Section 501(c)(3) organiza		47(a)(1) non	exemp			<u></u>	age .
All section 501(c)(3) organizations and section							
46 Did the organization engage in direct or in						Yes	N
candidates for public office? If "Yes," com					46		Х
47 Did the organization engage in lobbying a	ctivities? If "Yes," complete	e Schedule C, P	art II .		47		X
48 Is the organization a school as described					48		Х
49 a Did the organization make any transfers to	o an exempt non-charitable	e related organiz	ation?		49a		X
b If "Yes," was the related organization a se					49b	<u> </u>	
50 Complete this table for the organization's each received more than \$100,000 of cor					nd key emp	loyees	;) wt
	(b) Title and average	(c) Compens	ation	(d) Contributions to	(e) Ex	pense	
(a) Name and address of each employee	hours per week	` ` '		employee benefit plans &	accou		
paid more than \$100,000	devoted to position			deferred compensation	other all	lowan	ces
NONE							
		_					
		!					
	_						
							
 f Total number of other employees paid over 51 Complete this table for the organization's five compensation from the organization. If there 	ve highest compensated in	dependent contr	actors v	- vho each received more tha	n \$100,000	of	
(a) Name and address of each independe	nt contractor paid more tha	an \$100,000	((b) Type of service	(c) Comp	ensat	on
NONE							
		_					
			-				
							
1 Table and a second							
d Total number of other independent contrac	tors each receiving over \$						

d Total nu	d Total number of other independent contractors each receiving over \$					
	Under penalties of penjury, I declare that I have examined this return, including a and belief, it is true, correct, and complete Declaration of preparer (other than o					
Sign	Matter Coulins					
Here	Signature of officer HEATHER CANTINO					
	Type or print name and title.					
Paid	Preparer's Minghan Julling of					
Preparer's Use Only	Firm's name (or yours // MS ACCOUNTING AND					
O36 Offiny	if self-employed), PO BOX 389					
	address, and ZIP+4 ATHENS OH 45701-					

May the IRS discuss this return with the preparer shown above? See inst

SCHEDULE A

(Form 990 or 990-EZ) Department of the Treasury

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organizations or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ► See separate instructions. OMB No. 1545-0047

2009

Open to Public Inspection

Internal Revenue Service **Employer identification number** Name of the organization BUCKEYE FOREST COUNCIL 31-1408723 (All organizations must complete this part.) See instructions. Reason for Public Charity Status The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described insection 170(b)(1)(A)(i). 1 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 2 A hospital or a cooperative hospital service organization described insection 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described is ection 170(b)(1)(A)(iii). Enter the hospital's name, 4 city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described issection 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described insection 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 Sessection 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. Sesection 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). Seection 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. Type I b Type II c Type III - Functionally integrated Type III - Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box ... Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) No 11g(i) and (iii) below, the governing body of the supported organization? (ii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above? ... 11g(iii) Provide the following information about the supported organization(s). (vi) Is the (vii) Amount of (i) Name of supported (ii) EIN (iii) Type of organization (v) Did you (iv) is the organorganization (described on lines 1-9 organization in support ization in col notify the above or IRC section (i) listed in your ∞l. (i) organization in (see instructions)) aovemina col (i) of your organized document? in the U S.? Yes No Yes No Yes

Rev 1

Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. Public Support (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Calendar year (or fiscal year beginning in) Gifts, grants, contributions, and membership fees received. (Do not 42439. 62798. 54292. 26060. 47908 233497. include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to or expended on The value of services or facilities furnished by a governmental unit to the organization without charge 62798. 42439. 26060. 47908. 233497. 54292. The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11. column (f) 233497. Public support. Subtract line 5 from line 4. Section B. Total Support (c) 2007 (e) 2009 Calendar year (or fiscal year beginning in) ▶ (a) 2005 (b) 2006 (d) 2008 (f) Total 42439. 62798. 54292. 26060. 47908. 233497. Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar 70. 58 33 20 11 192. Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or 10 loss from the sale of capital assets 500 2889 (Explain in Part IV.) 124 Total support. Add lines 7 through 10 ... 60825. 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 98.44 97.31 16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and top here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10%-facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and top here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

instructions ...

US990A\$2

Rev 1

Schedule A (Form 990 or 990-EZ) 2009 BUCKEYE FOREST COUNCIL	31-1408723	Page 4
Part IV Supplemental Information. Complete this part to provide the explanations required by P	art II, line 10;	
Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instruction	ns.	
REIMBURSEMENTS & REFUNDS	 	
	····	
<u> </u>		
	· · · · · · · · ·	
	·	
		· · · · · · · · ·

39,223.

Name: BUCKEYE FOREST COUNCIL	ID: 31-1408723
Description: COMPENSATION AND PAYROLL TAXES	
Туре	Amount
GROSS WAGE	33,125
OBWC	164
FICA/MEDICARE	2,534
HEALTH INSURANCE	3,400

Name: BUCKEYE FOREST COUNCIL	ID: 31-1408723
Description: PROFESSIONAL FEES	
Туре	Amount
ACCOUNTING	918.
VEB MAINTENANCE AND GRAPHIC DESIGN	505.
LEGAL	50.
Total	1,473.

Detail Sheet

Name: BUCKEYE FOREST COUNCIL	ID: 31-1408723
Description: OCCUPANCY	
Туре	Amount
RENT	1,905. 1,394.
TELEPHONE	1,394.
	· · · · · · · · · · · · · · · · · · ·
Total	3,299.

2009 **Detail Sheet** ID: 31-1408723 Name: BUCKEYE FOREST COUNCIL Description: PRINTING PUBLICATIONS POSTAGE SHIPPING Amount Туре PRINTING POSTAGE & DELIVERY 1,712. **PUBLICATIONS BROCHURES**

5,519.

31-1408723

JS 990	Other Changes in Net Asset or Fund Balances	2009
	Description	Amount
RIOR YEAR (CONTRIBUTIONS NOT RECORDED UNTIL 2009	4,096 4,096

US 990 Other	Expenses	-	т	2009
	Expenses	Net investment	Adjusted net	Charitable
Description	per books	ıncome	ıncome	purposes
IRECT PROGRAM EXPENSES	5,483.			5,483
ROMOTION AND OUTREACH	4,283.			4,283
PONSORSHIPS & MEMBERSHIPS	950.			950
				323
EETING MEALS & SUPPLIES	323.			
ISCAL SPONSORSHIP	255.			255
FFICE SUPPLIES AND SMALL EQUIP	1,674.			1,674
ANK FEES	228.			228
EGISTRATION FEES	30.			30
NTERNET FEES	415.			415
TAFF DEVELOPMENT/TRAINING	1,165.			1,165
	14,806.			14,806
		j		
	1			
	1			
	-			
			'	

Name: BUCKEYE FOREST COUNCIL	ID: 31-1408723
DELAMED ACMILITARY INCOME	
Description: RELATED ACTIVITY INCOME	
Туре	Amount
2005	19,758.
2006	12,038.
2007	11,134.
2008	4,588.
2009	4,588. 13,307.
Total	60,825.

efile GRAPHIC print - DO NOT PROCESS

A For the 2010 calendar year, or tax year beginning 01-01-2010

C Name of organization

BUCKEYE FÖREST COUNCIL

As Filed Data -

DLN: 93492222009501

D Employer identification number

31-1408723

2010

OMB No 1545-1150

Form 990-EZ

Department of the Treasury Internal Revenue Service

B Check if applicable

Address change

Short Form Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code

(except black lung benefit trust or private foundation) ▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and

certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)
All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form

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

and ending 12-31-2010

Open to Public Inspection

_	ame cn iitial ret	-	Number and street (or P O box, if mail is not delivered to street address) 1200 W FIFTH AVE SUITE 103	Room/suite	E Telephone num	nber	
_	illai rei eminat		1200 11 11 111 112 50212 105		(614)	487-9290	
_		d return	City or town, state or country, and ZIP + 4 Columbus, OH 43212		F Group Exempti	on	
	plication	on pending	Columbus, off 43212		Number 🟲		
	count	ting method	Cash Accrual Other (specify) ►		•		
		www.buckeyefo	* * * * * * * * * * * * * * * * * * * *	н	Check ► 厂	ıf the or	rganization is not
J Tax	-Exem	pt status(check	only one)— 501(c)(3) 501(c)() 4(insert no) 4947(a)(1) or 501(c)(1)	527	required to at (Form 990, 99		
			anization is not a section 509(a)(3) supporting organization and				
			-EZ or Form 990 return is not required though Form 990-N (e-p to file a return, be sure to file a complete return	ostcara) m	ay be required (s	see inst	ructions) But if the
more,	, file	Form 990 instead	p line 9 to determine gross receipts, If gross receipts are \$200,000 or more, or d of Form 990-EZ		▶ \$		91,916
Pa	rt I	_	e, Expenses, and Changes in Net Assets or Fund B le organization used Schedule O to respond to any question in th		(See the instruc	tions foi	r Part I)
	1		s, gifts, grants, and similar amounts received			1	85,247
	2	Program ser	vice revenue including government fees and contracts			2	1,883
	3	Membership	dues and assessments			3	3,730
	4	Investment	income			4	11
	5a	Gross amou	nt from sale of assets other than inventory	5a			
<u>a</u> j	ь	Less cost o	rother basis and sales expenses	5b			
Revenue	c	Gain or (loss	s) from sale of assets other than inventory (Subtract line 5b from	ı lıne 5a)		5c	
Re	6	Gaming and	fundraising events				
	a	Gross income fi	rom gamıng (attach Schedule G ıf greater than \$15,000)	6a			
	ь	Gross income from fundraising events (not including \$ _of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceed \$15,000)					
	c	Less direct	expenses from gaming and fundraising events	6c			
	d	Net income	or (loss) from gaming and fundraising events (Add lines 6a and 6	b and subt	ract line 6c)	6d	
	7a	Gross sales	of inventory, less returns and allowances	7a			
	ь	Less cost o	fgoods sold	7b			
	c	Gross profit	or (loss) from sales of inventory (Subtract line 7b from line 7a)			7c	
	8	Other reven	ue (describe in Schedule O)	•		8	1,045
	9	Total revenu	le. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			9	91,916
	10	Grants and s	similar amounts paid (list in Schedule O)			10	
	11	Benefits paid	d to or for members			11	
	12	Salaries, oth	ner compensation, and employee benefits			12	8,973
S S S	13	Professional	fees and other payments to independent contractors			13	33,851
Expenses	14	Occupancy,	rent, utilities, and maintenance			14	3,188
Ä	15	Printing, pub	olications, postage, and shipping			15	1,020
	16	O ther expen	ses (describe in Schedule O)			16	4,813
	17	Total expens	ses. Add lines 10 through 16			17	51,845
بع	18	Excess or (d	leficit) for the year (Subtract line 17 from line 9)			18	40,071
Net.Assets	19	Net assets o	or fund balances at beginning of year (from line 27, column (A)) (must agree	with		
a a		end-of-year	figure reported on prior year's return)			19	16,393
ž	20	O ther chang	es in net assets or fund balances (explain in Schedule O) .			20	
	21	Net assets o	or fund balances at end of year Combine lines 18 through 20			21	56,464

Part II Balance Sheets Check if the organization used	d Schedule O to respond to	any question in t	hıs Part II		<u> </u>
(See the instruc	tions for Part II)		(A) Beginning of year		(B) End of year
22 Cash, savings, and investments .			17,451	. 22	56,561
23 Land and buildings			·	23	·
24 Other assets (describe in Schedule O)			24	
25 Total assets			17,451	. 25	56,561
26 Total liabilities (describe in Schedule	0)		1,058	26	97
27 Net assets or fund balances (line 27 o	f column (B) must agree wit	th line 21) .	16,393	27	56,464
Check if the organization uses What is the organization's primary exempt FOREST PROTECTION PROJECT Describe what was achieved in carrying oudescribe the services provided, the number program title	d Schedule O to respond to purpose?	any question in t	lear and concise manner,	(c)(orga - 494	Expenses quired for section 501 3) and 501(c)(4) anizations and section 7(a)(1) trusts, onal for others)
28 FOREST PROTECTION	ıs amount ıncludes foreıgn (grants, check her	e ► ┌	28a	51,845
30	is amount includes foreign (· · · · · · · · · · · · · · · · · · ·	·	29a 30a	
31 O ther program services (describe in Sc (Grants \$) If th	hedule O) Is amount includes foreign (grants, check her	e ▶ ┌	31a	
32 Total program service expenses (add lir	nes 28a through 31a) .		.	32	51,84!
Part IV List of Officers, Directors, True Check if the organization used				struction.	s for Part IV)
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensa (If not paid enter -0)	tion (d) Contribution employee benefit p	lans &	(e) Expense account and other allowances
See Additional Data Table					

Pa	rt V	Other Information (Note the statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V			
		Check if the organization used Schedule O to respond to any question in this rate V		Yes	No
33		organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed tion of each activity in Schedule O	33		No
34	Were an	ny significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy mended documents if they reflect a change to the organization's name. Otherwise, explain the change on le O (see instructions)	34		No
35	others)	rganization had income from business activities, such as those reported on lines 2, 6a, and 7a (among , but not reported on Form 990-T, explain in Schedule O why the organization did not report the income on 90-T			
а		organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501 or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		No
b	If"Yes	" has it filed a tax return on Form 990-T for this year? (see instructions)	35b		Νo
36		organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during r? If "Yes," complete applicable parts of Schedule N	36		No
37a	Enter am	ount of political expenditures, direct or indirect, as described in the instructions 🕨 37a			
b	Did the	organization file Form 1120-POL for this year?	37b		Νo
38a	Dıd the	organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
	any suc	h loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		Νo
b	If "Yes,	" complete Schedule L, Part II and enter the total amount involved . 38b			
39	Section	501(c)(7) organizations. Enter			
а	Initiati	on fees and capital contributions included on line 9			
b	Gross	eceipts, included on line 9, for public use of club facilities			
40a		501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under			
	section 4	911 •, section 4912 •, section 4955 •			
	transac reporte	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit tion during the year or did it engage in an excess benefit transaction in a prior year that has not been d on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		No
	dısqual	501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or ified persons during the year under sections 4912, 4955, and 4958			
	organız	501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the ation			
	transac	nizations. At any time during the tax year, was the organization a party to a prohibited tax shelter tion? If "Yes," complete Form 8886-T	40e		Νo
		tates with which a copy of this return is filed M		4) 407	
42a	The or	ganization's books are in care of Market Cheryl Johncox 1200 W FIFTH AVE STE 103	(61	.4)48/	-9290
	Locate		4	3212	
Ь	Atany	time during the calendar year, did the organization have an interest in or a signature or other authority		Yes	No
	over a 1 accoun	inancial account in a foreign country (such as a bank account, securities account, or other financial t)?	42b	res	N o
		" enter the name of the foreign country 🕨			
		instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and			
c		time during the calendar year, did the organization maintain an office outside of the U S ?	42c		No
	If "Yes	" enter the name of the foreign country ▶			
	Section	4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here	· ·		▶ Γ
44a	Dıd the	organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of		Yes	No
	Form 99	0-EZ.	44a		Νo
b		organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed of Form990-EZ	44b		No
c	Dıd the	organization receive any payments for indoor tanning services during the year?	A.A		NJ -
d	If'Yes'	to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation	44c		No

orm 990-E	EZ (2010)					ı	Page
						Yes	No
	y related organization a controlle Form 990 and Schedule R must be			fsection 512(b)(13)? <i>If</i>	45		No
	ne organization receive any payr ing of section 512(b)(13)? <i>If 'Ye</i>		•	•	45a		N.o.
16 Did th	ne organization engage, directly dates for public office? If "Yes,"	or indirectly, in politica	al campaign activities on b				No
Part VI	Section 501(c)(3) orga			evemnt charitable tr	46	nlv.	Νο
Pait VI	All section 501(c)(3) organ 47-49b and 52.						stions
	Check if the organization used	d Schedule O to respor	nd to any question in this P	Part VI	<u> </u>		<u>. Г.</u>
					47	Yes	No
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II							N o
8 Is the	e organization a school describe	d ın section 170(b)(1)	(A)(II)? If "Yes," complete S	Schedule E	48		No
9a Did th	ne organization make any transfe	ers to an exempt non-c	harıtable related organıza	tion?	49a		No
b If"Ye	es," was the related organization	a section 527 organiz	ation?		49b		No
	plete this table for the organization or the common table that is a common to the common table to the common table to the common table the common table to the common table			•			
	and address of each employee	(b) Title and average hours per week	(c) Compensation	(d) Contributions to employee benefit plans &	-	E) Expe	
paı	id more than \$100,000	devoted to position	1	deferred compensation		erallowa	
ONE							
50(f) Tota	al number of other employees na	ud over \$100.000					
1 Comp	al number of other employees pa plete this table for the organization	on's five highest comp		ractors who each received r	►	an \$10	0,000
i 1 Comp		on's five highest comp n If there is none, ente	er "None "	ractors who each received r		an \$10	
of Comp of cor (a) Na	plete this table for the organization of the organization	on's five highest comp n If there is none, ente	er "None "	, ,			
of Comp of cor (a) Na	plete this table for the organization of the organization	on's five highest comp n If there is none, ente	er "None "	, ,			
1 Comp of cor (a) Na	plete this table for the organization of the organization	on's five highest comp n If there is none, ente	er "None "	, ,			
of Comp of cor (a) Na	plete this table for the organization of the organization	on's five highest comp n If there is none, ente	er "None "	, ,			
of Comp of cor (a) Na	plete this table for the organization of the organization	on's five highest comp n If there is none, ente	er "None "	, ,			
of Comp of cor (a) Na	plete this table for the organization of the organization	on's five highest comp n If there is none, ente	er "None "	, ,			
of Comp of cor (a) Na	plete this table for the organization of the organization	on's five highest comp n If there is none, ente	er "None "	, ,			
of compoficor (a) Na	plete this table for the organization of the organization	on's five highest comp n If there is none, ente ndent contractor paid i	er "None " more than \$100,000	, ,			
Compofeer (a) Na ONE	plete this table for the organization mpensation from the organization ame and address of each independent of the organization of other independent of the organization complete Sche	on's five highest comp If there is none, ente ndent contractor paid i contractors each receivedule A? NOTE: All Sec	nore than \$100,000	, ,			
(a) Na ONE	plete this table for the organization mpensation from the organization ame and address of each independent of the organization of other independent of the organization complete Schedule st attach a completed Schedule	on's five highest comp If there is none, ente ndent contractor paid i contractors each receivedule A? NOTE: All Sec	r "None " more than \$100,000 ring over \$10 tion 501(c)(3	, ,			
(a) Na ONE ONE ONE Onder penaltowledge a	plete this table for the organization mpensation from the organization ame and address of each independent of the organization of other independent of the organization complete Sche	on's five highest comp If there is none, ente ndent contractor paid i contractors each received a contractor a contract	r "None " more than \$100,000 ring over \$10 tion 501(c)(3	, ,			
(a) Na ONE ONE ONE Onder penaltowledge a	plete this table for the organization mpensation from the organization ame and address of each independent of the organization of the organization complete Schest attach a completed Schedule	on's five highest comp If there is none, ente ndent contractor paid i contractors each received a contractor a contract	r "None " more than \$100,000 ring over \$10 tion 501(c)(3	, ,			
1 Compoficor (a) Na ONE 1(d) Tota 2 Did must owledge a owledge.	plete this table for the organization mpensation from the organization ame and address of each independent of the organization complete Schest attach a completed Schedule ties of perjury, I declare that I have and belief, it is true, correct, and contains the organization complete is true, correct, and contains the organization completed Schedule ties of perjury, I declare that I have and belief, it is true, correct, and contains the organization contains	on's five highest comp If there is none, ente ndent contractor paid i contractors each received a contractor a contract	r "None " more than \$100,000 ring over \$10 tion 501(c)(3	, ,			
1 Compoficor (a) Na ONE 1(d) Tota 2 Did must owledge a owledge.	al number of other independent of the organization are and address of each independent of the organization of the organization complete. So the stattach a completed Schedule ties of perjury, I declare that I have and belief, it is true, correct, and complete is true, correct, an	on's five highest comp If there is none, ente ndent contractor paid i contractors each received a contractor a contract	r "None " more than \$100,000 ring over \$10 tion 501(c)(3	, ,			
1 Compoficor (a) Na ONE 1(d) Tota 2 Did mustader penalt owledge a owledge.	al number of other independent of the organization arms and address of each independent of the organization of the organization complete. So the stattach a completed Schedule ties of perjury, I declare that I have and belief, it is true, correct, and contains the organization of the or	on's five highest comp If there is none, ente ndent contractor paid i contractors each received a contractor a contract	r "None " more than \$100,000 ring over \$10 tion 501(c)(3	, ,			
1 Composition of correction of	al number of other independent of the organization arms and address of each independent of the organization complete. The organization complete Schest attach a completed Schedule ties of perjury, I declare that I have and belief, it is true, correct, and complete of officer HEATHER CANTINO TREASURER Type or print name and title Preparer's signature MARY ANN MCCLURE	on's five highest comp If there is none, ente ndent contractor paid i contractors each received a contractor a contract	nore than \$100,000 ring over \$10 tion 501(c)(3 ncluding accorreparer (other	, ,			
of Composition (a) Na ONE ONE ONE ONE ONE ONE ONE ON	al number of other independent of the organization arms and address of each independent of the organization complete. Schedule statistich a completed Schedule ties of perjury, I declare that I have and belief, it is true, correct, and complete of officer. HEATHER CANTINO TREASURER Type or print name and title Preparer's signature. MARY ANN MCCLURE	on's five highest comp If there is none, enter Indent contractor paid is contractors each received a	nore than \$100,000 ring over \$10 tion 501(c)(3 ncluding accorreparer (other	, ,			
61 Compoficor (a) Na ONE 61(d) Tota 62 Did mus	al number of other independent of the organization ame and address of each independent of the organization complete. Schedule ties of perjury, I declare that I have and belief, it is true, correct, and complete	on's five highest comp If there is none, enter Indent contractor paid is contractors each receive adule A? NOTE: All Section A	nore than \$100,000 ring over \$10 tion 501(c)(3 ncluding accorreparer (other	, ,			

31-1408723

OMB No 1545-0047

MB No 1545-004

2010

Open to Public Inspection

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization

BUCKEYE FOREST COUNCIL

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

Pai	rt I Reason for Public Charity Status (All organizations must complete this part.) See instructions										
he o	rganız	zation is	not a privat	e foundation becaus	eıtıs (Forl	ınes 1 thro	ugh 11, checl	conly one b	ox)		
1	Γ	A churc	h, conventi	on of churches, or as	sociation of	churches c	lescribed in s	ection 170(b)(1)(A)(i).		
2	Γ	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)									
3	Γ	A hospi	tal or a coo	perative hospital ser	vice organiz	atıon descr	ıbed ın sectio	on 170(b)(1))(A)(iii).		
4	Γ			ı organızatıon operat ty, and state	ed ın conjun	ction with a	hospital des	cribed in se d	ction 170(b)((1)(A)(iii). E	nter the
5	Г	An orga	ınızatıon ope	erated for the benefit	of a college	or universi	itv owned or o	perated by	a governmen	tal unit descr	
_	•			A)(iv). (Complete Pa			,	,	- g		
6	Г			local government or	•	al unit desc	ribed in sect i	ion 170(b)(:	1)(A)(v).		
7	<u></u>			it normally receives	-					rom the gene	ral public
	•	describ		,			,- ,-	3			, ,
		sect ion	170(b)(1)(A)(vi) (Complete Pa	art II)						
8		A comn	nunity trust	described in section	170(b)(1)(A)(vi) (Co	mplete Part I	I)			
9	Γ	Anorga	ınızatıon tha	it normally receives	(1) more th	an 331/3%	of its support	from contri	butions, men	nbershıp fees	, and gross
		receipts	s from activ	ities related to its ex	empt function	ons—subjec	t to certain e	xceptions, a	and (2) no mo	ore than 331/	3% of
		ıts supp	ort from gro	oss investment incor	ne and unrel	ated busine	ess taxable ın	icome (less	section 511	tax) from bus	inesses
		acquire	d by the org	anızatıon after June	30,1975 S	ee sect ion	509(a)(2). (C	omplete Pa	rt III)		
0	Γ	An orga	ınızatıon org	anized and operated	exclusively	to test for	public safety	See section	509(a)(4).		
.1	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h a Type I b Type III - Other						99(a)(3). Check				
e	Γ	other th section	an foundati 509(a)(2)	ox, I certify that the on on managers and oth	er than one	or more pul	blicly support	ed organiza	tions describ	ed in section	509(a)(1) or
f				received a written de	etermination	from the IR	S that it is a	Type I, Typ	e II or Type	III supportin	g organization,
g		check t		006, has the organi	zation accen	nted any diff	t or contributi	on from any	of the		,
9			g persons?	o o o , mao emo organii	Lation accep	, 10 a a , g		o., ., o.,,	0		
		(i) a pe	rson who du	rectly or indirectly co	ontrols, eithe	er alone or t	together with	persons des	scribed in (ii)		Yes No
		and (III)	below, the	governing body of the	e the suppor	ted organız	ation?			11g(i)
		(ii) a fa	mily membe	r of a person describ	oed in (i) abo	ve?				11 g(ii)
		(iii) a 3	5% control	led entity of a persor	n described i	n (ı) or (ıı) a	above?			11 g(i	iii)
h		Provide	the followir	ig information about	the supporte	ed organizat	tion(s)				
S	(i) Name suppor ganıza	of ted	(ii) Ein	(iii) Type of organization (described on lines 1- 9 above or IRC section	(iv) Is the organizat col (i) list your gove docume	e ion in ted in rning	(v) Did you no organizat col (i) of suppo	tify the tion in f your	(vi Is th organiza col (i) org	ne tion in ganized	(vii) A mount of support
				(see instructions))	Yes	No	Yes	No	Yes	No	1
				**							

Total

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1) (A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I 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.)

<u> </u>	under Part III. If the ection A. Public Support	e organization f	alls to qualify u	nder the tests	listed below, pie	ease co	mpiete P	art III.)
	endar year (or fiscal year beginning	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2	2010	(f) Total
1	ın) ► Gıfts, grants, contributions, and			, ,		. ,		
-	membership fees received (Do not	62,79	54,292	26,060	47,908		85,247	276,305
	include any "unusual grants ")	, i	<u> </u>	ĺ	, ,			
2	Tax revenues levied for the							
_	organization's benefit and either							
	paid to or expended on its							
_	behalf The value of services or facilities							
3	furnished by a governmental unit to							
	the organization without charge							
4	Total. Add lines 1 through 3	62,79	54,292	26,060	47,908		85,247	276,305
5	The portion of total contributions by	·						
	each person (other than a							
	governmental unit or publicly supported organization) included on	,						
	line 1 that exceeds 2% of the							
	amount shown on line 11, column							
	(f)							
6	Public Support. Subtract line 5 from line 4							276,305
S	ection B. Total Support			L				
	endar year (or fiscal year beginning	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2	010	(f) Total
	ın) 🟲	` '				(0) 2		
7	A mounts from line 4	62,798	54,292	26,060	47,908		85,247	276,305
8	Gross income from interest, dividends, payments received on							
	securities loans, rents, royalties	58	33	20	11			122
	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		2.000	500			045	4 224
	or loss from the sale of capital assets (Explain in Part IV)		2,889	500			945	4,334
11	Total support (Add lines 7							200.761
	through 10)							280,761
12	Gross receipts from related activiti	es, etc (See inst	ructions)			12		
13	First Five Years If the Form 990 is	for the organization	on's first, second,	thırd, fourth, or f	ifth tax year as a	501(c)(3) organız	- - '
	check this box and stop here							► I
S	ection C. Computation of Pub	olic Support P	ercentage					
14	Public Support Percentage for 2010			11 column (f))		14		98 41 %
15	Public Support Percentage for 2009	9 Schedule A , Pai	rt II, lıne 14			15		98 44 %
16a	33 1/3% support test—2010. If the	organization did	not check the box	on line 13, and l	ine 14 is 33 1/3%		L e. check th	
	and stop here. The organization qua	•		,	,		,	▶ ✓
b	33 1/3% support test—2009. If the				a, and line 15 is 3	3 3 1/3%	or more, o	
17-	box and stop here. The organization 10%-facts-and-circumstances test-				o 12 162 or 164	and line	. 1.4	►
L/a	is 10% or more, and if the organiza	-			· ·			
	in Part IV how the organization mee							ed
_	organization							► □
Ь	10%-facts-and-circumstances test- 15 is 10% or more, and if the organ	_						
	Explain in Part IV how the organiza							
	supported organization							► □
18	Private Foundation If the organizat	ion did not check	a box on line 13,	16a, 16b, 17a o	r 17b, check this	box and	see	.
	ınstructıons							▶ ┌

Schedule A (Form 990 or 990-EZ) 2010 Page 3 Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total ın) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified **b** 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 **(e)** 2010 (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (f) Total ın) 9 Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b c Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include 12 gain or loss from the sale of capital assets (Explain in Part Total support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))		
16	Public support percentage from 2009 Schedule A, Part III, line 15	16	
Se	ection D. Computation of Investment Income Percentage		
17	Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))	17	
18	Investment income percentage from 2009 Schedule A. Part III. line 17	10	

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

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

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

⋫

chedule A	(Form 990	or 990-EZ)2010
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Page **4** ions

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; and Part III, line 12. Also complete this part for any
	additional information. (See instructions).
	additional information. (See instructions).

Facts And	Circumstances	Test

Explanation

REIMBURSEMENTS

Schedule A (Form 990 or 990-EZ) 2010

Software ID: 10000108

Software Version:

EIN: 31-1408723

Name: BUCKEYE FOREST COUNCIL

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
HEATHER CANTINO 33 CABLE LANE Athens,OH 45701	CHAIRPERSN 10	0		
DELILAH LOPEZ 1381 DOTEN AVE COLUMBUS,OH 43212	DIRECTOR 5	0		
CHRISTOPHER ALLWEIN 141 WETMORE RD COLUMBUS,OH 43214	DIRECTOR 5	0		
MARTHA BISHOP 30 CURRIER ST Athens,OH 45701	DIRECTOR 2	0		
JUSTIN FOLEY 1934 ASHBURN DR DELAWARE,OH 43015	DIRECTOR 2	0		
DAVID MAYWHOOR 2662 GLENMAWR AVE COLUMBUS, OH 43202	EXEC DIR 20	7,448		
CHERYL JOHNCOX 340 EAST BLAGROVE ST RICHWOOD,OH 43344	EXEC DIR 25	24,748		

efile GRAPHIC print - DO NOT PROCESS

SCHEDULE O

As Filed Data -

DLN: 93492222009501

OMB No 1545-0047

2010

(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

Open to Public Inspection

Name	of	t he	orga	nizat	ion
BUCKE'	YE F	ORE	ST CC	UNCI	L

Employer identification number

31-1408723

ldentifier	Return Reference	Explanation
		OTHER INCOME - GIFT CARD AND REIMBURSEMENTS