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

H.R. 473 (Boren), "HALE Scouts Act"/Tuesday, June 14, 2011

For I	Individuals:	
1. N	ame:	
2. A	ddress:	
3. E	mail Address:	
4. Pl	hone Number:	
		* * * *
For V	Witnesses Representing Organiza	ations:
1	. Name: Bill Haines	
2	2. Name of Organization(s) You	are Representing at the Hearing:
	Indian Nations Council, Inc	., Boy Scouts of America
3		outh Garnett Road OK 74146
4	Business Email Address:	[Information redacted for privacy]
5	6. Business Phone Number:	[Information redacted for privacy]

Name/Organization	Bill Haines/Indian Nations Council, Inc., Boy Scouts of America
Title/Date of Hearing_	H.R. 473 (Boren), "HALE Scouts Act"/Tuesday, June 14, 2011

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.

Commissioned Boy Scouts of America Professional for tenure of 27 years.

Bachelor Degree in Outdoor Recreation and Park Management-University of South Alabama

Bachelor Degree in Tourism and Commercial Recreation-University of South Alabama

Bachelor Degree in Therapeutic Recreation-University of South Alabama

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.

N/A

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.

Scout Executive/CEO Great Alaska Council, Boy Scouts of America Scout Executive/CEO Indian Nations Council, Boy Scouts of America

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.

N/A

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

Commissioned Boy Scouts of America Professional for tenure of 27 years.

Bachelor Degree in Outdoor Recreation and Park Management-University of South Alabama

Bachelor Degree in Tourism and Commercial Recreation-University of South Alabama

Bachelor Degree in Therapeutic Recreation-University of South Alabama

Name/Organization____Bill Haines/Indian Nations Council, Inc., Boy Scouts of America_____
Title/Date of Hearing___H.R. 473 (Boren), "HALE Scouts Act"/Tuesday, June 14, 2011_____

In addition, for witnesses representing organizations:

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

Scout Executive/CEO Board Secretary

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).

N/A

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)).

See attachment K

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)

OMB No. 1545-0047

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

A	For the	e 2009 calendar year, or tax year beginning and ending	9	
B	Check if applicabl	e: Use IRS INDIAN NATIONS COUNCIL	D Employer identifi	cation number
<u>_</u>	chang	e print or BOY SCOUTS OF AMERICA		
<u>_</u>	chang	Doing Business As		579230
	return Terminated	Number and street (or P.O. box if mail is not delivered to street address) Room/ Specific Instruc- 4295 SOUTH GARNETT		743-6125
	Amend	ded tions. Oissuud and a state of the st	G Gross receipts \$	9,755,150.
	Application	* TULSA, OK 74146	H(a) Is this a group re	eturn
	pendi	F Name and address of principal officer:	for affiliates?	Yes X No
		4295 S. GARNETT ROAD, TULSA, OK 74146	H(b) Are all affiliates inc	cluded? Yes No
1 1	Гах-ех	empt status: X 501(c) (3		list. (see instructions)
		te: > WWW.OKSCOUTS.ORG	H(c) Group exemption	
			Year of formation: 1911	
	art I	Summary		<u></u>
	1	Briefly describe the organization's mission or most significant activities: SEE SCHI	EDULE O.	
Activities & Governance				·
E	2	Check this box if the organization discontinued its operations or disposed of	more than 25% of its net as	ssets.
Š	1	Number of voting members of the governing body (Part VI, line 1a)		29
Ğ	1	Number of independent voting members of the governing body (Part VI, line 1b)		29
eg S	1	Total number of employees (Part V, line 2a)		192
ij	1	Total number of volunteers (estimate if necessary)		6000
桑	1	Total gross unrelated business revenue from Part VIII, column (C), line 12		0.
ĕ		Net unrelated business taxable income from Form 990-T, line 34		0.
_	-	Net unleated business taxable income nonn offi 550 1, iiile 54	Prior Year	Current Year
	Ω	Contributions and grants /Part VIII line 1h	3,473,392.	3,177,918.
Revenue		Contributions and grants (Part VIII, line 1h)	1,427,824.	1,640,814.
	1	Program service revenue (Part VIII, line 2g)	100 100	-2,922.
Re	1	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	000 000	710,148.
	ŧ	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	5,832,637.	
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	85,537.	85,645.
	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	03,337.	03,043.
	ŀ	Benefits paid to or for members (Part IX, column (A), line 4)	2,349,782.	2,422,486.
Ses	I .	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,349,102.	2,422,400.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
X		Total fundraising expenses (Part IX, column (D), line 25) 325,905.	2,438,291.	2,410,879.
_	I	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	4,873,610.	4,919,010.
	I	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		606,948.
	19	Revenue less expenses. Subtract line 18 from line 12	959,027.	
Sol			Beginning of Current Year	End of Year 18,884,413.
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	16,981,829.	
귷	21	Total liabilities (Part X, line 26)	395,287. 16,586,542.	780,734. 18,103,679.
		Net assets or fund balances. Subtract line 21 from line 20	10,300,342.	10,103,073.
il id	irt II	Signature Block	and to the best of my knowled	go and halief it is true correct
		Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statem and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any know	ledge.	go and belief, it is the, correct,
			1	
Sig		Signature of officer	Date	
Her	е	· •	5410	
		WILLIAM W. HAINES, SECRETARY Type or print name and title		
		Data	Check if Prepar	er's identifying number
Paid	ı	Preparer's American Company of the C	self- (see in	structions)
_ `	arer's		employed	
•	Only	Vours if HOGANTATHON HILL	EIN ►	
	•	self-employed), address, and address, and address, and address, and address an		010) 7/5 2222
		ZIP+4 TULSA, OK /4114	Phone no. ► (
Maγ	the IF	RS discuss this return with the preparer shown above? (see instructions)		X Yes No

Form **8868** (Rev. April 2009)
Department of the Treasury

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

Internal N	evalue service	
• If you	u are filing for an Automatic 3-Month Extension, complete only Part I and check this box u are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part I I (on page 2 of the complete Part II unless you have already been granted an automatic 3-month extension on a previously	nis form).
Part	Automatic 3-Month Extension of Time. Only submit original (no copies needed).	
	oration required to file Form 990-T and requesting an automatic 6-month extension - check this box and co	. —
	or corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request income tax returns.	an extension of time
noted to (not aut you mu	onic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronication (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or construction of the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronications of the forms 990-bland click on e-file for Charities & Nonprofits.	onically if (1) you want the additional consolidated Form 990-T. Instead,
Туре о	·	Employer identification number
print	INDIAN NATIONS COUNCIL	73-0579230
File by the		73-0379230
filing your	4295 SOUTH GARNETT	
return. Se instruction		
F F	form 990	5227 6069 8870
	e organization does not have an office or place of business in the United States, check this box	▶ □
	s is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)	
	. If it is for part of the group, check this box and attach a list with the names and EINs of a	
 is	request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time u AUGUST 15, 2010 , to file the exempt organization return for the organization named for the organization's return for: X calendar year 2009 or tax year beginning, and ending	
2 If	this tax year is for less than 12 months, check reason: Initial return Final return	Change in accounting period
	this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any	
	onrefundable credits. See instructions. this application is for Form 990-PF or 990-T, enter any refundable credits and estimated	3a \$
	ax payments made. Include any prior year overpayment allowed as a credit.	3ь \$
_	lalance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required,	
	eposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System).	
s	ee instructions.	3c \$ N/A

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

*******	INDIAN NATIONS COUNCIL 1990 (2009) BOY SCOUTS OF AMERICA 73-0579230 Page 2 1 III Statement of Program Service Accomplishments
1	Briefly describe the organization's mission: TO PREPARE YOUNG PEOPLE TO MAKE ETHICAL AND MORAL CHOICES OVER THEIR LIFETIME BY INSTILLING IN THEM THE VALUES OF THE SCOUT OATH AND LAW.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:)(Expenses \$ 2,749,573. including grants of \$)(Revenue \$ 2,057,082. TRADITIONAL SCOUTING: YEAR-ROUND FAMILY AND HOME CENTERED PROGRAM THAT DEVELOPS ETHICAL DECISION-MAKING SKILLS FOR BOYS 7-20 AND GIRLS 14-20. ACTIVITIES EMPHASIZE CHARACTER DEVELOPMENT, CITIZENSHIP TRAINING, AND PERSONAL FITNESS.
4b	(Code:)(Expenses \$ 854,619. including grants of \$)(Revenue \$ 195,405.) SCOUTREACH AT-RISK: PROGRAM THAT RECRUITS STRONG ADULT LEADERS AND GIVES SPECIAL LEADERSHIP AND EMPHASIS TO URBAN AND RURAL SCOUTING PROGRAMS. THIS ENSURES THAT ALL YOUNG PEOPLE HAVE AN OPPORTUNITY TO JOIN SCOUTING, REGARDLESS OF THEIR CIRCUMSTANCES, NEIGHBORHOOD, OR ETHNIC BACKGROUND.
4c	(Code:)(Expenses \$ 603,520. including grants of \$)(Revenue \$ 103,081.) LEARNING FOR LIFE/EXPLORING: PROGRAM THAT MEETS THE NEEDS OF YOUTH AND SCHOOLS. THEY HELP YOUTH MEET THE CHALLENGE OF GROWING UP BY TEACHING CHARACTER AND GOOD DECISION-MAKING SKILLS, AND THEN LINK THOSE SKILLS TO THE REAL WORLD.

4d	Other program services.	(Describe in Schedule O.)
	Owner brodrawn con mode.	(2000)100 111 001100010 017

(Expenses \$

) (Revenue \$

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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?				2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to o				}		Ì
	public office? If "Yes," complete Schedule C, Part I				3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Sche			t#	4		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)						
	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III		•		5	ļ	<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have t	_					1
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete S		le D, i	Part I	6	<u> </u>	X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,				İ		
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II				7	ļ	X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"						
	Schedule D, Part III				8	L	X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X						
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule	D, Pa	art IV		9	ļ	X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endo						
	If "Yes," complete Schedule D, Part V				10	X	
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VI	I, VIII,	IX, or	X			
	as applicable				11	X	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete	e Sche	edule	D,			
	Part VI.						
•	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of	of its to	otal				
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.						
•	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more	of its t	otal				
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.						
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	report	ed in				
	Part X, line 16? If "Yes," complete Schedule D, Part IX.						
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Pa						
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that a	ddres	ses				
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.						
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," con	nplete					
	Schedule D, Parts XI, XII, and XIII.			F	12	***********	X
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?		Yes	No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	12A	X	L			17
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E				13		X
	Did the organization maintain an office, employees, or agents outside of the United States?				14a		Х
þ	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundrais	•					v
	and program service activities outside the United States? If "Yes," complete Schedule F, Part I				14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any org						v
	or entity located outside the United States? If "Yes," complete Schedule F, Part II				15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance						J.
	located outside the United States? If "Yes," complete Schedule F, Part III				16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on						v
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I				17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on F				40		v
46	1c and 8a? If "Yes," complete Schedule G, Part II				18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If				40		Х
20	complete Schedule G, Part III Did the organization operate one or more hospitals? If "Yes," complete Schedule H				19 20		$\frac{\Lambda}{X}$
20	DIO THE OFGATIZATION OPERATE ONE OF MORE HOSPITAIS FILE TES, COMPLETE SCHEDULE IT				40		43

Form 990 (2009)

Part 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		Yes	No
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
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	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	1	ĺ	
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			l
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			.,
	Schedule L, Part III	27	000000000000000000000000000000000000000	X
28	Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			v
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
Ь	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		_
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was	00-		Х
	an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	30		Х
31	contributions? If "Yes," complete Schedule M	30		
31	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<u> </u>		
U _	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
•	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
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	X	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?			
	If "Yes," complete Schedule R, Part V, line 2	35		X
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		X
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		X
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	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

					Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of					
	U.S. Information Returns. Enter -0- if not applicable	1a	14			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and (gambling) winnings to prize winners?		able gaming	1c		
20	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	 		10		
28	filed for the calendar year ending with or within the year covered by this return	2a	192			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns			2b	X	
U	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> this return. (see					
32	Did the organization have unrelated business gross income of \$1,000 or more during the year covered			3a	*****************	X
				3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other					
	financial account in a foreign country (such as a bank account, securities account, or other financial			4a		X
b	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.					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a	************	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter trans-			5b		Х
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regi					
	Tax Shelter Transaction?			5c		
ва	Does the organization have annual gross receipts that are normally greater than \$100,000, and did t		anization solicit			
	any contributions that were not tax deductible?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribu					
	were not tax deductible?			6b		
7	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	good	s and services			
	provided to the payor?			7a	X	<u> </u>
	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	Х	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			_	v	
	to file Form 8282?	1		7c	X	
	If "Yes," indicate the number of Forms 8282 filed during the year					
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a	perso	nal	_		v
	benefit contract?			7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont			7f		X
9	For all contributions of qualified intellectual property, did the organization file Form 8899 as required			7g 7h		X
	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-			/n		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting or supporting organization, or a donor advised fund maintained by a sponsoring organization, have exceeded as a sponsoring organization.					
				8	\$	B333333333
	at any time during the year? Sponsoring organizations maintaining donor advised funds.			<u> </u>		
9	Did the organization make any taxable distributions under section 4966?			9a	6 0000000000	0.000000000
a	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
ь 10	Section 501(c)(7) organizations. Enter:					
a	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	10b				
11	Section 501(c)(12) organizations. Enter:					
	Gross income from members or shareholders	11a				
-	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	ղ1041	?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				

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

				_		Yes	No
1a	Enter the number of voting members of the governing body	1a		29			
b	Enter the number of voting members that are independent	1b		29			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	p with ar	y other				
	officer, director, trustee, or key employee?			L	2		X
3	Did the organization delegate control over management duties customarily performed by or under the	e direct s	supervision				
	of officers, directors or trustees, or key employees to a management company or other person?		******************	[3		X
4	Did the organization make any significant changes to its organizational documents since the prior Fo	rm 990 v	vas filed?	[4		X
5	Did the organization become aware during the year of a material diversion of the organization's asset	ts?			5		X
6	Does the organization have members or stockholders?			[6	X	
7a	Does the organization have members, stockholders, or other persons who may elect one or more me	mbers o	f the				
	governing body?			L	7a	X	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other per	sons?	• • • • • • • • • • • • • • • • • • • •		7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken	during th	ne year				
	by the following:						
а	The governing body?				8a	X	ĺ
Ь	Each committee with authority to act on behalf of the governing body?			Г	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea						
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O				9	ĺ	X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re						
						Yes	No
0a	Does the organization have local chapters, branches, or affiliates?			[-	10a		X
	If "Yes," does the organization have written policies and procedures governing the activities of such						
	and branches to ensure their operations are consistent with those of the organization?			•	10ь		
1	Has the organization provided a copy of this Form 990 to all members of its governing body before fil	ling the f	orm?	Г	11	Х	
1 A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	-					
2a	Does the organization have a written conflict of interest policy? If "No," go to line 13			[.	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that cou	ıld give ri	se	Γ			
	to conflicts?			•	12b	X	l
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "	'Yes," de	scribe	Γ			
	in Schedule O how this is done			Ŀ	12c	X	L
3	Does the organization have a written whistleblower policy?			[13	Х	
4	Does the organization have a written document retention and destruction policy?			L	14	X	
5	Did the process for determining compensation of the following persons include a review and approva	al by inde	pendent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
а	The organization's CEO, Executive Director, or top management official			[-	15a	X	
b	Other officers or key employees of the organization			[15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)						
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangements	nent with	а				
	taxable entity during the year?			Ŀ	16a		X
þ	If "Yes," has the organization adopted a written policy or procedure requiring the organization to eval	uate its _l	participation				
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organic	anization	s				
	exempt status with respect to such arrangements?			1	16b		
ec	tion C. Disclosure						
7	List the states with which a copy of this Form 990 is required to be filed ▶OK						
8	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T	(501(c)(3)s only) availa	ble fo	or		
	public inspection. Indicate how you make these available. Check all that apply.						
	Own website Another's website X Upon request						
9	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, co	onflict of	interest policy	, and	l finar	ncial	
	statements available to the public.						
0	State the name, physical address, and telephone number of the person who possesses the books and	nd record	is of the organ	nizatio	n: 🕨		
	WILLIAM W. HAINES - 918-743-6125						
	4295 S. GARNETT ROAD, TULSA, OK, TULSA, OK 74146						

Form 990 (2009) BOY SCOUTS OF AMERICA 73-0. Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if the organization did not (A) Name and Title	(B) Average	(C) Position						(D) Reportable	(E) Reportable	(F) Estimated
regine area into	hours	(c	(check all that a					compensation	compensation	amount of
	per week	Individual trustee or director	Institutional bustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
A.H. "CHIP" MCELROY, II PRESIDENT	40.00	Х						0.	0.	0.
H.I. "BART" BARTLETT	10.00	1		H	╁╌	<u> </u>				
TREASURER	1.00	Х						0.	0.	0.
ROBERT ATHERTON	1 2000			\vdash	\vdash	·				
TRUSTEE	1.00	Х						0.	0.	0.
JOHN F. BABBITT		ļ		1						
TRUSTEE	1.00	X			Ì			0.	0.	0.
JAMES BERTELSMEYER										
TRUSTEE	1.00	X						0.	0.	0.
LEE E. BUDDRUS										
TRUSTEE	1.00	X			<u> </u>			0.	0.	0.
JOSEPH E. CAPPY									_	_
TRUSTEE	1.00	Х			<u> </u>	ļ		0.	0.	0.
STEVE L. CROPPER	1 00								_	•
TRUSTEE	1.00	X		ļ	-			0.	0.	0.
REUBEN DAVIS	1 00	,						0.	0.	0
TRUSTEE	1.00	X	<u> </u>	-	-	-		0.	0.	0.
JIM DENNY TRUSTEE	1.00	X						0.	0.	0.
RANDY FOUTCH	1.00	^		l l	-	-		- 0 •	0.	
TRUSTEE	1.00	X						0.	0.	0.
STANLEY GLANZ	1.00	 	_		+					
TRUSTEE	1.00	X						0.	0.	0.
FRED HARLAN										
TRUSTEE	1.00	X		1				0.	0.	0.
HANS HELMERICH										
TRUSTEE	1.00	X						0.	0.	0.
ROBERT J. LAFORTUNE										
TRUSTEE	1.00	X						0.	0.	0.
BRETT LESSLEY										•
TRUSTEE	1.00	X		_	_	\vdash		0.	0.	0.
ROBERT E. LORTON	1 00	,,							_	^
TRUSTEE	1.00	X	L			L.,	L	0.	0.	0 . Form 990 (2009)

Form 990 (2009) BOY SCOUTS OF AMERICA 73-0579230 Page 8 Part VII | Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (A) (F) (B) (C) (D) (E) Reportable Position Name and title Average Reportable **Estimated** compensation (check all that apply) compensation amount of hours from from related other per ndividual trustee or director week the organizations compensation Highest compensated employee organization (W-2/1099-MISC) from the nstitutional trustee (W-2/1099-MISC) organization Key employee and related E E organizations PETER C. MEINIG 1.00 X 0. 0. TRUSTEE 0. GREG OWENS 0. 0. 1.00 X 0. TRUSTEE GARY PAXTON 1.00 | X 0 0 0. TRUSTEE FRANK C. ROBSON 0. 0. 0. TRUSTEE 1.00 X JUDITH A. SMITH 1.00 X 0. 0. 0. TRUSTEE CHARLES STEPHENSON, JR. 0. 0 . 0. 1.00 X TRUSTEE MELINDA STINNETT 0. 0. 0. 1.00 X TRUSTEE W.H. "BILL" THOMPSON, JR 0. 0. 0. 1.00 X TRUSTEE DONALD E. WALKER 0. 0. 0. 1.00 X TRUSTEE DARTON ZINK 1.00 X 0. 0. TRUSTEE 49,390. 454,000. 0. Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization Yes No 3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on X 3 line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization X 4

and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to X the organization? If "Yes," complete Schedule J for such person

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
WILLIAMS CONSTRUCTION P.O. BOX 966, PRYOR, OK 74362	CONSTRUCTION AND MAINTENANCE	596,477
HARDESTY CONSTRUCTION P.O. BOX 765, POTEAU, OK 74953	CONSTRUCTION AND MAINTENANCE	181,626

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization

Page 9

	art	W	Statement of Revenue	nue					
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ints	age		Federated campaigns	1a					
gra	2	b	Membership dues	1Ь		_			
ŧs,	ē		Fundraising events						
g	<u>a</u>		Related organizations			4			
Suc.	E		Government grants (contribu			4			
Ĕ	ē	f	All other contributions, gifts, gra		155 010				
Ę	5		similar amounts not included abo		177 , 918.	4			
Contributions, gifts, grants	ב		Noncash contributions included in lines 1a-1f. \$						
_	"	h	Total. Add lines 1a-1f			3,177,918.			
•	١.		CAMDING INCOME		Business Code		1 272 601		
Š.	'	2 a	CAMPING INCOME ACTIVITY INCOM	<u></u>	713990	270,691.	1,370,691.		
Ş	9	D		<u> </u>	713990	2/0,123.	270,123.		
Program Service Revenue	Š	0							
	<u>۳</u>	a							
Ę		4	All other program service rev						
		٠	Total. Add lines 2a-2f			1,640,814.			
_	+:	<u>ਸ਼</u>	Investment income (including			1,040,014.			
	`		other similar amounts)			177,448.			177,448.
			Income from investment of ta		17771100			1//,440.	
	•		Royalties	•					
			,	(i) Real	(ii) Personal				
	1	3 a	Gross Rents		()	1			
		ь	Less: rental expenses						
		C	Rental income or (loss)						
		d	Net rental income or (loss)		>				
	7	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
			assets other than inventory	2765608.					
		b	Less: cost or other basis						
			and sales expenses	2942723.	7,714.				
		C	Gain or (loss)	-177115.					
			Net gain or (loss)			-180,370.			<u>-180,370.</u>
ē	8	a	Gross income from fundraisin	g events (not					
é			including \$	of					
ē			contributions reported on line						
Other Revenue			Part IV, line 18						
ธี			Less: direct expenses						
	١,		Net income or (loss) from fund		>				
	8	a	Gross income from gaming ac Part IV, line 19						
		h	Less: direct expenses						
			Net income or (loss) from gam	•	>				
	10		Gross sales of inventory, less						
	'	_	and allowances		1922159.				
		b	Less: cost of goods sold		1278755.				
			Net income or (loss) from sale			643,404.	643,404.		
			Miscellaneous Revenu		Business Code				
	11	а	OTHER REVENUE		900099	66,744.			66,744.
		b							
		¢							
			All other revenue						
			Total. Add lines 11a-11d			66,744.			
	12		Total revenue. See instructions.			5,525,958.	2,284,218.	0.	63,822.

BOY SCOUTS OF AMERICA

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).

	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				
C	organizations in the U.S. See Part IV, line 21				
2 (Grants and other assistance to individuals in				
t	he U.S. See Part IV, line 22	85,645.	85,645.		
3 (Grants and other assistance to governments,				
C	organizations, and individuals outside the U.S.				
5	See Part IV, lines 15 and 16				
	Benefits paid to or for members				
	Compensation of current officers, directors,	000 011	227 502	20 221	26 200
	rustees, and key employees	293,311.	237,582.	29,331.	26,398.
	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	1 670 100	1 444 222	123,629.	111,266
	Other salaries and wages	1,679,128.	1,444,233.	123,029.	111,200
	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)	274,181.	222,087.	27,418.	24,676.
	Other employee benefits	175,866.	151,170.	12,998.	11,698
	Payroll taxes	173,000.	131,170.	12,330.	11,000
	Fees for services (non-employees):				
	Management				
	_egal	73,736.		73,736.	
	Accounting	73,730.		737730.	
	obbying Professional fundraising services. See Part IV, line 17				
	nvestment management fees				
	Other				
	Advertising and promotion	65,817.	44,506.	1,529.	19,782
	Office expenses	82,117.	64,369.	5,571.	12,177
	nformation technology				
	Royalties				
	Decupancy	250,627.	242,955.	4,038.	3,634.
	Fravel	143,327.	119,619.	12,478.	11,230.
	Payments of travel or entertainment expenses				
	or any federal, state, or local public officials				
	Conferences, conventions, and meetings	35,130.	28,872.	2,699.	3,559
	nterest				
21 F	Payments to affiliates	50,191.		50,191.	
	Depreciation, depletion, and amortization	599,139.	564,821.	18,062.	16,256
	nsurance	100,151.	81,122.	10,015.	9,014
24 (Other expenses, Itemize expenses not covered				
a	bove. (Expenses grouped together and labeled niscellaneous may not exceed 5% of total				
6	xpenses shown on line 25 below.)				
a]	PROGRAM EXP & SUPPLIES	943,707.	872,155.	10,682.	60,870.
	RECOGNITION AWARDS	36,445.	29,152.	278.	7,015.
	EMPLOYEE RELATED EXP	18,061.	14,681.	1,779.	1,601.
d j	MISCELLANEOUS	12,431.	4,743.	959.	6,729.
е _					
	All other expenses	4 010 010	4 007 710	205 202	225 005
	Total functional expenses. Add lines 1 through 24f	4,919,010.	4,207,712.	385,393.	325,905.
	Inint costs. Check here Diffollowing				
	SOP 98-2. Complete this line only if the organization				
	eported in column (B) joint costs from a combined				
6	ducational campaign and fundraising solicitation				Form 990 (2009)

Form 990 (2	2009)	1
Part X	Balance	Sheet

		balance Sneet			(A) Beginning of year		(B) End of year
	1	Cash · non-interest-bearing		·		1	Line or your
1	2	Savings and temporary cash investments			2 132 700		
	3	Pledges and grants receivable, net			2,132,709. 938,433.		
	4	Accounts receivable, net			13,827		
	5	Receivables from current and former officers, d	44,231.	4	13,02/		
		employees, and highest compensated employe of Schedule L		5			
l	6	Receivables from other disqualified persons (as					
		4958(f)(1)) and persons described in section 49 Part II of Schedule L	58(c)(3)(B). Complete		6	
2	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			141,503.		171.550
Ž	9	Prepaid expenses and deferred charges					171,550. 367,903.
ĺ	10a	Land, buildings, and equipment: cost or other	1 1	••••••	2107055.		3017303.
		basis. Complete Part VI of Schedule D	100	15.010.464			
1	h	Less: accumulated depreciation		5,382,422	8,989,957.	10c	0 629 042
	11	Investments - publicly traded securities					9,628,042.
	12	Investments - other securities. See Part IV, line			5,111,911.	11	5,626,949.
	13				3,111,911.	12	3,020,949.
	14	Investments - program-related. See Part IV, line				13	
	15	Intangible assets	5 000	14	F 000		
		Other assets. See Part IV, line 11	5,000.	15	5,000.		
+	16	Total assets. Add lines 1 through 15 (must equ	16,981,829.	16	18,884,413.		
- 1	17	Accounts payable and accrued expenses	98,473.	17	311,061.		
	18	Grants payable			07.005	18	222 222
t	19	Deferred revenue			97,905.	19	229,389.
	20	Tax-exempt bond liabilities				20	
S	21	Escrow or custodial account liability. Complete				21	
Liabilities	22	Payables to current and former officers, director					
		highest compensated employees, and disqualifi of Schedule L	-	·			
ſ	23					22	
	23 24	Secured mortgages and notes payable to unrela				23	
- 1	2 4 25	Unsecured notes and loans payable to unrelated			198,909.	24	240 204
		Other liabilities. Complete Part X of Schedule D			395,287.	25	240,284.
-	20	Total liabilities. Add lines 17 through 25		v	393,207.	26	780,734.
,		Organizations that follow SFAS 117, check he	ere 🖊	_A_ and complete			
ğ	^-	lines 27 through 29, and lines 33 and 34.			0 226 457		0 067 075
	27 22	Unrestricted net assets			8,236,457.	27	8,867,275.
<u> </u>	28 20	Temporarily restricted net assets			3,924,447.	28	4,802,559.
בַּן בַּ	29				4,425,638.	29	4,433,845.
Net Assets or Fund Balances		Organizations that do not follow SFAS 117, cl complete lines 30 through 34.					
, jë	30	Capital stock or trust principal, or current funds				30	
AS.	31	Paid-in or capital surplus, or land, building, or eq				31	
		Retained earnings, endowment, accumulated in				32	
-		Total net assets or fund balances			16,586,542.	33	18,103,679.
- 1:		Total liabilities and net assets/fund balances			16,981,829.	34	18,884,413.

Form **990** (2009)

INDIAN NATIONS COUNCIL Form 990 (2009) BOY SCOUTS OF AMERICA Part XI Financial Statements and Reporting

73-0579230 Page **12**

-			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			
	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		X
ь	Were the organization's financial statements audited by an independent accountant?	2b	X	
С	If "Yes" to line 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?	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a			
	consolidated basis, separate basis, or both: Separate basis Both consolidated and separate basis			
3 a	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		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		990 (2009)

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

INDIAN NATIONS COUNCIL

BOY SCOUTS OF AMERICA

Employer identification number 73-0579230

Part I	Reason	for Public Cha	rity Status (All organ	izatione m	uet compl	eta thia na	rt) Coo inc	atmination o		<u>, </u>	250			
			because it is: (For lines					structions.						
1			es, or association of chu					n						
2			70(b)(1)(A)(ii). (Attach S			ection 17		17.						
3			oital service organization			n 170/h)/1	\/ A \/iii\							
4			operated in conjunction)/h\/4\/ / \/	iii) Entertl	ne hoenita	l'e non			
	city, and sta		operated in conjunction		opilai ooo	311000 111 0	0000011 170	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	iiiji Elitel ti	10 HOSPILA	ı Sılar	i i o ,		
5 🗀	An organiza	tion operated for the	benefit of a college or u	university o	wned or c	perated b	v a govern	mental ur	it describe	d in		-		
		0(b)(1)(A)(iv). (Comp				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, 90		0000/150					
6 🗀			nent or governmental ur	nit describe	d in secti	on 170(b)	(1)(A)(v).							
7 X								or from the	e general p	ublic desc	ribed	in		
		rganization that normally receives a substantial part of its support from a governmental unit or from the general public described in ion 170(b)(1)(A)(vi). (Complete Part II.)												
8 🗀			section 170(b)(1)(A)(vi).	. (Complete	Part II.)									
9 🔲			ceives: (1) more than 33			from conti	ibutions. r	nembersh	ip fees, an	d aross re	ceipts	from		
			inctions - subject to cert											
			taxable income (less sec											
		509(a)(2). (Complet			•		•							
10 🔲	An organizat	tion organized and o	perated exclusively to te	est for pub	lic safety.	See secti e	on 509(a)(4	4).						
11 🔲	An organizat	tion organized and o	perated exclusively for t	he benefit	of, to perf	orm the fu	nctions of	, or to car	ry out the p	ourposes o	of one	or		
			ations described in sect											
			organization and comp											
_	a L Type	l b	☐ Type !!	с 🔲 Тур	e III - Fund	ctionally in	tegrated		d 🔲	Type III - C	Other			
е 📖	By checking	this box, I certify that	at the organization is no	t controlled	directly o	or indirectly	y by one o	r more dis	qualified p	ersons oth	er tha	n		
	foundation r	nanagers and other t	than one or more public	ly supporte	ed organiz	ations des	cribed in s	ection 50	9(a)(1) or s	ection 509	(a)(2).			
f	If the organi	zation received a wri	tten determination from	the IRS th	at it is a Ty	pe I, Type	II, or Type	e III						
	supporting of	organization, check t	his box				• • • • • • • • • • • • • • • • • • • •							
9	Since Augus	t 17, 2006, has the o	organization accepted a	ny gift or c	ontributio	n from any	of the foll	owing per	sons?					
			directly controls, either a								Yes	No		
			upported organization?							11g(i)				
			n described in (i) above?											
			person described in (i)					•••••		11g(iii)				
h	Provide the t	following information	about the supported or	rganization	(s).									
		7"	1					,	·					
(i) Name	of supported	(ii) EIN	(iii) Type of organization	(iv) is the d	organization	(v) Did yo		(vi) Is		(vii) Am	ount o	f		
org	anization		(described on lines 1-9		sted in your		tion in col.	(i) organiz	organized in the support					
			above or IRC section		document?	ļ · · · · · · · · · · · · · · · · · · ·	r support?	U.S						
			(see instructions))	Yes	No	Yes	No	Yes	No					
							İ							
····				ļ					ļ ļ.					
				-					-					
				 										
									 					
						İ								
Fatal														
Total .		Economic Contraction (Contraction Contraction Contract			Rock World (1986)		kasaa saasaa saasaa saasaa saasaa saasaa saasaa	processorial de la la la la la la la la la la la la la	necession contributed					

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

Schedule A (Form 990 or 990-EZ) 2009

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in)▶ (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 2290361 2166129. 3213044. 3473392. 3177918.14320844. include any "unusual grants.") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities fumished by a governmental unit to the organization without charge 3473392. 3177918.14320844. 2290361. 2166129. 3213044. 4 Total. Add lines 1 through 3 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, 1225690. column (f) 3095154. 6 Public support. Subtract line 5 from line 4 Section B. Total Support (a) 2005 (c) 2007 (e) 2009 Calendar year (or fiscal year beginning in)▶ (b) 2006 (d) 2008 (f) Total 2290361 2166129. 3213044. 3473392 3177918. 14320844. 7 Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties 250,680. 136,281. 192,517. 177,448. 1013273. 256,347. and income from similar 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 59,796. 42,662. 47,515. 80,719. 66,744. 297,436. assets (Explain in Part IV.) 15631553. 11 Total support. Add lines 7 through 10 9,843,670. 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 83.77 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 14 15 15 Public support percentage from 2008 Schedule A, Part II, line 14 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 ightharpoons Xstop 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 stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions Schedule A (Form 990 or 990-EZ) 2009

	ert III Support Schedule for (ction A. Public Support	Jrganizations	s Described in	Section 509(a	(Complete only	if you che	cked the box	on line 9 of Part I.
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(a)	2009	(f) Total
	Gifts, grants, contributions, and	(4) 2000	(6) 2000	(6) 2001	(4) 2000	(6)	2009	(i) Total
•	membership fees received. (Do not							
	include any "unusual grants.")							
9	Gross receipts from admissions,							
-	merchandise sold or services per-							
	formed, or facilities furnished in							
	any activity that is related to the							
_	organization's tax-exempt purpose						\longrightarrow	
3	Gross receipts from activities that							
	are not an unrelated trade or bus-							
	iness under section 513		.			<u> </u>		
4	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf							
5	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge							
6	Total. Add lines 1 through 5							
7 a	Amounts included on lines 1, 2, and							
	3 received from disqualified persons							
b	Amounts included on lines 2 and 3 received							
	from other than disqualified persons that							
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year							
c	Add lines 7a and 7b							
	Public support (Subtract line 7c from line 6.)							
	ction B. Total Support							
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e)	2009	(f) Total
	Amounts from line 6	(0) 2000	(2) 2000	(0) = 0.01	(4, 200	197.		
	Gross income from interest.							
	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							
11	Net income from unrelated business activities not included in line 10b,						1	
	whether or not the business is							
	regularly carried on							
12	Other income. Do not include gain or loss from the sale of capital							
	assets (Explain in Part IV.)			ļ	<u> </u>			
	Total support (Add lines 9, 10c, 11, and 12.)		<u> </u>		<u> </u>			
14	First five years. If the Form 990 is for	r the organization	's first, second, thi	rd, fourth, or fifth t	ax year as a sectio	n 501(c)(organiza	tion,
	check this box and stop here							.
Sec	ction C. Computation of Publ	<u>ic Support Pe</u>	ercentage					
15	Public support percentage for 2009 (line 8, column (f) c	divided by line 13,	column (f))		15		%
16	Public support percentage from 2008	Schedule A, Par	t III, line 15			16		%
Sec	ction D. Computation of Inve	stment Incom	ne Percentage					
17	Investment income percentage for 20	09 (line 10c, colu	mn (f) divided by li	ne 13, column (f))		17		%
18	Investment income percentage from					18		%
	33 1/3% support tests - 2009. If the					3 1/3%,	and line 17	is not
	more than 33 1/3%, check this box a							
ь	33 1/3% support tests - 2008. If the						33 1/3%. ar	nd
	line 18 is not more than 33 1/3%, che							
20	Private foundation. If the organization							
20	Tivate localidation. If the organization	TO THE CHECK A		_, or .oo, oncor t				or 990-EZ) 2009

Schedule B (Form 990, 990-EZ, or 990-PF)

Schedule of Contributors

► Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

2009

Department of the Treasury
Internal Revenue Service

Name of the organization

INDIAN NATIONS COUNCIL

BOY SCOUTS OF AMERICA

Employer identification number

73-0579230

Organiza	Organization type (check one):										
Filers of	:	Section:									
Form 990	0 or 990-EZ	X 501(c)(3) (enter number) organization									
		4947(a)(1) nonexempt charitable trust not treated as a private foundation									
		527 political organization									
Form 990)-PF	501(c)(3) exempt private foundation									
		4947(a)(1) nonexempt charitable trust treated as a private foundation									
		501(c)(3) taxable private foundation									
General	Rule	7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one ste Parts I and II.									
Special I	Rules										
	509(a)(1) and 170(b	(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections (1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.									
	aggregate contribu	(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, tions of more than \$1,000 for use <i>exclusively</i> for religious, charitable, scientific, literary, or educational purposes, or uelty to children or animals. Complete Parts I, II, and III.									
	contributions for us If this box is checke purpose. Do not co	(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, e exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. ed, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., mplete any of the parts unless the General Rule applies to this organization because it received nonexclusively, etc., contributions of \$5,000 or more during the year.									

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify

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that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

Name of organization
INDIAN NATIONS COUNCIL
BOY SCOUTS OF AMERICA

Employer identification number

73-0579230

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	JOHN GARRETT GRAVES	-	Person X Payroll
	2135 E. 47TH ST.	\$ 388,752.	Noncash (Complete Part II if there
	TULSA, OK 74105-4918	-	is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2	DONALD W. REYNOLDS FOUNDATION	-	Person X Payroll
	1701 VILLAGE CENTER CIRCLE	\$ 267,260.	Noncash
	LAS VEGAS, NV 89134-6303	-	(Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
3	JUDITH A. SMITH 7633 E. 63RD PL., STE. 300 TULSA, OK 74133-1202	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
4	FRANK ROBSON P.O. BOX 986 CLAREMORE, OK 74018-0986	\$\$110,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
5	ANN GRAVES	-	Person X
	2219 E. 45TH PL.	\$	Payroll Noncash
	TULSA, OK 74105-4250	-	(Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
6	THE JOHN STEELE ZINK FOUNDATION	-	Person X
	P.O. BOX 2300	\$	Payroll Noncash
	TULSA, OK 74193-0001		(Complete Part II if there is a noncash contribution.)

Schedule D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

➤ Attach to Form 990. ➤ See separate instructions.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

INDIAN NATIONS COUNCIL BOY SCOUTS OF AMERICA

Employer identification number 73-0579230

Pa	rt I Organizations Maintaining Donor Advise	d Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line		or recommend in the
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advis	sed funds
	are the organization's property, subject to the organization's		
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor o		
	impermissible private benefit?		
Pa	rt II Conservation Easements. Complete if the org	anization answered "Yes" to Form 990. F	Part IV line 7
1	Purpose(s) of conservation easements held by the organization		u. (/ / , iii) / .
	Preservation of land for public use (e.g., recreation or p		storically important land area
	Protection of natural habitat		ified historic structure
	Preservation of open space	1 Toscivation of a cert	med historic structure
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation contribution in the form	of a concentration appearant on the last
_	day of the tax year.	led conservation contribution in the form	of a conservation easement on the last
	ay or the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		
b			
c	Number of conservation easements on a certified historic stru	toture included in (a)	
d	Number of conservation easements included in (c) acquired a		
3	Number of conservation easements modified, transferred, rele		
•	year	eased, extinguished, or terminated by the	e organization during the tax
4	-	amont in to out of	
5	Number of states where property subject to conservation eas Does the organization have a written policy regarding the peri		
•	violations, and enforcement of the conservation easements it		, , , , , , , , , , , , , , , , , , ,
6			
7	Staff and volunteer hours devoted to monitoring, inspecting, and a		
8	Amount of expenses incurred in monitoring, inspecting, and e		
•	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?		
9	In Part XIV, describe how the organization reports conservation		
	include, if applicable, the text of the footnote to the organizati	on's financial statements that describes	the organization's accounting for
	conservation easements. Till Organizations Maintaining Collections of	Art Historical Transverse or O	they Circling Assets
8.85.	Complete if the organization answered "Yes" to Form 9		ther Similar Assets.
	Complete in the organization answered Tes to Portific	990, Fait IV, iiile 6.	
4.	If the approximation also that the control of the c		
ıa	If the organization elected, as permitted under SFAS 116, not		
	treasures, or other similar assets held for public exhibition, ed		blic service, provide, in Part XIV, the text of
	the footnote to its financial statements that describes these it	- · -	
D	If the organization elected, as permitted under SFAS 116, to re		
	or other similar assets held for public exhibition, education, or	research in furtherance of public service	, provide the following amounts relating to
	these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical treat		gain, provide
	the following amounts required to be reported under SFAS 11		
	Revenues included in Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		▶ \$

Pa	t III Organizations Maintaining C	ollections of A	rt, Histor	rical Tr	easures, or	Othe	<u>r Simila</u>	<u>ar Asse</u>	ts (contin	ued)
3	Using the organization's acquisition, accessi	on, and other record	is, check a	ny of the	following that a	are a siç	gnificant (use of its	collection	items
	(check all that apply):									
а	Public exhibition	d	I 🔲 Lo:	an or exc	hange program	ıs				
b	Scholarly research	е	Ott	ner						
С	Preservation for future generations									
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part X									XIV.	
5	During the year, did the organization solicit o									
_	to be sold to raise funds rather than to be ma							\square	Yes	☐ No
Pa	Escrow and Custodial Arran reported an amount on Form 990, Par	gements. Comple							€, or	
1a	Is the organization an agent, trustee, custod	an or other intermed	diary for co	ntribution	s or other asse	ts not i	ncluded			
	on Form 990, Part X?								Yes	☐ No
b	If "Yes," explain the arrangement in Part XIV									
	. ,	·	_						Amount	
С	Beginning balance						1c			
ď	Additions during the year									
-	Distributions during the year									
f	Ending balance									
2a	Did the organization include an amount on Fe								Yes	☐ No
	If "Yes," explain the arrangement in Part XIV.									
*******	1 V Endowment Funds. Complete i		swered "Y	es" to Fo	rm 990. Part IV	. line 10).			
100,000,000		(a) Current year	(b) Prio		(c) Two years			ears back	(e) Four v	ears back
12	Beginning of year balance	5,203,757.				<u>'</u>				
b	Contributions	10,731.		822.						
c	Net investment earnings, gains, and losses		-1460	107.						
4	Grants or scholarships									
e	Other expenditures for facilities									
·	and programs	659,702.	798	963.						
f	Administrative expenses									
	End of year balance	5,657,938.	5,203	757.						
9 2	Provide the estimated percentage of the year					.0000000000	*************************		***********************	
a	Board designated or quasi-endowment	29.00	₩ %							
b	Permanent endowment ► 70.00	%	′							
_	1 00	^% %								
с 3а	Are there endowment funds not in the posse		ation that a	re heid a	nd administere	d for th	e organiz	ation		
Ja		SSION OF THE ORGANIZA	ation that b	io noia a	na aaniinistore	G 101 till	o organiz	allon	T ₁	res No
	by: (i) unrelated organizations								3a(i)	X
									3a(ii)	X
.	If "Yes" to 3a(ii), are the related organizations	•••••							3b	
4	Describe in Part XIV the intended uses of the									
	1 VI Investments - Land, Building				Part X. line 10					
88.895.in	Description of investment	(a) Cost or o			or other		cumulate	ed .	(d) Book	value
	Description of investment	basis (investr		• •	(other)	• •	reciation	"	(a) Dook	Value
	Lood		,		4,226.				584	,226.
_	Land				4,965.	3.0	90,32	28.		,637.
b	Buildings				5,446.		64,1			,327.
C	Leasehold improvements				5,827.	1.2	27,9	75.		,852.
	Equipment		-	1,50	-, -, -, -	-,2	, , ,		- 3.7	,
	Other		X column	(R) line 1	O(c).)			•	9,628	,042.
	. Augum 100 man in 1000 min 100 qualitioning 330, rate	ry coluin	ا ټاران راپ	U1U///						

INDIAN NATI	ONS COUNCIL					
Schedule D (Form 990) 2009 BOY SCOUTS			73-0	579230	Page 3	
Part VII Investments - Other Securities. Sec	e Form 990, Part X, line 1	2.				
(a) Description of security or category (including name of security)	(b) Book value		(c) Method of valuation Cost or end-of-year market			
Financial derivatives						
Closely-held equity interests						
Other						
EQUITY SECURITIES	3,014,487	• END-OF-	-YEAR MARKET V	ALUE		
CORPORATE DEBT SECURITIES	1,866,561		YEAR MARKET V	ALUE		
CASH EQUIVALENTS	91,901	• END-OF-	YEAR MARKET V	ALUE		
INVESTMENT IN NON-MARKETABLE						
EQUITY SECURITIES	654,000	END-OF-	YEAR MARKET V	ALUE		
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶	5,626,949					
Part VIII Investments - Program Related. Se						
(a) Description of investment type	(b) Book value		(c) Method of valuation: Cost or end-of-year market value			
	* *************************************				<u> </u>	
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.)						
Part IX Other Assets. See Form 990, Part X, line 1	15.					
	Description			(b) Book valu	е	
Total. (Column (b) must equal Form 990, Part X, col (B) line	15.)		>			
Part X Other Liabilities. See Form 990, Part X, li	ne 25.					
1. (a) Description of liability		(b) Amount				
Federal income taxes						

CUSTODIAL ACCOUNTS 236,415. OTHER LIABILITIES

Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)

2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48. 932053 02-01-10

240,284.

Schedule D (Form 990) 2009

	ddie D (FORTE 330) 2003 BOT BCCCTB OT THIBITION					re rage .
Pa	TXI Reconciliation of Change in Net Assets from Form 990 to	Audite	ed Financ	ial Stat	ement	
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1		5,525,958.
2	Total expenses (Form 990, Part IX, column (A), line 25)			2		4,919,010.
3	Excess or (deficit) for the year. Subtract line 2 from line 1			3		606,948.
4	Net unrealized gains (losses) on investments			4		1,109,285.
5	Donated services and use of facilities			5		
6	Investment expenses			6		
7	Prior period adjustments			7		
8	Other (Describe in Part XIV.)		Г	8		-199,096.
9	Total adjustments (net). Add lines 4 through 8		-	9		910,189.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and			10	•	1,517,137.
	t XII Reconciliation of Revenue per Audited Financial Stateme	nts Wi	th Reven		Return	
1	Total revenue, gains, and other support per audited financial statements				1	6,652,567.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
٠.	Net unrealized gains on investments	2a	1,109	,285		
a L		-		,	7	
b	Donated services and use of facilities				-	
C	Recoveries of prior year grants	T	1:	7,324	-	
d	Other (Describe in Part XIV.)				-	1,126,609.
е	Add lines 2a through 2d				2e	
3	Subtract line 2e from line 1				3	5,525,958.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1				
а	Investment expenses not included on Form 990, Part VIII, line 7b				1	
b	Other (Describe in Part XIV.)	4b			_	•
c	Add lines 4a and 4b				4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)				5	5,525,958.
Pa	1 XIII Reconciliation of Expenses per Audited Financial Stateme	ents W	ith Exper	ises pe	r Retui	m
1	Total expenses and losses per audited financial statements				1	4,949,992.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	2a				
b	Prior year adjustments	2b				
c	Other losses	2c				
d	Other (Describe in Part XIV.)	2d	30	982		
	Add lines 2a through 2d				2e	30,982.
3	Subtract line 2e from line 1				3	4,919,010.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
•	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
a L	•	4b			┪	
b	Other (Describe in Part XIV.)				4c	0.
	Add lines 4a and 4b				5	4,919,010.
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)				1 5 1	4/313/0108
	* XIV Supplemental Information		I 4. D	. 1\/ 1! i	111 0	In Dark V. line 4: Dark
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part II					
X, lin	e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also comp	elete this	part to prov	ide any ac	ditional	information.
PAI	RT V, LINE 4: THE COUNCIL'S POLICY GOVERNIE	NG TI	HE AMOU	MTS I	AID	
		GI ID I				AND
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тні	E EXPECTED IMPACT OF INFLATION AND TO PROVE	IDE I	REAL GE	ROWTH	OF T	THE
FNI	DOWMENT, WHILE ALSO FUNDING A RELATIVELY CO	ONSTA	ANT POF	RTION	OF T	THE
COI	NCIL'S CURRENT OPERATING AND CAPITAL EXPER	TION	URES.			
						-

INDIAN NATIONS COUNCIL

Schedule D (Form 990) 2009 BOY SCOUTS OF AMERICA	73-0579230 Page 5
Part XIV Supplemental Information (continued)	
GAIN (LOSS) ON TRANSFER OF INVESTMENTS: -107452.	
FUND BALANCE DECREASE FROM RELATED ORGANIZATION: -91644.	
The state of the s	
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
REVENUE REPORTED BY RELATED ORGANIZATION: 17324.	
PART XIII, LINE 2D - OTHER ADJUSTMENTS:	
EXPENSES REPORTED BY RELATED ORGANIZATION: 30982.	

Complete if the organization answered "Yes" on Form 990, Part IV, line 21

▶ Attach to Form 990. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, Department of the Treasury Internal Revenue Service SCHEDULE I (Form 990)

OMB No. 1545-0047

5003	Open to Public Inspection	Employer identification number
	or 22.	

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INDIAN NATIONS COUNCIL BOY SCOUTS OF AMERICA matter and Assistance on maintain records to substantiate the amount of the grants or assistance, the grants or assistance, and the selection rd the grants or assistance? The organization's procedures for monitoring the use of grant funds in the United States. Where Assistance to Governments and Organizations in the United States. The organization answered "Yes" to Form 990, Part IV, line 21, for any received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed "Yes" to Form 990, part IV, line 21, for any received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed "Pess of organization if applicable cash grant funds assistance of grant one-cash grant if applicable cash grant if applicable cash grant or assistance of the contract of th								
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INDIAN NATIONS COUNCIL BOY SCOUTS OF AMERICA mation on Grants and Assistance on maintain records to substantiate the amount of the grants or assistance, the grants expected to substantiate the amount of the grants or assistance? In the grants or assistance? In the grants or assistance or ass	(h) Purpose of grant or assistance	(g) Description of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(e) Amount of non-cash assistance	(d) Amount of cash grant	(c) IRC section if applicable	(p) EIN	(a) Name and address of organization or government
INDIAN NATIONS COUNCIL BOY SCOUTS OF AMERICA mation on Grants and Assistance on maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection rd the grants or assistance? INDIAN NATIONS COUNCIL 73-057923 TABLES AMERICA TABLES AM	IV, line 21, for any al space is needed ▶ [fes" to Form 990, Part 1 (Form 990) if addition	anization answered "\ art IV and Schedule F	complete if the organian \$5,000. Use Pa	United States. Cat received more than the	d Organizations in the box if no one recipien	Governments and 55,000. Check this	Part II Grants and Other Assistance to recipient that received more than \$
INDIAN NATIONS COUNCIL BOY SCOUTS OF AMERICA mation on Grants and Assistance on maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection				d States.	funds in the Unite	oring the use of grant	stance? scedures for monit	criteria used to award the grants or assis 2 Describe in Part IV the organization's pro
INDIAN NATIONS COUNCIL BOY SCOUTS OF AMERICA mation on Grants and Assistance		sistance, and the select	y for the grants or ass	grantees' eligibility	or assistance, the		o substantiate the	1 Does the organization maintain records t
INDIAN NATIONS COUNCIL						Total	nd Assistance	****
	Employer identification number 73-0579230					NCIL	TIONS COU	Name of the organization INDIAN NAME OF THE PROPERTY SCOTT

INDIAN NATIONS COUNCIL BOY SCOUTS OF AMERICA

73-0579230

Page 2

Schedule | (Form 990) 2009 BOY SCOUTS OF AMERICA

Fart 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 Part IV and Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
SCOUTREACH PROGRAM	3480	52,200.	°	VMY	
CHARACTER ED PROGRAM	11564	33,445.	0.	PMV	
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	de the information	required in Part I, I	ine 2, and any other	additional information.	
SCHEDULE I, PART I, LINE 2: THE OR	ORGANIZATION'S	ON'S PROCEDURES		FOR MONITORING	
USE OF GRANT FUNDS IS REGULARLY REVIEWED	VIEWED BY	THE THE	SCOUT EXEC	EXECUTIVE AND THE	
COUNCIL PRESIDENT.					
			3		

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" to Form 990,
Part IV, line 23.

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service

Name of the organization

Department of the Treasury

► Attach to Form 990. ► See separate instructions.

INDIAN NATIONS COUNCIL

BOY SCOUTS OF AMERICA

Employer identification number 73-0579230

Questions Regarding Compensation No Yes 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use X Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain X 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? Х 2 3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply. X Compensation committee X Written employment contract X Independent compensation consultant X Compensation survey or study X Form 990 of other organizations X Approval by the board or compensation committee During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment? X 4a b Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b c Participate in, or receive payment from, an equity-based compensation arrangement? 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? X 5a b Any related organization? If "Yes" to line 5a or 5b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? 6b If "Yes" to line 6a or 6b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III 7 X Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III X 8 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in

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

Schedule J (Form 990) 2009

Regulations section 53.4958-6(c)?

INDIAN NATIONS COUNCIL

BOY SCOUTS OF AMERICA

Schedule J (Form 990) 2009 BOY SCOUTS O

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Page 2

73-0579230

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

		(B) Breakdown of V	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C)	(D)	(E)	(F)
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred	benefits	(B)(0-(D)	compensation reported in prior Form 990 or Form 990-EZ
	ε	180,000.			11,250.	7,818.	199,068.	
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MARK CONRAD	Ξ							
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Schedule J (Form 990) 2009

SCHEDULE J-2

(Form 990)

Continuation Sheet for Form 990

Open to Public

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a. ➤ See the Instructions for Form 990.

Inspection

Name of the Organization

INDIAN NATIONS COUNCIL BOY SCOUTS OF AMERICA

Employer Identification number 73-0579230

Part I Continuation of Officers, D					(ev	Fn	anle	ovees, and Highes	t Compensated	9430 Fmplovees
(A)	(B)				C)		·Pi	(D)	(E)	(F)
Name and title	Average				رہ itior	1		Reportable	Reportable	Estimated
Tamo and the	hours	(cl			that		olv)	compensation	compensation	amount of
	per				T		T	from	from related	other
	week		İ) se		the	organizations	compensation
		ector				Sc Ea		organization	(W-2/1099-MISC)	from the
		ğ	8		1	ated		(W-2/1099-MISC)		organization
		ruste	캺		g	ubeu				and related organizations
		盲	fiona		l ge	stco				Organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Бугшег			
IVAN WILLIAMS, III				Ė			_			
TRUSTEE	1.00	x						0.	0.	0.
BRUCE BINKLEY		-	_		<u> </u>	<u> </u>		1	•	
TRUSTEE	1.00	x					l	0.	0.	0.
JILL EASLEY			-		<u> </u>		-			
DIRECTOR OF FINANCE	40.00			x				83,000.	0.	11,243.
WILLIAM W. HAINES		-	 	-		-		33,000.		,
CEO	40.00			X		ĺ		180,000.	0.	19,068.
MICHAEL VEGHER								200,000		
DIRECTOR SUPPORT SERVICE	40.00					x		102,000.	0.	6,271.
MARK CONRAD										
DIRECTOR FIELD SERVICES	40.00					x		89,000.	0.	12,808.
										
								·		
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SCHEDULE O (Form 990)

Supplemental Information to Form 990

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.

2009 Open to Public Inspection

Name of the organization

INDIAN NATIONS COUNCIL BOY SCOUTS OF AMERICA

Employer identification number 73-0579230

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: TO PREPARE YOUNG PEOPLE TO MAKE ETHICAL AND MORAL CHOICES OVER THEIR LIFETIME BY INSTILLING IN THEM THE VALUES OF THE SCOUT OATH AND LAW. FORM 990, PART VI, SECTION A, LINE 6: THE ORGANIZATION RECOGNIZES REGISTERED INDIVIDUALS AS MEMBERS. THESE MEMBERS DO NOT HAVE VOTING HOWEVER, SCOUTING PROGRAM SPONSORS ARE GIVEN VOTING RIGHTS. RIGHTS. FORM 990, PART VI, SECTION A, LINE 7A: EACH INSTITUTION THAT SPONSORS A SCOUTING PROGRAM(S) IS GIVEN ONE VOTE IN ELECTING THE BOARD OF DIRECTORS. FORM 990, PART VI, SECTION B, LINE 11: 990 IS REVIEWED BY THE AUDIT COMMITTEE, APPROVED BY THE AUDIT COMMITTEE, THEN SIGNED AND SUBMITTED BY SCOUT EXECUTIVE. FORM 990, PART VI, SECTION B, LINE 12C: THE ORGANIZATION'S CONFLICT OF INTEREST POLICY IS REGULARLY REVIEWED AND MONITORED BY THE THE SCOUT

FORM 990, PART VI, SECTION B, LINE 15: BEGINNING IN JANUARY 2008, TOWERS

PERRIN, A WELL KNOWN EXECUTIVE COMPENSATION CONSULTING FIRM, CONDUCTED A

REVIEW OF THE NEW COMPENSATION PROGRAM FOR SCOUT EXECUTIVES. THE DETAILED

RESULTS OF THIS ANALYSIS WERE PRESENTED TO THE COMPENSATION & BENEFITS

COMMITTEE. THOSE RESULTS WERE THEN USED AS THE BASIS FOR THE COMPENSATION

PROGRAMS ADOPTED FOR LOCAL COUNCIL SCOUT EXECUTIVES.

EXECUTIVE AND THE COUNCIL PRESIDENT.

SCHEDULE O

(Form 990)

Supplemental Information to Form 990

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

Attach to Form 990.

2009 Open to Public Inspection

Department of the Treasury
Internal Revenue Service
Name of the organization

INDIAN NATIONS COUNCIL BOY SCOUTS OF AMERICA

Employer identification number 73-0579230

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION'S GOVERNING
DOCUMENTS, CONFLICTS OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE
AVAILABLE FOR PUBLIC INSPECTION AT THE SCOUT RESOURCE CENTER'S EXECUTIVE'S
OFFICE, DURING NORMAL BUSINESS HOURS.
FORM 990, PART XI, LINE 2C
THE ORGANIZATION'S AUDIT COMMITTEE IS RESPONSIBLE FOR OVERSIGHT OF THE
AUDIT. THEY ARE ELECTED ON AN ANNUAL BASIS. THIS PROCESS HAS NOT
CHANGED FROM PRIOR YEARS.
THE FOLLOWING QUESTIONS ARE NOT APPLICABLE TO THE ORGANIZATION:
PART IV: QUESTIONS 5, AND 24B-24D
PART V: QUESTIONS 1C, 3B, 5C, 6B, 8, 9A-9B, 10A-10B, 11A-11B, AND
12A-12B
PART VI: QUESTIONS 10B AND 16B
PART XI: QUESTION 3B

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

2009 Open to Public Inspection

OMB No. 1545-0047

Employer identification number 73-0579230 Direct controlling entity End-of-year assets e Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
 ► See separate instructions. Total income Ð Part. I Identification of Disregarded Entities (Complete if the organization answered 'Yes' to Form 990, Part IV, line 33.) Legal domicile (state or foreign country) Primary activity INDIAN NATIONS COUNCIL BOY SCOUTS OF AMERICA Name, address, and EIN of disregarded entity Name of the organization Department of the Treasury Internal Revenue Service

Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) Part

(e)	(a)	(0)	ව	(e)	€
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Exempt Code section	Public charity status (if section 501(c)(3))	Direct controlling entity
CAMP RUSSELL TRUST - 73-1093885 4925 S. GARNETT THESA OK 74146	TO PROVIDE FACILITIES FOR THE USE OF THE BOY SCOUTS	N. T. T. T. T. T. T. T. T. T. T. T. T. T.	501(0)(4)	4	*/*

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

Schedule R (Form 990) 2009

INDIAN NATIONS COUNCIL

Schedule R (Form 990) 2009 BOY SCOUTS OF AMERICA

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

Page 2

73-0579230

3	General or managing partner?	Yes No			 		 		 	 1040
€	amount in box 20 of Schedule	K-1 (Form 1065)								or or or or
Ē	ations?	Yes								ti eallead
6	Share of end-of-year assets									O Dart IV line 34
ε	Share of total income						•			d "Ves" to Form 00
9	Predominant income (related, unrelated, excluded from tax under sertions 512-514)	Sections 512-514)								o organization answere
(D)	Direct controlling entity									Traist (Complete if th
<u>(</u>)	Legal domicile (state or foreign country)	(falles)								poration or
íg)	Primary activity									anizations Taxable as a Col
rg.	Name, address, and EIN of related organization									Identification of Related Ornanizations Taxable as a Commoration or Trust (Complete if the ornanization ensured "Vec" to Eorn 000 Deat IV line 34 horalises it had one or more related

openinication of related organizations I axable as a Corporation organizations treated as a corporation or trust during the tax year.) Part IV

(e)	(9)	(0)	(0	(2)	ω	(6)	ε
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of End-of-year assets	@ S

Schedule R (Form 990) 2009

Page 3

Schedule R (Form 990) 2009 BOY SCOUTS OF AMERICA

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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		****
a Receipt of (i) interest (ii) annuities (iii) royatties or (iv) rent from a controlled entity		Ta X
b Gift, grant, or capital contribution to other organization(s)		t _b
c Gift, grant, or capital contribution from other organization(s)		
d Loans or loan guarantees to or for other organization(s)		1d
e Loans or loan guarantees by other organization(s)		-e ×
f Sale of assets to other organization(s)		14 X
g Purchase of assets from other organization(s)		1g X
h Exchange of assets		th X
i Lease of facilities, equipment, or other assets to other organization(s)		1i X
j Lease of facilities, equipment, or other assets from other organization(s)		1j X
k Performance of services or membership or fundraising solicitations for other organization(s)		1k X
1 Performance of services or membership or fundraising solicitations by other organization(s)		1 X
m Sharing of facilities, equipment, mailing lists, or other assets		1m X
n Sharing of paid employees		T nt
o Baimhursement naid to other organization for exnenses		× ×
q Other transfer of cash or property to other organization(s)		19 X
.		1r X
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	saction thresholds.	
(a) Name of other organization(s)	(b) Transaction	(c) Amount involved
	type (a-r)	
(1)		
(2)		
€		
(4)		
(5)		
(9)		
902-153 D2-04-10	Sch	Schedule B (Form 990) 2009

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INDIAN NATIONS COUNCIL

BOY SCOUTS OF AMERICA Schedule R (Form 990) 2009 Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations? Yes No	(e) Share of end-of- year assets	Disproportionate allocations?	(g) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner? Yes No
						Schedule R (Form 990) 2009	1 990) 2009



OKLAHOMA RETURN OF ORGANIZATION

EXEMPT FROM INCOME TAX

AMENDED Section 501(c) of the Internal Revenue Code RETURN! PART 1: For the year January 1 - December 31 2009, or Check box if this is other taxable year beginning endina Name of Organization Indian Nations Council, Boy Scouts of America Address (number and street) 4295 S. Garnett City, State and Zip Tulsa, OK 74146 Federal Identification Number Date Qualified for Tax Exempt Status OFFICE USE ONLY 11/1965 Enter the name and address used on your return for prior year (if same, write "same"). If none filed, give reason. Same STATEMENT OF UNRELATED BUSINESS TAXABLE INCOME (Please read instructions on the back of this form) Total Federal Allocable Oklahoma A. Total unrelated trade or business income - applicable Federal Form(s) 990 0 B. Total unrelated trade or business deductions - applicable Fed. Form(s) 990 . . . C. Unrelated business taxable income - Enter here and on line 1 below INCOME SUBJECT TO TAX 00 00 3 00 **TAX COMPUTATION** 00 00 Oklahoma withholding (enclose Form 1099, Form 500A, Form 500B or other withholding statement) 6 00 7. 00 8 8. 00 Amount of line 8 to be credited to 2010 estimated tax 9 00 Line 10 provides you with the opportunity to make a financial gift from your refund to a variety of Oklahoma organizations. Please place the line number of the organization, from the instructions to this form, in the oval below. If you give to more than one organization, please put a "99" in the oval and attach a schedule showing how you would like your donation split. 10 00 11 00 00 is this refund going to or through an account that is located outside of the United States? Yes No Want a Faster Refund? (See Page 3 of instructions to see if you qualify for Direct Deposit) Elect to have your refund directly deposited checking account into your checking or savings account. Deposit my refund in my: savings account Only one refund can be deposited per Routing Number: account per tax season. For more information, see page 3 of instructions. **Account Number:** 13 00 00 15. Underpayment of estimated tax interest (enclose Form OW-8-P) 15 00 16. Total tax, penalty and interest due - Add lines 13, 14 & 15; pay in full with return Balance 00 PART 3: SIGNATURE AND VERIFICATION Under penalty of perjury, I declare that the information contained in this document, attachments and schedules are true and correct to the best of my knowledge and belief. Signature of Officer or Trustee Signature of Individual or Firm Preparing this Return Print Name Print Name HoganTaylor LLP Title 2200 S. Utica Pl., Ste. 400, Tulsa, 74114 Date Phone Number Date Phone Number with Area Code with Area Code 918-745-2333

9W4308 1 000

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning and ending C Name of organization Check if D Employer identification number Please applicable: use IRS INDIAN NATIONS COUNCIL label or Address change BOY SCOUTS OF AMERICA print or Name change type. 73-0579230 Doing Business As Initial return Number and street (or P.O. box if mail is not delivered to street address) See Room/suite E Telephone number Termin-4295 SOUTH GARNETT 918-743-6125 Instruc-Amended City or town, state or country, and ZIP + 4 G Gross receipts \$ 8,263,286. Applica-TULSA, OK 74146 H(a) Is this a group return pending Yes X No F Name and address of principal officer: for affiliates? H(b) Are all affiliates included? Yes No. I Tax-exempt status: X 501(c) (3) ◀ (insert no.) 4947(a)(1) or 527 If "No," attach a list. (see instructions) J Website: ► WWW.OKSCOUTS.ORG **H(c)** Group exemption number ▶ Trust K Type of organization: X Corporation Association Other > , Year of formation: $1911 \, \mathsf{M}$ State of legal domicile: OK Part I Summary Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O. Activities & Governance Check this box | if the organization discontinued its operations or disposed of more than 25% of its assets. 30 3 Number of voting members of the governing body (Part VI, line 1a) 30 Number of independent voting members of the governing body (Part VI, line 1b) 4 4 Total number of employees (Part V, line 2a) 163 Total number of volunteers (estimate if necessary) 6000 6 0. Total gross unrelated business revenue from Part VIII, line 12, column (C) 0. b Net unrelated business taxable income from Form 990-T. line 34 Prior Year **Current Year** Contributions and grants (Part VIII, line 1h) 3,213,044. 3,473,392. 1,378,032 1,427,824. Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d) 1,092,727 128,499. 10 723,400 802,922. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 6,407,203. 5,832,637. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 85,537. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 90,825 Benefits paid to or for members (Part IX, column (A), line 4) 2,258,033 2,349,782. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 2,424,794 2,438,291. 4,773,652 4,873,610. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1,633,551 959,027. Revenue less expenses. Subtract line 18 from line 12 PSS Beginning of Year End of Year 16,981,829. 18,087,398 Total assets (Part X, line 16) 363,558. 395,2<u>87.</u> 21 Total liabilities (Part X. line 26) 17,723,840 16,586,542. Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Signature of officer Date Here WILLIAM W. HAINES, SECRETARY Type or print name and title Preparer's identifying number (see instructions) Check if Preparer's Paid 8/13/09 signature employed > Preparer's Firm's name (or HOGANTAYLOR LLP EIN ▶ yours if self-employed), Use Only 2200 S. UTICA PLACE , SUITE 400 TULSA, OK 74114 Phone no. \triangleright (918) 745-2333 X Yes No May the IRS discuss this return with the preparer shown above? (see instructions)

Form **8868**

(Rev. April 2009)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

OMB No. 1545-1709

	ou are filing for an Automatic 3-Month Extension, complete only Part I and check this boxou are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this	
	ot complete Part II unless you have already been granted an automatic 3-month extension on a previously to	filed Form 8868.
Par		
	ooration required to file Form 990-T and requesting an automatic 6-month extension - check this box and cor only	mplete >
	ner corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request a income tax returns.	n extension of time
noted (not a you m	ronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extensi below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electror utomatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or coust submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic fires. gov/efile and click on e-file for Charities & Nonprofits.	nically if (1) you want the additional onsolidated Form 990-T. Instead,
Туре	or Name of Exempt Organization	Employer identification number
print	INDIAN NATIONS COUNCIL	
File by 1	BOY SCOUTS OF AMERICA	73-0579230
due dat filing yo	e for Number, street, and room or suite no. If a P.O. box, see instructions. 4295 SOUTH GARNETT	
return. S instruct		
Chec	k type of return to be filed(file a separate application for each return):	
	Form 990 Form 990-T (corporation) Form 4 Form 990-BL Form 990-T (sec. 401(a) or 408(a) trust) Form 5 Form 990-EZ Form 990-T (trust other than above) Form 6 Form 990-PF Form 1041-A Form 8	227 2069
Tel If t	WILLIAM W. HAINES e books are in the care of ▶ 4295 S. GARNETT ROAD, TULSA, OK - TULSZ lephone No. ▶ 918-743-6125 he organization does not have an office or place of business in the United States, check this box his is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If the I If it is for part of the group, check this box ▶ ☐ and attach a list with the names and EINs of all	is is for the whole group, check this
	I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time un AUGUST 15, 2009 , to file the exempt organization return for the organization named is for the organization's return for: X calendar year 2008 or tax year beginning , and ending	
2	If this tax year is for less than 12 months, check reason:	Change in accounting period
3a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a \$
b	If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated	
	tax payments made. Include any prior year overpayment allowed as a credit.	3b \$
С	Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c \$ N/A
	ion, If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form	

BOY	SCOUTS	OF	AMERICA

Pa	rt III Statement of Program Service Accomplishments (see instructions)
1	Briefly describe the organization's mission:
	TO PREPARE YOUNG PEOPLE TO MAKE ETHICAL AND MORAL CHOICES OVER THEIR
	LIFETIME BY INSTILLING IN THEM THE VALUES OF THE SCOUT OATH AND LAW.
	Did the organization undertake any significant program services during the year which were not listed on
2	W V
	the prior Form 990 or 990-EZ? If "Yes", describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
•	If "Yes", describe these changes on Schedule O.
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and
	allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	
	TRADITIONAL SCOUTING: YEAR-ROUND FAMILY AND HOME CENTERED PROGRAM THAT
	DEVELOPS ETHICAL DECISION-MAKING SKILLS FOR BOYS 7-20 AND GIRLS 14-20.
	ACTIVITIES EMPHASIZE CHARACTER DEVELOPMENT, CITIZENSHIP TRAINING, AND
	PERSONAL FITNESS.
4b	(Code:)(Expenses \$ 854,619. including grants of \$ 0.)(Revenue \$ 256,405.) SCOUTREACH AT-RISK: PROGRAM THAT RECRUITS STRONG ADULT LEADERS AND GIVES SPECIAL LEADERSHIP AND EMPHASIS TO URBAN AND RURAL SCOUTING PROGRAMS. THIS ENSURES THAT ALL YOUNG PEOPLE HAVE AN OPPORTUNITY TO
	JOIN SCOUTING, REGARDLESS OF THEIR CIRCUMSTANCES, NEIGHBORHOOD, OR
	ETHNIC BACKGROUND.
4c	(Code:) (Expenses \$ 603,520. including grants of \$ 0.) (Revenue \$ 164,081.) LEARNING FOR LIFE/EXPLORING: PROGRAM THAT MEETS THE NEEDS OF YOUTH AND
	SCHOOLS. THEY HELP YOUTH MEET THE CHALLENGE OF GROWING UP BY TEACHING
	CHARACTER AND GOOD DECISION-MAKING SKILLS, AND THEN LINK THOSE SKILLS
	TO THE REAL WORLD.
4d	Other program services. (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ▶\$ 4 , 184 , 619 . (Must equal Part IX, Line 25, column (B).)

Page 3

Form 990 (2008) BOY SCOUTS OF AMERICA 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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
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_		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and			
	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice			
	on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
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		X
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25?			
	If "Yes," complete Schedule D, Parts VI, VIII, IX, or X as applicable	11	X	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was			
	prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	X	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	14b		X
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 United States? If "Yes," complete Schedule F, Part II	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			3.7
	located outside the United States? If "Yes," complete Schedule F, Part III	16		X
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	21	Х	
22		22 23	X	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23	Λ	
24 a	last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K.			
		24a		Х
b	If "No", go to question 25 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		41
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	ニマル		
C	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	<u>~</u> ru		
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a			
~	prior year? If "Yes," complete Schedule L, Part I	25b		х
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		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial			
	contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		Х

Form 990 (2008) Part IV Checklist of Required Schedules (continued)

			162	INO
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an			
	indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other			
	person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV	28a		X
b	Have a family member who had a direct or indirect business relationship with the organization?			
	If "Yes," complete Schedule L, Part IV	28b		X
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional			
	corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
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		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	X	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?			
	If "Yes," complete Schedule R, Part V, line 2	35		X
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		Х
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		X

Form **990** (2008)

Form 990 (2008) BOY SCOUTS OF AMERICA

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Γ	
	E. M. M. M. M. M. M. M. M. M. M. M. M. M.		1,118,185	Yes	No
та	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of	1.			12.5
	U.S. Information Returns. Enter -0- if not applicable	1a 1.	l		
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		4	Y	
С	Did the organization comply with backup withholding rules for reportable payments to vendors and r				٦,
_	(gambling) winnings to prize winners?		1C		<u> X</u>
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	1.0		83.	2.5
	filed for the calendar year ending with or within the year covered by this return		7	7,	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns the state of		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see	•			
	Did the organization have unrelated business gross income of \$1,000 or more during the year covered	ed by this return?	3a		X
			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other				
	financial account in a foreign country (such as a bank account, securities account, or other financial	account)?	4a		X
b	If "Yes," enter the name of the foreign country:			-	
	See the instructions for exceptions and 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?		<u>5a</u>		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction		5b		_X_
С	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity	Regarding Prohibited			
	Tax Shelter Transaction?		5c		
	Did the organization solicit any contributions that were not tax deductible?		6a		<u>X</u>
b	If "Yes," did the organization include with every solicitation an express statement that such contribute				
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
	Did the organization provide goods or services in exchange for any quid pro quo contribution of more	e than \$75?	7a	X	
			7b	X	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as required			
	to file Form 8282?		7c	X	
	If "Yes," indicate the number of Forms 8282 filed during the year				
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a p	personal	1		
	benefit contract?		7e		<u>X</u>
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit conti		7f		X
_	For all contributions of qualified intellectual property, did the organization file Form 8899 as required		7g		X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-0		7h	1111 12 11	X
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and sec				
	supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring or	•		1	
	excess business holdings at any time during the year?	•••••	8	225 g 11	1012.23
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.		1 1		
	Did the organization make any taxable distributions under section 4966?		9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	•••••	9b	a garan	***
10	Section 501(c)(7) organizations. Enter: N/A	1 1			
	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	10b		<u> </u>	
11	Section 501(c)(12) organizations. Enter: N/A	1	'		
	Gross income from members or shareholders	11a	-		
b	Gross income from other sources (Do not net amounts due or paid to other sources against	, ,,			
	amounts due or received from them.)	11b	-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
_b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	1	<u> </u>	

Form 990 (2008) BOY SCOUTS OF AMERICA 73-0579230 Pa

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Sec	tion A. Governing Body and Management			
			Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances,			
	processes, or changes in Schedule O. See instructions.	1		STA
1a		30		
b	Enter the number of voting members that are independent	30		
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		X
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		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	. 4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	. 5		X
6	Does the organization have members or stockholders?	. 6		Х
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the			
	governing body?	. 7a		Х
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?			Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			
	by the following:			
а	The governing body?	8a	Х	
h	Each committee with authority to act on behalf of the governing body?		X	
9a	Does the organization have local chapters, branches, or affiliates?)		Х
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,	Ja		- 11
b		9b		
10	and branches to ensure their operations are consistent with those of the organization? Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must	90		
10	describe in Schedule O the process, if any, the organization uses to review the Form 990	10	х	
		. 10	Α.	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			v
<u></u>	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		X
Sec	tion B. Policies			
40	De the constitution of the	10	Yes X	No
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		<u> </u>
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise		٦,	
	to conflicts?	12b	X	<u> </u>
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this is done			
13	Does the organization have a written whistleblower policy?		X	-
14	Does the organization have a written document retention and destruction policy?	14	X	ad e per la
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:			1000
а	The organization's CEO, Executive Director, or top management official?	15a	X	<u> </u>
b	Other officers or key employees of the organization?	15b	X	
	Describe the process in Schedule O. (see instructions)			4. 27 TeV 17 17 S. 41
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		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		Ĺ
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶OK			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) availal	ble for		
	public inspection. Indicate how you make these available. Check all that apply.			
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy	, and fina	ncial	
	statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organ	ization:	•	
_5	WILLIAM W. HAINES - 918-743-6125			
	4295 S. GARNETT ROAD, TULSA, OK, TULSA, OK 74146			

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

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

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

Check this box if the organization did r		y of	ticer			or, tr	uste		(E)	(E)
(A) Name and ⊺itle	(B) Average				(C) sition	,		(D) Reportable	(E) Reportable	(F) Estimated
Name and the	hours	l (c				t app	olv)	compensation	compensation	amount of
	per week	director	Institutional trustee	Officer	ployee	Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
ROBERT ATHERTON										
TRUSTEE	0.00	Х						0.	0.	0.
JOHN F. BABBITT							ĺ			
TRUSTEE	0.00	Х	<u> </u>					0.	0.	0.
JAMES BERTELSMEYER										
TRUSTEE	0.00	Х						0.	0.	0.
LEE E. BUDDRUS TRUSTEE	0.00	х						0.	0.	0.
JOSEPH E. CAPPY			t			l				
TRUSTEE	0.00	Х						0.	0.	0.
STEVE L. CROPPER					1					-
TRUSTEE	0.00	х						0.	0.	0.
REUBEN DAVIS										
TRUSTEE	0.00	X		ļ	ļ.			0.	0.	0.
JIM DENNY										
TRUSTEE	0.00	X	<u> </u>		1			0.	0.	0.
RANDY FOUTCH										_
TRUSTEE	0.00	X	_			-		0.	0.	0.
STANLEY GLANZ										
TRUSTEE	0.00	Х	-	-		1		0.	0.	0.
FRED HARLAN									_	•
TRUSTEE	0.00	Х		-	-	-		0.	0.	0.
HANS HELMERICH	0.00	-						0.	0.	0.
TRUSTEE ROBERT J. LAFORTUNE	0.00	Λ	\vdash					<u>U.</u>	U •	
TRUSTEE	0.00	v						0.	0.	0.
BRETT LESSLEY	0.00	21	\vdash	 	+	+			<u> </u>	0.
TRUSTEE	0.00	x						0.	0.	0.
ROBERT E. LORTON	1 0.00									
TRUSTEE	0.00	х						0.	0.	0.
PETER C. MEINIG									-	
TRUSTEE	0.00	X			\perp		L	0.	0.	0.
GREG OWENS										
TRUSTEE	0.00	X						0.	0.	0.
832007 12 18 08										Form 990 (2008)

Form 990 (2008)

Port VII BO1 SCOO!									13-0519	230 Page 0
Part VII Section A. Officers, Directors, Tru	stees, Key Er	nple	oyee	s, a	nd l	High	est	Compensated Employ		<u> </u>
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	١.		Posi				Reportable	Reportable	Estimated
	hours	<u> </u>	heck	(all	that	app	ily)	compensation	compensation from related	amount of
	per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	trom the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
GARY PAXTON										
TRUSTEE	0.00	X						0.	0.	0.
FRANK C. ROBSON										
TRUSTEE	0.00	Х						0.	0.	0.
JUDITH A. SMITH										
TRUSTEE	0.00	X						0.	0.	0.
CHARLES C. STEPHENSON, J	1									
TRUSTEE	0.00	X						0.	0.	0.
MELINDA STINNETT										
TRUSTEE	0.00	X						0.	0.	0.
W.H. "BILL" THOMPSON, JR										
TRUSTEE	0.00	X	<u> </u>					0.	0.	0.
DONALD E. WALKER										
TRUSTEE	0.00	X	ļ					0.	0.	0.
DARTON ZINK	İ		i							
TRUSTEE	0.00	X						0.	0.	0.
MITCH ADWON										
TRUSTEE	0.00	X	ļ					0.	0.	0.
NORMAN H. ASBJORNSON										
TRUSTEE	0.00	X						0.	0.	0.
1b Total	**********	<u>,</u>				▶		582,735.	0.	0.
2 Total number of individuals (including those	in 1a) who re	ceiv	ed n	nore	tha	n \$1	00,0	000 in reportable		
compensation from the organization	<u></u>					4.11.		<u></u>	>	3
										Yes No
					- 1			and the second s	and a second	[이 씨는 공회 [인 현지 기업을 [일본 기업을

	compensation from the organization			
			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on	10.3		
	line 1a? If "Yes," complete Schedule J for such individual	3		X
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization	140-47		
	and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	X	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to	1		u je
	the organization? If "Yes," complete Schedule J for such person	5	[X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
Total number of independent contractors (including those in 1) who received m	nore than \$100,000 in compensation	

from the organization

Pa	ırt VII	Statement of Rever	nue					
			T.		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	b d	c Fundraising events d Related organizations						
Contribution and other s	g	All other contributions, gifts, gran similar amounts not included abo Noncash contributions included in lines Total. Add lines 1a-1f	ve 1f	>	3,473,392.			
Program Service Revenue		CAMPING INCOME ACTIVITY INCOME		Business Code 721210 713990	1	1,191,784. 236,040.		
Prog		All other program service reve Total. Add lines 2a-2f		>	1,427,824.			The Control of the Co
	3 4 5	Investment income (including other similar amounts)	proceeds	192,517.			192,517.	
	b c	Rental income or (loss)						
	7 a	Net rental income or (loss) Gross amount from sales of assets other than inventory Less: cost or other basis	(i) Securities 980,578	(ii) Other 0 •				
nue	d	and sales expenses c Gain or (loss) d Net gain or (loss) a Gross income from fundraising events (not including \$ of		<u> -109008.</u>	-64,018.			-64,018.
Other Revenue		including \$ contributions reported on line Part IV, line 18 Less: direct expenses Net income or (loss) from fund	1c). See £					
	9 a b	Gross income from gaming ac Part IV, line 19 Less: direct expenses	ctivities. See &					
	10 a b	c Net income or (loss) from gaming activities a Gross sales of inventory, less returns and allowances b Less: cost of goods sold b 1386053.			722,203.	722,203.		
,	11 a b		le	Business Code 900099	2 1 1 2 STANFORD			80,719.
	c d e 12	All other revenue Total. Add lines 11a-11d Total Revenue. Add lines 1h, 2g, 3,		>	80,719. 5,832,637.	2,150,027.	0.	209,218.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must compl			ete columns (B), (C), ar	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in	05 505	05 505		
_	the U.S. See Part IV, line 22	85,537.	85,537.		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				
4	See Part IV, lines 15 and 16 Benefits paid to or for members				
4 5	Compensation of current officers, directors,				
3	trustees, and key employees	582,734.	472,015.	58,273.	52,446.
6	Compensation not included above, to disqualified	302,734.	4/2/015	30,213.	32,440.
Ŭ	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,305,101.	1,143,026.	85,303.	76,772.
8	Pension plan contributions (include section 401(k)				
_	and section 403(b) employer contributions)				
9	Other employee benefits	279,236.	226,181.	27,924.	25,131.
10	Payroll taxes	182,711.	156,871.	13,600.	12,240.
11	Fees for services (non-employees):				
а	Management				
b	Legal				
С	Accounting	42,154.		42,154.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion			7-17-76-Malla-Sackson	
13	Office expenses				
14	Information technology				
15	Royalties	100 541	150 201	6 001	F 44.0
16	Occupancy	183,741.	172,301.	6,021.	5,419.
17	Travel	187,552.	158,630.	15,222.	13,700.
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials Conferences, conventions, and meetings	52,339.	46,209.	3,226.	2,904.
19		34,333.	40,209.	3,220.	2,304.
20 21	Payments to affiliates	48,094.		48,094.	
21	Depreciation, depletion, and amortization	643,915.	596,941.	24,724.	22,250.
23	Insurance	96,621.	80,739.	8,359.	7,523.
24	Other expenses. Itemize expenses not covered	30,0220			
	above. (Expenses grouped together and labeled				
	miscellaneous may not exceed 5% of total expenses shown on line 25 below.)	v		<u> </u>	
а	PROGRAM EXPENSES AND SU	908,976.	826,001.	13,919.	69,056.
b	EMPLOYEE RELATED EXPENS	58,432.	47,374.	5,820.	5,238.
С	MISCELLANEOUS	55,604.	41,689.	5,193.	8,722.
d	PRINTING AND PUBLICATIO	41,182.	37,327.	1,886.	1,969.
е	POSTAGE AND SHIPPING	35,141.	26,904.	942.	7,295.
f	All other expenses	84,540.	66,874.	5,184.	12,482.
25	Total functional expenses. Add lines 1 through 24f	4,873,610.	4,184,619.	365,844.	323,147.
26	Joint Costs. Check here if following				
	SOP 98-2. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				Form 990 (2009)

Form 990 (2008)
Part X Balance Sheet

					(A) Beginning of year		Enc	(B) d of yea	ır
	1	Cash - non-interest-bearing				1			
	2	Savings and temporary cash investments			622,464.	2	1,4	461,	312.
	3	Pledges and grants receivable, net			1,197,902.	3			062.
	4	Accounts receivable, net			6,611.	4			231.
	5	Receivables from current and former officers, di							
		employees, or other related parties. Complete P		- 1		5			
	6	Receivables from other disqualified persons (as 4958(f)(1)) and persons described in section 495	defined	under section					
		Part II of Schedule L				6			
ţ	7	Notes and loans receivable, net				7			
Assets	8	Inventories for sale or use			120,789.	8		141,	503.
ĕ	9	Prepaid expenses and deferred charges			238,125.	9		240,	853.
	10a	Land, buildings, and equipment: cost basis	1 1	13,825,046.		111 194			granda Ku
		Less: accumulated depreciation. Complete							
		Part VI of Schedule D	10b	4,835,089.	9,523,207.	10c	8.9	989.	957.
	11	Investments - publicly traded securities			5,712,099.				534.
	12	Investments - other securities. See Part IV, line			661,201.				377.
	13	Investments - program-related. See Part IV, line	0.02,202	13		,			
	14	Intangible assets		14					
	15	Other assets. See Part IV, line 11	5,000.	15	<u> </u>	5	000.		
	16	Total assets. Add lines 1 through 15 (must equ			18,087,398.	16	16		829.
	17	Accounts payable and accrued expenses			84,117.		107.		473.
		Grants payable	04,117.	18		<i>J</i> 0 ,	1 /J•		
	18				55,717.			9.7	905.
	19	Deferred revenue		33,717.	20		<u>, , , , , , , , , , , , , , , , , , , </u>	703.	
	20	Tax-exempt bond liabilities				21			
ties	21	Escrow account liability. Complete Part IV of Sc			e process para transfer	<u> </u>		v. 09973	7996
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L				22			
	23	Secured mortgages and notes payable to unrela		23					
	24			24					
	25	Other liabilities. Complete Part X of Schedule D			223,724.			198.	909.
	26				363,558.				287.
		Organizations that follow SFAS 117, check he				F-74	- PKW . 11 - 1		
v		lines 27 through 29, and lines 33 and 34.		and complete					
Çe	27	Unrestricted net assets			10,491,668.	27	8.	236.	457.
or Fund Balance	28	Temporarily restricted net assets			2,860,356.				447.
Ä	29				4,371,816.				638.
Ĕ	23	Organizations that do not follow SFAS 117, c			-70, -70-0				
F		complete lines 30 through 34.	HECK HE	ie 🚩 📖 aliu					i de la comitación de l
ts o	30	Capital stock or trust principal, or current funds			} " ·	30			1679 v 1880
Se	31	Paid-in or capital surplus, or land, building, or ed				31			
Net Assets		Retained earnings, endowment, accumulated in				32			
Š	32				17,723,840.	33_	16	586	542.
	33	Total net assets or fund balances Total liabilities and net assets/fund balances			18,087,398.				829.
Pa	<u> 34</u> rt XI	Financial Statements and Reporting			10,001,550.	<u> </u>	<u> </u>	<u>, , , , , , , , , , , , , , , , , , , </u>	027.
	ı c /xı	Timanciai Otatements and Reporting	3		· · · · · · · · · · · · · · · · · · ·			Υe	s No
				sh X Accrual	Other				
1		ounting method used to prepare the Form 990:			_			.	Y
2a		e the organization's financial statements compiled							X
b		e the organization's financial statements audited	-	•				n	
С		es" to lines 2a or 2b, does the organization have							
_		ew, or compilation of its financial statements and							+
Зa		result of a federal award, was the organization re					,	_	х
L		and OMB Circular A-133?							
D	b If "Yes," did the organization undergo the required audit or audits?							4	

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

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

2008
Open to Public
Inspection

Name of the organization

INDIAN NATIONS COUNCIL BOY SCOUTS OF AMERICA

Employer identification number

73-0579230 (see instructions)

Part I	Reason	for Public Char	ity Status	(All organiz	zations mu	st complet	te this par	t.) (see ins	tructions)				
he organ	ization is not a	private foundation	because it is	s: (Please ch	neck only o	ne organiz	zation.)						
1 📋		nvention of churche		•	•	•	•	(b)(1)(A)(i) _				
2	,	cribed in section 17	•					(~)(·)(·)	,-				
3 🔲		a cooperative hosp				in coetion	170/b)/1\	/A\/:::\ /A+	tach Saha	ا لما ماداه			
											a baanitali		_
4 📖		search organization	operated in c	conjunction	with a nos	pital desci	nbea in se	ection 170	(D)(T)(A)(I	ıı). ⊏nter tri	e nospitai	s nam	e,
	city, and stat												
5 📖	-	on operated for the		college or u	niversity ov	wned or op	perated by	a governi	mental uni	t describe	d in		
	section 170	(b)(1)(A)(iv). (Compl	ete Part II.)										
6 🖳	A federal, sta	te, or local governm	ent or gover	nmental uni	t described	d in secti o	n 170(b)(1)(A)(v).					
7 X	An organizati	on that normally red	eives a subs	stantial part	of its supp	ort from a	governme	ental unit c	or from the	general p	ublic desc	ribed ii	า
	section 170(b)(1)(A)(vi). (Comple	ete Part II.)										
8 🗌	A community	trust described in s	section 170(b)(1)(A)(vi).	(Complete	Part II.)							
9 🔲	An organizati	on that normally red	eives: (1) mc	ore than 33	1/3% of its	support f	rom contri	butions, n	nembershi	p fees, and	d gross rec	eipts	from
	activities rela	ted to its exempt fu	nctions - sub	ject to certa	ain excepti	ons, and (2	2) no more	than 33 1	1/3% of its	support fr	om gross	invest	ment
	income and u	ınrelated business t	axable incon	ne (less sec	tion 511 ta	x) from bu	sinesses a	acquired b	v the oras	ınization af	ter June 3	0. 197	5.
	See section 509(a)(2), (Complete the Part III.)												
10	An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions)												
11 🗔	9	on organized and o		•	•	,			•	•	urnoses o	f one o	or.
	•	supported organization		•							•		,
		· · · · · ·						-). Occ 36 (20011 303(aj(o). Once	K the box	triat	
	describes the type of supporting organization and complete lines 11e through 11h. a Type I b Type II c Type III · Functionally integrated d Type III · Other												
	a Type I		_ Type II					_					
e	-	this box, I certify tha											1
_		anagers and other t								∃(a)(1) or se	ection 509	(a)(2).	
f	_	ation received a wri											
		rganization, check tl											
g		t 17, 2006, has the o										- 1	
	(i) A perso	n who directly or inc	lirectly contro	ols, either al	lone or tog	ether with	persons o	lescribed	in (ii) and (iii) below,		Yes	<u>No</u>
	the gove	erning body of the s	upported org	ganization?							11g(i)		
	(ii) A family	member of a perso	n described i	in (i) above?) 						11g(ii)		
	(iii) A 35% (controlled entity of a	person desc	cribed in (i)	or (ii) above	∍?					11g(iii)		
h	Provide the fe	ollowing information	about the or	rganizations	the organ	ization sup	oports.						
(i) Nama	of supported	(ii) EIN	(iii) ⊤	ype of	(iv) Is the c	rganization	(v) Did yo	u notify the	(vi) s	s the	(vii) Am	ount o	
	nization	(11) E114	organi		in col. (i) lis	sted in your	organizat	ion in col.	organizati (i) organiz	on in col.	Sup		
Ol go	inzation		(described of above or II		governing	document?	(i) of you	r support?	U.S	.?	000	, , ,	
			(see instr		Yes	No	Yes	No	Yes	No			
			<u> </u>	•••								-	
			 										
				_						1			
								1		1 1			

Schedule A (Form 990 or 990-EZ) 2008 BOY SCOUTS OF AMERICA 73-0579230 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.)

Sec	ction A. Public Support						
Cale	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.")	2808897.	2290361.	2166129.	3213044.	3473392.	13951823.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
•	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 - 3	2808897.	2290361.	2166129.	3213044.	3473392.	13951823.
	The portion of total contributions						
Ŭ	by each person (other than a						
	governmental unit or publicly						
	supported organization) included		. The second			r 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2	
	on line 1 that exceeds 2% of the						
	amount shown on line 11,					a riginal i	
	column (f)						1751880.
6	Public Support. Subtract line 5 from line 4.						$\frac{1731880.}{12199943.}$
	ction B. Total Support			<u> </u>	Line Sin Definition 1	Literatura de la composición del la composición del composición de la composición del composición del composición de la composición de la composición de la composición de la composición de la composición de la composición del la composición del composición del composición del composición del composición del composición del composición del composición d	12133343.
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
	Amounts from line 4	2808897.	2290361.	2166129.			13951823.
	Gross income from interest,	2000037.	2230301.	2100127.	3213011.	3 1 7 3 3 3 2 6	13331023.
Ü	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	168,914.	256 347	250 680	136,281.	192 517	1004739.
۵	Net income from unrelated business	100,014.	230,347	250,000.	130,201.	172,517.	1004755.
9	activities, whether or not the				Ì		
	business is regularly carried on						
10	Other income. Do not include gain		****				
10							
	or loss from the sale of capital assets (Explain in Part IV.)	110,487.	59,796.	42,662.	47,515.	80,719.	341,179.
44	Total support. Add lines 7 through 10	110,407.		42,002.	47,313.		15297741.
		oto (poo instructio	g Million kom mellineka asa Mel Manal	<u> </u>	LEGELAL DECLES A CORRESPONDE (C.S. E.		,187,782.
	Gross receipts from related activities, First five years. If the Form 990 is for			d faunth or fifth to			,10/,/04.
13							
Sec	organization, check this box and store ction C. Computation of Publ	ic Support Pe	rcentage	***************************************			
	Public support percentage for 2008 (· · · · · · · · · · · · · · · · · · ·	rolumn (fl)		14	79.75 %
	Public support percentage from 2007	•				15	83.86 %
	33 1/3% support test - 2008. If the c						
100	stop here. The organization qualifies	-					
h	33 1/3% support test - 2007. If the c						
D	and stop here. The organization qual						II3 DO∧
170	10% -facts-and-circumstances tes						or more
17 a	and if the organization meets the "fac						•
	•			•	•		
L-	meets the "facts-and-circumstances" 10% -facts-and-circumstances tes						
a							
	more, and if the organization meets the						,
10	organization meets the "facts-and-circ Private foundation. If the organization						
ıŏ	rivate loundation, if the organization	птака поселеска	DON OUT HITE TO, TO	a, 100, 1/4, 01 1/1		dula A (Farm 000	

Section A. Public Support	<u> </u>				y ii you checkeu the box	Con line 9 of Part
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and	(2) 2004	(b) 2003	(6) 2000	(u) 2007	(e) 2000	(I) IOIAI
membership fees received. (Do not	j l					
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ- ization'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						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)	gid i na ing ta iti. Bi i na ang manggaran					
Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						-
b Unrelated business taxable income				j		
(less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)		egen i mogje de egip om singre		7 · · · · · · · · · · · · · · · · · · ·		
13 Total support (Add lines 9, 10c, 11, and 12.)		rente d'ile di Laghia de l'		i (bertra 1401) (146) (176)	Alfa rabrameria nd Pottika]_	
14 First five years. If the Form 990 is fo	r the organization's	first, second, thi	rd, fourth, or fifth	tax year as a secti	on 501(c)(3) organiza	tion,
						>
Section C. Computation of Publ						
15 Public support percentage for 2008 (15	9
16 Public support percentage from 2007				**********	16	9
Section D. Computation of Inve					1 1	
17 Investment income percentage for 20						
18 Investment income percentage from						
19a 33 1/3% support tests - 2008. If the						is not
more than 33 1/3%, check this box a		-		-		▶└_
b 33 1/3% support tests - 2007. If the	-					
line 18 is not more than 33 1/3%, che		-				▶⊨
20 Private foundation If the organization	an alla pot check a l	DOY OD 1100 14. 14	ia or iun chack	THIS DAY AND SEE I	ICITIONO	-

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

Attach to Form 990, 990-EZ, and 990-PF.

OMB No. 1545-0047

2008

Employer identification number

INDIAN NATIONS COUNCIL BOY SCOUTS OF AMERICA 73-0579230 Organization type (check one): Filers of: Section: Form 990 or 990-EZ X 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. (Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.) General Rule For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. Special Rules For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on Form 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1. Complete Parts I and II. For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.)

Caution. Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they must answer "No" on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. These instructions will be issued separately.

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

Name of organization
INDIAN NATIONS COUNCIL
BOY SCOUTS OF AMERICA

Employer identification number

73-0579230

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	HARDESTY FAMILY FOUNDATION, INC. 4295 SOUTH GARNETT TULSA, OK 74146	\$\frac{1,030,640.}{}	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2	ANN GRAVES 4295 SOUTH GARNETT TULSA, OK 74146	\$ <u>360,000.</u>	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

2008 Open to Public Inspection

Name of the organization

INDIAN NATIONS COUNCIL BOY SCOUTS OF AMERICA

Employer identification number 73-0579230

Pa	Organizations Maintaining Donor Advised		ds or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line 6	6. (a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)	····	
3	Aggregate contributions to (during year) Aggregate grants from (during year)		
	Aggregate value at end of year		
4	Did the organization inform all donors and donor advisors in w	iting that the assets hold in departed	viend funds
5	are the organization's property, subject to the organization's ex	-	
^		-	
6	Did the organization inform all grantees, donors, and donor adv		
Pai	for charitable purposes and not for the benefit of the donor or the Conservation Easements. Complete if the organization		
			, raitiv, mie 7.
1	Purpose(s) of conservation easements held by the organization Preservation of land for public use (e.g., recreation or ple		nistorically important land area
		. —	tified historic structure
	Protection of natural habitat	Preservation of cent	tilled Historic structure
_	Preservation of open space	A the standard forms of a sec	and the second s
2	Complete lines 2a-2d if the organization held a qualified conser	vation contribution in the form of a co	onservation easement on the last day
	of the tax year.		Hard at the Production Name
			Held at the End of the Year
a	Total number of conservation easements		1 1
b	Total acreage restricted by conservation easements		
c	Number of conservation easements on a certified historic structure of the	, ,	
d	Number of conservation easements included in (c) acquired aff		
3	Number of conservation easements modified, transferred, release	ased, extinguished, or terminated by t	the organization during the taxable
	year -		
4	Number of states where property subject to conservation ease		
5	Does the organization have a written policy regarding the period		
_	enforcement of the conservation easements it holds?		
6	Staff or volunteer hours devoted to monitoring, inspecting, and		
7	Amount of expenses incurred in monitoring, inspecting, and er		
8	Does each conservation easement reported on line 2(d) above	-	
	and section 170(h)(4)(B)(ii)?		
9	In Part XIV, describe how the organization reports conservation		
	include, if applicable, the text of the footnote to the organization	on's financial statements that describe	es the organization's accounting for
D'S	conservation easements.	Art Historical Transuras or	Other Similar Assets
Ра	Organizations Maintaining Collections of	•	Other Similar Assets.
	Complete if the organization answered "Yes" to Form 9	90, Part IV, line 6.	
1a	If the organization elected, as permitted under SFAS 116, not	•	
	treasures, or other similar assets held for public exhibition, edu		bublic service, provide, in Part XIV, the text of
	the footnote to its financial statements that describes these ite		
b	If the organization elected, as permitted under SFAS 116, to re	•	
	or other similar assets held for public exhibition, education, or	research in furtherance of public servi	ice, provide the following amounts relating to
	these items:		>
	(i) Revenues included in Form 990, Part VIII, line 1		
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical treas		cial gain, provide
	the following amounts required to be reported under SFAS 116		
а	Revenues included in Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		▶ \$

	TIAD	ГТТА	TALLET	CIAD	COOMCI
D (Form 990) 2008	BOY	SCC	วบฑร	OF	AMERICA

Pai	t III Organizations Maintaining Coll	ections of A	rt, Histor	rical Tr	easures,	or Oth	er Si	milar Asse	ts (cont	inued)
3	Using the organization's accession and other red	cords, check any	y of the follo	owing tha	t are a signif	icant us	e of its	collection ite	ms (che	ck all	
	that apply):										
а	Public exhibition	c	d Lo	an or exc	hange progra	ams					
b	Scholarly research	•	e 🔲 Otl	ner							
С	Preservation for future generations										
4	Provide a description of the organization's collection	tions and explai	in how they	further th	ne organizati	on's exe	empt p	urpose in Pa	t XIV.		
5	During the year, did the organization solicit or re-	ceive donations	of art, histo	rical trea	sures, or oth	er simila	ır asse	ts			
	to be sold to raise funds rather than to be mainta	ained as part of	the organiz	ation's co	llection?			<u></u>	Yes		No
Par	Trust, Escrow and Custodial Ar reported an amount on Form 990, Part X,		S. Complete	if organi	zation answe	ered "Ye	s" to F	orm 990, Pa	rt IV, line	9, or	
1a	Is the organization an agent, trustee, custodian of	or other intermed	diary for co	ntribution	s or other as	sets no	t includ	led			
	on Form 990, Part X?							_	Yes		No
b	If "Yes," explain the arrangement in Part XIV and	complete the fo	ollowing tab	le:							
	·								Amoun	t	
С	Beginning balance						1	С			
	Additions during the year							d			
	Distributions during the year							е			
f	Ending balance							If			
2a	Did the organization include an amount on Form	990, Part X, line	21?						Yes		No
	If "Yes," explain the arrangement in Part XIV.										
Par	t V Endowment Funds. Complete if org	ganization answe	ered "Yes"	to Form 9	90, Part IV, 1	line 10.					
	(a) Current year	(b) Prio	r year	(c) Two year	rs back	(d) Th	ree years back	(e) Four	r years	back
1a	Beginning of year balance 5,	811,079.									
b	Contributions	53,822.									
С	Investment earnings or losses -1460107.										
d	Grants or scholarships									1,4-4	1.
е	Other expenditures for facilities				H-11		· · ·			. T	
	and programs	798,963.					_				
f	Administrative expenses										
g	End of year balance 5,	203,757.	e Breiter Strater				:::::			1	-
2	Provide the estimated percentage of the year en		as:			•					
а	Board designated or quasi-endowment		%								
b	Permanent endowment ► 76.00	%	_								
С	Term endowment ▶ 24.00 %										
За	Are there endowment funds not in the possession	on of the organiz	ation that a	re held a	nd administe	ered for t	the org	anization			
	by:	Ū								Yes	No
	(i) unrelated organizations								3a(i)		Х
	(ii) related organizations								3a(ii)		Х
b	If "Yes" to 3a(ii), are the related organizations list										
4	Describe in Part XIV the intended uses of the organization										
Par	t VI Investments - Land, Buildings,				Part X, line	10.					
	Description of investment	(a) Cost or o	other		or other	•	Deprec	ation	(d) Boo	k valu	е
1a	Land	584,	226			1 4 5 4			58	4,2	26
	Buildings	8,715,				3	681	,970.	5,03		
	Leasehold improvements	2,649,						, , , , ,	$\frac{3,63}{2,64}$		
	Equipment	1,875,				1	153	,119.		$\frac{3}{2}, \frac{3}{4}$	
	Other	<u> </u>						,		<u>~ / ±</u>	<u> •</u>
	L Add lines 1a-1e (Column (d) should equal Form	990 Part X coli	umn (R) line	10(c) 1					8 98	9 9	57

Schedule D (Form 990) 2008

Schedule D (Form 990) 2008

Part VII Investments - Other Securities. S	ee Form 990, Part X, lir	ne 12.		0379230 1 230 2
(a) Description of security or category (including name of security)	(b) Book value		(c) Method of valuest or end-of-year ma	
Financial derivatives and other financial products				
Closely-held equity interests				
Other				
				· · · · · · · · · · · · · · · · · · ·
	-			
			 	
	-			
				······
Total. (Col (b) should equal Form 990, Part X, col (B) line 12.)	•			
Part VIII Investments - Program Related.	See Form 990, Part X, li	ne 13.		
(a) Description of investment type	(b) Book value		(c) Method of valu	
	-		st or end-of-year ma	rket value
- Marie Carlotte Committee				
			· · · · · · · · · · · · · · · · · · ·	
			117	
Total. (Col (b) should equal Form 990, Part X, col (B) line 13.)				
Part IX Other Assets. See Form 990, Part X, lin				(b) Book value
(a) Description			(b) Book value
			,	
	· ·			
Total. (Column (b) should equal Form 990, Part X, col (B)	line 15.)		<u></u>	
Part X Other Liabilities. See Form 990, Part X (a) Description of liability	(, line 25.	(b) Amount	T :.::	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		(b) Amount		
Federal income taxes		100 705		
CUSTODIAL ACCOUNTS OTHER LIABILITIES		192,795. 6,114.		
OTREK LIABILITIES		0,114.		
Total. (Column (b) should equal Form 990, Part X, col (B)		198,909.		
In Part XIV, provide the text of the footnote to the organization	zation's financial statem	nents that reports the org	janization's liability f	or uncertain tax positions

BOY	SCOUTS	OF	AMERI	CA

Pa	t XI Reconciliation of Change in Net Assets from Form 990 to	Finar	ncial Stat	ements		 	
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1		5,832,	637.
2	Total expenses (Form 990, Part IX, column (A), line 25)			2		4,873,	
3	Excess or (deficit) for the year. Subtract line 2 from line 1			3			027.
4	Net unrealized gains (losses) on investments			4		-1,677,	
5	Donated services and use of facilities			5			
6	Investment expenses			6			
7	Prior period adjustments			7		-477,	527.
8	Other (Describe in Part XIV)			8		58,	553.
9	Total adjustments (net). Add lines 4-8			9		-2,096,	325.
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9			10		-1,137,	298.
Pai	t XII Reconciliation of Revenue per Audited Financial Stateme	ents W	ith Reve	nue per F	Return		
1					1	4,155,	<u> 286.</u>
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1	ı				
а	Net unrealized gains on investments						
b	Donated services and use of facilities						
С	Recoveries of prior year grants	2c			1 1		
d	Other (Describe in Part XIV)	2d	-1,67	7,351.	•		
е	Add lines 2a through 2d				2e	-1,677,	
3	Subtract line 2e from line 1				3	<u>5,832,</u>	<u>637.</u>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	ı	ı				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			_		
b	Other (Describe in Part XIV)	4b			1		
С	Add lines 4a and 4b				4c		0.
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)				5	5,832,	<u>637.</u>
	t XIII Reconciliation of Expenses per Audited Financial Statem			<u>-</u>	1 1		
1	Total expenses and losses per audited financial statements				1	4,910,	725.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 _	l		1		
a	Donated services and use of facilities	f			-		
b	Prior year adjustments				-		
C	Losses reported on Form 990, Part IX, line 25		2	7,115	1		
d	Other (Describe in Part XIV)				7 1	27	115
	Add lines 2a through 2d				2e	4,873,	$\frac{115.}{610}$
3	Subtract line 2e from line 1			••••••	3	4,0/3,	010.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	1.4-	l				
a	Other (Describe in Part XIV)						
		_4b		_	1		0.
	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)				4c	4,873,	
	t XIV Supplemental Information	***********			<u> </u>	4 ,0/5,	010.
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part II	II lines	1a and 4 [.] Pa	art IV lines 1	Ib and 2	Pb: Part V line	1· Part
	rt XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.	,,	ra ana i, i c		i b and L	,	ι, ι αιτ
	RT V, LINE 4: THE COUNCIL'S POLICY GOVERNI	NG T	HE AMO	UNTS E	PAID		
<u>IMA</u>	WALLY FROM THE ENDOWMENT POOLS TO SUPPORT	CUR	RENT C	PERAT1	ONS	AND	
ר א ד	THAT NEEDS IS DESTANAMED TO DECOMES THE TA	7 T T T T T T T		in main	*.T&#T?\*</th><th>יות אריאדאי</th><th>rcm</th></tr><tr><th>CAL</th><th>PITAL NEEDS IS DESIGNATED TO PROTECT THE V</th><th>ALUE</th><th>OF TH</th><th>E ENDC</th><th>)MMET</th><th>NT AGAIN</th><th>IST_</th></tr><tr><th>ГНЕ</th><th>E EXPECTED IMPACT OF INFLATION AND TO PROV</th><th>IDE</th><th>REAL G</th><th>ROWTH</th><th>OF 5</th><th>THE</th><th></th></tr><tr><th>ייאה</th><th>OCHNENIE LUITE ALGO EUNDING à DELLETTE C</th><th>01.C-</th><th>3370 50</th><th>D</th><th>OF 5</th><th></th><th></th></tr><tr><th>ςΝI</th><th>OOWMENT, WHILE ALSO FUNDING A RELATIVELY C</th><th>ONS'I'</th><th>ANT PC</th><th>KITON</th><th>OF '</th><th>ru<u>r</u></th><th></th></tr><tr><th>COT</th><th>NCIL'S CURRENT OPERATING AND CAPITAL EXPE</th><th>יידרוא</th><th>URES</th><th></th><th></th><th></th><th></th></tr><tr><th></th><th>MOLL D COMMENT OF BRUILING THID CHILING BAFB</th><th>-11-/ ± 1</th><th>OLULO •</th><th></th><th></th><th></th><th></th></tr><tr><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th></tr></tbody></table>		

INDIAN NATIONS COUNCIL

Schedule D (Form 990) 2008 BOY SCOUTS OF AMERICA	73-0579230 Page 5
Schedule D (Form 990) 2008 BOY SCOUTS OF AMERICA Part XIV Supplemental Information (continued)	
PART XI, LINE 8 - OTHER ADJUSTMENTS:	
SUPPORT ORGANIZATION UNREALIZED GAINS/ <losses> ON INVESTMEN</losses>	ጥና
BOTTONT ONORMIBATION OWNERSHIP GITTING (LOOPEDS ON THE LOTTING)	<u> </u>
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
NET UNREALIZED LOSS ON INVESTMENTS	
DIDE VILL LINE OD CHURD ID HIGHNEUMG	
PART XIII, LINE 2D - OTHER ADJUSTMENTS:	
CAMP RUSSELL TRUST (AFFILIATED TRUST ACCOUNT)	
	····
	
	-

SCHEDULE I			Grants and	Grants and Other Assistance to Organizations	o Organizations			OMB No.	OMB No. 1545-0047
()			Governr	Sovernments, and Individuals in the U.S.	luals in the U.S.			 S	2008
Department of the Treasury Internal Revenue Service		▼ Comple	Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.Attach to Form 990.	n answered "Yes," on F ▼ Attach to Form 990.	," on Form 990, Pa m 990.	art IV, lines 21 or 22.		Open to	Open to Public Inspection
Name of the organization	BOY SCOUTS OF	l ⊲0	COUNCIL				<u> </u>	Employer identification number 73 – 0 5 7 9 2 3 0	lentification number 73-0579230
Part General Info		d Assistance							
1 Does the organizat	ion maintain records to	substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assi	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection		
criteria used to awa	criteria used to award the grants or assistance? Describe in Dart IV the occapitation's procedures for monitoring the use of great funds in the Indiad States.	ance?	toest of sent	Setial Ledt at about	Chatos			X Yes	Š
art II	Other Assistance to Go	overnments and	Organizations in the	United States	omplete if the ords	nization answered "Y	Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990. Part IV line 21 for any	line 21 for any	
7	t received more than \$5,	,000. Check this	box if no one recipier	it received more th	an \$5,000. Use Pa	rt IV and Schedule I-1	recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed	space is needed	
1 (a) Name and address of organization or government	ress of organization	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	grant Se
						/izano			
2 Enter total number	Enter total number of section 501(c)(3) and government organizations	d government org	anizations						
- A	Enter total number of other organizations For Privacy Act and Paperwork Reduction Act Notice, see the Instru	ion Act Notice, s	ee the Instructions	ctions for Form 990.				Schedule I (Form 990) 2008	n 990) 2008

73-0579230

Schedule I (Form 990) 2008 BOY SCOUTS OF AMERICA

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on 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) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
SCOUTBEACH PROGRAM	3532	35 537	0	AWA.	
CHARACTER ED PROGRAM	11563	20 000		AW4	
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	de the information	n required in Part I,	line 2, and any other	additional information.	
SCHEDULE I, PART I, LINE 1: THE ORGANIZATION'S PROCEDURES FOR MONITORING	GANIZATI	ON'S PROCE	DURES FOR	MONITORING	
USE OF GRANT FUNDS IS REGULARLY REVIEWED	VIEWED BY	тне тне	SCOUT EXEC	SCOUT EXECUTIVE AND THE	
COUNCIL PRESIDENT.					

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

➤ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

INDIAN NATIONS COUNCIL BOY SCOUTS OF AMERICA

Employer identification number 73-0579230

Pa	art I Questions Regarding Compensation			
			Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Personal services (e.g., maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	X	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,			
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply. X Compensation committee X Written employment contract X Independent compensation consultant X Compensation survey or study X Form 990 of other organizations X Approval by the board or compensation committee	2	X	7. The Control of the
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a:	:.		l <u>. </u>
	Receive a severance payment or change of control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b_		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	angresa .	X
5	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:	5a		X
	The organization?	5b		X
6	Any related organization? If "Yes," to line 5a or 5b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: The organization?	6a		X
b	Any related organization?	6b	500 - 200	X
7	If "Yes" to line 6a or 6b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		x
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			77
	initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X

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

Schedule J (Form 990) 2008

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

MILITAM, W. HAINES (1) Breakforw of W.2 and/or 1094/IIC Compensation Defends Compensation Compensatio								
(i) Base (ii) Bonus & (iii) Other compensation former and or compensation for comp		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C)	(D)	(E)	(F)
167,900. 0. 18,853. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(i)-(D)	reported in prior Form 990 or Form 990-EZ
					0	0	186,753.	0
					0	0	0	0
	(i)							
	(E)							
	(E)							
	<u> </u>							
	(3)							
	: <u>(</u>							
	9							
	9							
	(E)							
	(ii)	0						
	(9)							
	(E)							
	(1)							
	(ii)							
	<u> </u>						-	
(ii) (iii) ((ii)							
(ii) (iii) ((1)							
(i) (ii) (ii) (iii	(ii)							
(ii) (iii) ((0)							
(ii) (iii) (
(ii) (iii) ((3)							
(ii) (iii) ((1)							
(i) (ii) (ii) (iii)	(3)							
(i) (ii) (iii)								
(ii) (ii)	(1)							
(i)	(ii)	(
((i))	Ξ							
	(ii)	-						

Schedule J (Form 990) 2008

(Form 990)

Continuation Sheet for Form 990

2008

Department of the Treasury Internal Revenue Service

Open to Public Inspection

Name of the Organization

INDIAN NATIONS COUNCIL BOY SCOUTS OF AMERICA

Employer Identification number 73-0579230

Part I Continuation of Officers, D	irectors, Tr					En	nplo	oyees, and Highes	st Compensated	
(A)	(B)			(C)			(D)	(E)	(F)
Name and Title	Average				sition			Reportable	Reportable	Estimated
	hours	(c	hec	k all	that	app	ly)	compensation	compensation	amount of
	per week					93		from the	from related organizations	other compensation
	week	ţō		}	1	ploye	1	organization	(W-2/1099-MISC)	from the
		direc				d em		(W-2/1099-MISC)	(** 27 7000 111100)	organization
		tee or	ustee			ensate				and related
		al trus	nal tr		loyee	dwo				organizations
		ndividual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former			
BRUCE BRINKLEY		=	= -		*	+	-			
TRUSTEE	0.00	x						0.	0.	0.
ROY BLISS	- 0.00		 					-		
TRUSTEE	0.00	Х						0.	0.	0.
MIKE BRADLEY									•	
TRUSTEE	0.00	Х						0.	0.	0.
DUWAYNE BRILEY										
TRUSTEE	0.00	Х						0.	0.	0.
JOHN A. BROCK										
TRUSTEE	0.00	х						0.	0.	0.
NEVYLE R. CABLE									, , , , , , , , , , , , , , , , , , , ,	
TRUSTEE	0.00	Х						0.	0.	0.
LON CANADA										
TRUSTEE	0.00	Х						0.	0.	0.
ANN SHANNON CASSIDY										
TRUSTEE	0.00	Х						0.	0.	0.
PHIL CHAPPELLE										
TRUSTEE	0.00	X					L	0.	0.	0.
YOLANDA CHARNEY						}				
TRUSTEE	0.00	X						0.	0.	0.
KENNETH CORN										1
TRUSTEE	0.00	X			<u> </u>	ļ	<u>L</u>	0.	0.	0.
JOSEPH W. CRAFT III										
TRUSTEE	0.00	X	_					0.	0.	0.
CHARLES DAUBENBERGER	-	}							,	
TRUSTEE	0.00	X				ļ		0.	0.	0.
SCOTT DICKMAN							ļ	_	_	_
TRUSTEE	0.00	X			1	-	<u> </u>	0.	0.	0.
GENTNER F. DRUMMOND		}								_
TRUSTEE	0.00	X	<u> </u>				_	0.	0.	0.
JACK EDWARDS										•
TRUSTEE	0.00	X		ļ	-	-	<u> </u>	0.	0.	0.
KEITH ESTES									_	
TRUSTEE	0.00	X		-	-	-		0.	0.	0.
JOHN FAVELL										
TRUSTEE	0.00	X	-	-	1	-	-	0.	0.	0.
REUBEN GRANT	0.00			-						_
TRUSTEE	0.00	X	-	-	+	+		0.	0.	0.
JOHN W. GIBSON	0.00			-						_
TRUSTEE	0.00	LX.	1	1			Ц_	0.	0.	0.

(Form 990)

Continuation Sheet for Form 990

2008
Open to Public

Department of the Treasury Internal Revenue Service ▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

Open to Public
Inspection

Name of the Organization

INDIAN NATIONS COUNCIL BOY SCOUTS OF AMERICA

Employer Identification number 73-0579230

Part I Continuation of Officers,	Directors, Tr					En	npl	oyees, and Highes	st Compensated	
(A) Name and Title	(B) Average hours			(e Pos	C) ition			(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
JOHN GRAVES TRUSTEE	0.00	х						0.	0.	0.
BEN HARNED TRUSTEE	0.00	х						0.	0.	0.
MIKE HOLDGRAFER TRUSTEE	0.00							0.	0.	0.
JIM HOLLOMAN TRUSTEE	0.00							0.	0.	0.
JEFF HOLMES TRUSTEE	0.00							0.	0.	0.
DENNIS INGRAM TRUSTEE	0.00							0.	0.	0.
LARRY LEE TRUSTEE	0.00							0.	0.	0.
DR. KIRBY LEHMAN TRUSTEE	0.00	Х						0.	0.	0.
RICHARD LINK TRUSTEE	0.00	х						0.	0.	0.
GEORGE LIPPE TRUSTEE	0.00	х						0.	0.	0.
BILL LOBECK TRUSTEE	0.00	х						0.	0.	0.
ED MARTINEZ TRUSTEE	0.00	х						0.	0.	0.
WESLEY MITCHELL TRUSTEE	0.00	Х						0.	0.	0.
LINDA MORRISSEY TRUSTEE	0.00	х						0.	0.	0.
ROGER MOSIER TRUSTEE	0.00	х						0.	0.	0.
TIM O'SULLIVAN TRUSTEE	0.00	х						0.	0.	0.
ROBERT A. PETERSON TRUSTEE	0.00	х						0.	0.	0.
LARRY PINKSTON TRUSTEE	0.00	х						0.	0.	0.
TODD POSEY TRUSTEE	0.00	х						0.	0.	0.
RANDALL SNAPP TRUSTEE	0.00	X						0.	0.	0.

(Form 990)

Continuation Sheet for Form 990

Open to Public

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

Inspection

Name of the Organization

INDIAN NATIONS COUNCIL BOY SCOUTS OF AMERICA

Employer Identification number 73-0579230

BOY SCOU						_	_	1112-1	73-057	
Part I Continuation of Officers, Di		us ¹	tee			Em	nple			
(A)	(B)			(C				(D)	(E)	(F)
Name and Title	Average			Posit				Reportable	Reportable	Estimated
	hours	(c	hecl	k all t	that	арр	ly)	compensation	compensation	amount of
	per							from	from related	other
	week	10				loye		the	organizations (W-2/1099-MISC)	compensation from the
		Jirect				E E		organization (W-2/1099-MISC)	(88-271099-181150)	organization
		.e or (stee	} }		sate]	(***2/1033-141100)		and related
		Individual trustee or director	nstitutional trustee		yee	Highest compensated employee				organizations
		gna	ution	_	싎	st co	1 55			· ·
		Indiv	Instit	Officer	Key employee	High	Former			
CLARK SOUTHMAYD			<u> </u>			 				
TRUSTEE	0.00	x						0.	ο.	0.
JACK STEINMEYER										
TRUSTEE	0.00	x						0.	0.	0.
DOUG STUART										
TRUSTEE	0.00	x						0.	0.	0.
DR. MICHAEL W. TANNER	0.00		 	11						
TRUSTEE	0.00	Х						0.	0.	0.
LYLE W. TURNER, JR.	0.00			1		$\overline{}$				
TRUSTEE	0.00	x						0.	0.	0.
GENE WALKER	0.00							-		<u> </u>
TRUSTEE	0.00	x	ŀ					0.	0.	0.
KIRK WEINKAUF	0.00							· ·		
TRUSTEE	0.00	x						0.	0.	0.
RON WHITE	0.00								<u> </u>	<u> </u>
TRUSTEE	0.00	X						0.	0.	0.
IVAN WILLIAMS, III	0.00		_							
TRUSTEE	0.00	X						0.	ο.	0.
BLAND WILLIAMSON	0.00									
TRUSTEE	0.00	X						0.	0.	0.
RICHARD A. WILLIFORD, JR	0.00									
TRUSTEE	0.00	Х						0.	0.	0.
CARL H. YOUNG, III	0.00								<u> </u>	
TRUSTEE	0.00	X						0.	0.	0.
DR. MICHAEL ZOLKOSKI	0.00	11						<u> </u>		
TRUSTEE	0.00	x						0.	0.	0.
CHRIS FALKENSTEN	0.00									
TRUSTEE	0.00	x						0.	0.	0.
TOM HARRIS	0.00									
TRUSTEE	0.00	Х						0.	0.	0.
DAVID SMITH	0.00								.	
TRUSTEE	0.00	Х					ŀ	0.	0.	0.
JOHN HAROLD CONWAY	0.00			\Box					<u> </u>	
TRUSTEE	0.00	x						0.	0.	0.
JOEL MORGAN	0.00									
TRUSTEE	0.00	x						0.	0.	0.
MAURO DIFAZIO		1				†			<u> </u>	
TRUSTEE	0.00	х						0.	0.	0.
A.H. "CHIP" MCELROY		1								
PRESIDENT	0.00			X				0.	0.	0.
								· · · · · · · · · · · · · · · · · · ·		

(Form 990)

Continuation Sheet for Form 990

2008

Department of the Treasury Internal Revenue Service ▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

Open to Public Inspection

Name of the Organization INDIA

INDIAN NATIONS COUNCIL BOY SCOUTS OF AMERICA

Employer Identification number 73 - 0579230

Part I Continuation of Officers, Di					еу	Em	ple	oyees, and Highes	t Compensated	
(A) Name and Title	(B) Average hours	(с		Posi			ly)	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
ROGER R. SCOTT VICE PRESIDENT	0.00			Х	_			0.	0.	0.
H.I. "BART" BARTLETT TREASURER	0.00			Х				0.	0.	0.
WILLIAM W. HAINES CEO	40.00				х			186,753.	0.	0.
MICHAEL VEGHER DIRECTOR SUPPORT SERVICE	40.00				Х			109,848.	0.	0.
MARK CONRAD DIRECTOR FIELD SERVICES	40.00				Х			100,047.	0.	0.
LLOYD HASTY CAMP DIRECTOR	40.00				Х			93,130.	0.	0.
JILL JANOSKY DIRECTOR OF FINANCE	40.00				х			92,957.	0.	0.
	_									

SCHEDULE M (Form 990)

NonCash Contributions

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30.

2008 Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Attach to Form 990.

Name of the organization INDIAN NATIONS COUNCIL BOY SCOUTS OF AMERICA

Employer identification number 73-0579230

Part I Types of Property (a) (b) (c) (d) Method of determining Check if Number of Revenues reported on applicable contributions Form 990, Part VIII, line 1g revenues Art - Works of art Art - Historical treasures 2 Art - Fractional interests 3 Books and publications 5 Clothing and household goods Cars and other vehicles 6 Boats and planes 7 Intellectual property 8 Securities - Publicly traded 9 Securities - Closely held stock 10 11 Securities - Partnership, LLC, or trust interests 12 Securities - Miscellaneous Qualified conservation contribution 13 (historic structures) Qualified conservation contribution (other) ... 14 Real estate - Residential 15 16 Real estate - Commercial Real estate - Other 17 18 Collectibles Food inventory 19 1,861.FAIR MARKET VALUE Х Drugs and medical supplies 20 21 Taxidermy 22 Historical artifacts Scientific specimens 23 Archeological artifacts 24 4,706 FAIR MARKET VALUE 1 (AIRFARE Х 25 Other (100 8-RIDE PA) X 1 2,500 FAIR MARKET VALUE 26 Other Х 1 1.150 FAIR MARKET VALUE (FISHING EQUIP) 27 Other > (POPCORN PRIZE) Х 1,000.FAIR MARKET VALUE 28 Number of Forms 8283 received by the organization during the tax year for contributions 29 2 for which the organization completed Form 8283, Part IV, Donee Acknowledgment Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for 30a Х the entire holding period? b If "Yes." describe the arrangement in Part II. X Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 31 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash X contributions? b If "Yes," describe in Part II. If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, 33

INDIAN NATIONS COUNCIL

Schedule M (Form 990) 2008OY SCOUTS OF AMERICA	73-0579230	Page 2
Part II Supplemental Information. Complete this part to provide the information required by Pan Also complete this part for any additional information.		r ago z
PART I, OTHER TYPES OF PROPERTY:		
TRACTORS W/ BLADES		
(A) CHECK IF APPLICABLE = X		
(B) NUMBER OF CONTRIBUTORS = 1		
(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 700.		
(D) METHOD OF DETERMINING REVENUE: FAIR MARKET VALUE		
PAPER TOWELS & BATH TISSUE		
(A) CHECK IF APPLICABLE = X		
(B) NUMBER OF CONTRIBUTORS = 1		
(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 482.		
(D) METHOD OF DETERMINING REVENUE: FAIR MARKET VALUE		
50 TULSA STATE FAIR ENTRANCE PASSES		
(A) CHECK IF APPLICABLE = X		
(B) NUMBER OF CONTRIBUTORS = 1		
(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 250.		
(D) METHOD OF DETERMINING REVENUE: FAIR MARKET VALUE		
5 ACADEMY GIFT CARDS		
(A) CHECK IF APPLICABLE = X		
(B) NUMBER OF CONTRIBUTORS = 3		
(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 150.		····
(D) METHOD OF DETERMINING REVENUE: FAIR MARKET VALUE		
PHOTOCOPYING SERVICES		
(A) CHECK IF APPLICABLE = X		
(B) NUMBER OF CONTRIBUTORS = 1	Schedule M (Forn	n 990) 2008

INDIAN NATIONS COUNCIL

Schedule M (Form 990) 2008 BOY SCOUTS OF AMERICA	73-0579230	Page 2
Part II Supplemental Information. Complete this part to provide the information required by Part Also complete this part for any additional information.	t I, lines 30b, 32b, and 33.	
(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 100.		
(D) METHOD OF DETERMINING REVENUE: FAIR MARKET VALUE		
3 LASER QUEST PASSES		
(A) CHECK IF APPLICABLE = X		
(B) NUMBER OF CONTRIBUTORS = 1		
(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 60.		
(D) METHOD OF DETERMINING REVENUE: FAIR MARKET VALUE		
2 APPLEBEE'S GIFT CARDS		
(A) CHECK IF APPLICABLE = X		
(B) NUMBER OF CONTRIBUTORS = 1		
(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 30.		
(D) METHOD OF DETERMINING REVENUE: FAIR MARKET VALUE		
SCHEDULE M, LINE 32B: UNRELATED THIRD PARTIES ARE HIRED	, OCCASIONALLY	1
TO SELL CERTAIN ITEMS FOR THE ORGANIZATION.		
	· · · · · · · · · · · · · · · · · · ·	

SCHEDULE 0

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008
Open to Public Inspection

Name of the organization

INDIAN NATIONS COUNCIL BOY SCOUTS OF AMERICA

Employer identification number 73-0579230

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
TO PREPARE YOUNG PEOPLE TO MAKE ETHICAL AND MORAL CHOICES OVER THEIR
LIFETIME BY INSTILLING IN THEM THE VALUES OF THE SCOUT OATH AND LAW.
FORM 990, PART VI, SECTION A, LINE 10: 990 IS REVIEWED BY THE AUDIT
COMMITTEE, APPROVED BY THE AUDIT COMMITTEE, THEN SIGNED AND SUBMITTED BY
SCOUT EXECUTIVE.
FORM 990, PART VI, SECTION B, LINE 12C: THE ORGANIZATION'S CONFLICT OF
INTEREST POLICY IS REGULARLY REVIEWED AND MONITORED BY THE THE SCOUT
EXECUTIVE AND THE COUNCIL PRESIDENT.
FORM 990, PART VI, SECTION B, LINE 15: BEGINNING IN JANUARY 2008, TOWERS
PERRIN, A WELL KNOWN EXECUTIVE COMPENSATION CONSULTING FIRM, CONDUCTED A
REVIEW OF THE NEW COMPENSATION PROGRAM FOR SCOUT EXECUTIVES. THE DETAILED
RESULTS OF THIS ANALYSIS WERE PRESENTED TO THE COMPENSATION & BENEFITS
COMMITTEE. THOSE RESULTS WERE THEN USED AS THE BASIS FOR THE COMPENSATION
PROGRAMS ADOPTED FOR LOCAL COUNCIL SCOUT EXECUTIVES.
FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION'S GOVERNING
DOCUMENTS, CONFLICTS OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE
AVAILABLE FOR PUBLIC INSPECTION AT THE SCOUT RESOURCE CENTER'S EXECUTIVE'S
OFFICE, DURING NORMAL BUSINESS HOURS.

FORM 990, PART XI, LINE 2B:

SCHEDULE O

(Form 990)

Supplemental Information to Form 990

➤ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

QMB No. 1545-0047
2008
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

INDIAN NATIONS COUNCIL BOY SCOUTS OF AMERICA

Employer identification number 73-0579230

BASIS, HOWEVER, SEPARATE 990'S ARE FILED FOR THE TAX-EXEMPT
ORGANIZATIONS WITHIN THE CONSOLIDATED AUDIT.
THE FOLLOWING QUESTIONS ARE NOT APPLICABLE TO THE ORGANIZATION:
PART IV: QUESTIONS 5, AND 24B-24D
PART V: QUESTIONS 1C, 3B, 5C, 6B, 8, 9A-9B, 10A-10B, 11A-11B, AND
12A-12B
PART VI: QUESTIONS 9B AND 16B
PART XI: QUESTION 2C AND 3B

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

Name of the organization

Related Organizations and Unrelated Partnerships

2008 Open to Public Inspection

OMB No. 1545-0047

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.

▶ See separate instructions.

Employer identification number 73-0579230

Identification of Disregarded Entities Part

INDIAN NATIONS COUNCIL BOY SCOUTS OF AMERICA

Identification of Related Tax-Exempt Organizations PartII

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section	(F) Direct controlling entity
CAMP RUSSELL TRUST - 73-1093885 4925 S, GARNETT	TO PROVIDE FACILITIES FOR THE USE OF THE BOY SCOUTS			501(c)(3))	
TULSA, OK 74146	OF AMERICA	ОКГАНОМА	501(C)(4)	N/A	N/A

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

Schedule R (Form 990) 2008

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INDIAN NATIONS COUNCIL BOY SCOUTS OF AMERICA

Schedule R (Form 990) 2008

ns Taxable as a Partnership	
tification of Related Organizations	
Part III Iden	

(J) General or managing partner? Yes No		
Gen Gen (
e V-UBI int in boo Schedul		
(I) Disproportion- ate allocations? Yes No K-1 (Form 1065)		
4) sations? No		
(H) Disproporate allocati		
(G) Share of end-of-year assets		
) of total me		
(F) Share of total income		
(E) Predominant income (related, investment, unrelated)		
(E) ominant ed, inve unrelat		
Predo (relat		
olling		
(D) Direct controlling entity		
Direc		
(C) Legal domicile (state or foreign country)		
Legal (st		
>-		
(B) Primary activity		
(B) rimary a		
<u> </u>		
EIN		
(A) Name, address, and EIN of related organization		
(A) address ated org		
Name, of rek		

Part IV Identification of Related Organizations Taxable as a Corporation or Trust

(D) (F) (G)	Direct controlling Type of entity Share of total Share of Per entity (C corp, S corp, income end-of-year ow or trust)								
(B) (C)	<u>e</u>								
(A)	Name, address, and EIN of related organization								

Schedule R (Form 990) 2008

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Schedule R (Form 990) 2008 BOY SCOUTS OF AMERICA

Organizations
ith Related
Transactions Wit
Part V

			\vdash	1.
te. Complete line 1 if any entity is listed in Parts II, III, or IV.			Yes	ဍ
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?				
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity		12	^	×
b Gift. grant, or capital contribution to other organization(s)		4	_	×
(V)		5	7	×
loans or loan or larantees to or for other organization(s)		7	^	×
loans or loan grantees by other organization(s)		<u>1</u>	^	×
f Sale of assets to other organization(s)		=	^	×
a Purchase of assets from other ordanization(s)		5	^	×
		ŧ	^	×
		; =	^	×
j Lease of facilities, equipment, or other assets from other organization(s)		į	^	×
k Performance of services or membership or fundraising solicitations for other organization(s)		14	7	×
Performance of services or membership or fundraising solicitations by		1	7	×
m Sharing of facilities, equipment, mailing lists, or other assets		Ę	^	×
n Sharing of paid employees		t.	^	×
				71 - V
o Reimbursement paid to other organization for expenses		10	7	×
p Reimbursement paid by other organization for expenses		đ	7	×
q Other transfer of cash or property to other organization(s)		40	^	×
r Other transfer of cash or property from other organization(s)		1.	^	×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	ction thresholds.			
	(B)	© :		
Name of other organization(s)	I ransaction type (a-r)	Amount involved	volved	
(1)				
(2)				
<u>ි</u>				
(4)				
(9)				ĺ
832163 12-23-08	Sche	Schedule R (Form 990) 2008	990) 20	8

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INDIAN NATIONS COUNCIL BOY SCOUTS OF AMERICA Schedule R (Form 990) 2008

Part VI Unrelated Organizations Taxable as a Partnership

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

(A)	10)	3	Ę	(9)	Ú	3	17
()	(a)		9			<u>(</u>	
Name, address, and EIN of entity	Primary activity	cile sign	Are all partners section 501(c)(3) organizations?	Share of end-of- year assets	Dispropor- tionate allocations?	Code V-UBI amount in box 20 of Schedule K-1	General or managing partner?
		country)	Yes No			(Form 1065)	1

					- 		
					-		
					-		
							_

Form **990**

Department of the Treasury Internal Revenue Service

A For the 2007 calendar year, or tax year beginning

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.

and ending

2007

Open to Public Inspection

В	Check if applicable	Please C Name of organization				D Emp	loyer ide	ntification numb	er
_	Addres	use IRS INDIAN NATIONS COUNC							
L	change	print or BOY SCOUTS OF AMERIC					<u>3-05'</u>	79230	
Ļ	change	266	not delivered to street address)		Room/suite	E Tele	phone nu	ımber	
·	ireturn	Specific 4295 SOUTH GARNETT				9:	<u> 18-7</u>	<u>43-6125</u>	
· <u>L</u>	Termin ation	tions. City or town, state or country, and ZIP +	1				inting method		Accrual
Ļ	Amend	10LSA, UK /4146					other specify)		
	Applica Dendin	 Section 501(c)(3) organizations and 4947(a) must attach a completed Schedule A (Form) 	(1) nonexempt charitable trusts	H and	l are not appi	licable	to sectic	on 527 <u>org</u> aniza	
		•	130 OI 330-LZ].		this a group r				X No
		:▶WWW.OKSCOUTS.ORG			"Yes," enter nu			► <u>N/A</u>	
		ation type (check only one) ► X 501(c) (3) ◀ (inse		7 H(c) A	re all affiliates i	ncluded	i? N,	/A Yes	☐ No
		ere 🕨 📖 if the organization is not a 509(a)(3) suppo		H(d) is	f "No," attach a this a separate	e refurn	filed by a	n or	
		are normally not more than \$25,000. A return is not req	uired, but if the organization	ga	anization cover	ed by a	group ru	ling? Yes	X No
	chooses	to file a return, be sure to file a complete return.		l Gr	roup Exemptio	n Numb	er ➤	N/A	
								n is not required	l to attach
		ceipts: Add lines 6b, 8b, 9b, and 10b to line 12	12,320,050.		ch. B (Form 99	0, 990-	EZ, or 99	0-PF).	
P	art I	Revenue, Expenses, and Changes in	Net Assets or Fund Ba	lances					
	1	Contributions, giffs, grants, and similar amounts recei	ved:	ŧ		100			
	a		<u>1a</u>						
	b	Direct public support (not included on line 1a)			<u>,509,2</u>				
	C	Indirect public support (not included on line 1a)	1c		703,8	<u>39.</u>			
	d	Government contributions (grants) (not included on li	ne 1a) 1d						
	e	Total (add lines 1a through 1d) (cash \$3 , 2						<u>3,213</u> ,	
	2	Program service revenue including government fees a					2	<u>1,378,</u>	<u>032.</u>
	3	Membership dues and assessments]_	3		
	4	Interest on savings and temporary cash investments					4		
	5	Dividends and interest from securities	***************************************				5	136,	<u>281.</u>
	6 a	Gross rents							
	b	Less; rental expenses	6 <u>b</u>			20			
ē	C	Net rental income or (loss). Subtract line 6b from line	6a]_	6c		
en	7	Other investment income (describe)	7		
Revenue	8 a	Gross amount from sales of assets other	(A) Securities		(B) Other				
_		than inventory		ļ					
	b	Less: cost or other basis and sales expenses			-				•
	C	Gain or (loss) (attach schedule)							
	d	Net gain or (loss). Combine line 8c, columns (A) and (<u></u>			8d	956,	<u>446.</u>
	9	Special events and activities (attach schedule). If any a				- 0			
	a	Gross revenue (not including \$	f contributions reported on line 1b) 9a	_					
	b	Less: direct expenses other than fundraising expenses	9b						
	C	Net income or (loss) from special events. Subtract line	9b from line 9a				9c		
	10 a	Gross sales of inventory, less returns and allowances			<u>,967,73</u>		0.0000		
	b	Less: cost of goods sold STAT			<u>,291,8</u> 2				
	C	Gross profit or (loss) from sales of inventory (attach s					10c		<u>885.</u>
	11	Other revenue (from Part VII, line 103)					11	47,	<u>515.</u>
	12	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 1					12	6,407,	<u> 203.</u>
ģ	13	Program services (from line 44, column (B))					13	4,141,	
nse	14	Management and general (from line 44, column (C))					14	283,	
Expenses	15	Fundraising (from line 44, column (D))	***************************************			L	15	298,	
щ	16	Payments to affiliates (attach schedule)					16		<u>944.</u>
	17	Total expenses. Add lines 16 and 44, column (A)					17	<u>4,773,</u>	
ø	18	Excess or (deficit) for the year. Subtract line 17 from li	1e 12				18	1,633,	
Net Assets	19	Net assets or fund balances at beginning of year (from	line 73, column (A))			L	19	<u>16,916,</u>	
As-		Other changes in net assets or fund balances (attach e	xplanation) SEE	STAT	EMENT 5	ē Ļ	20	<825 <i>,</i>	
	21	Net assets or fund balances at end of year. Combine lir	es 18, 19, and 20				21	17,723,	840.

Form **8868**

(Rev. March 2008)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

 If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 	
Do not complete Part II unless you have already been granted an automatic 3-month extension on a previous	ously filed Form 8868.
Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).	-
A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box ar Part I only	ind complete
All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to requ to file income tax returns.	uest an extension of time
Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic en noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 ele (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electrowww.irs.gov/efile and click on e-file for Charities & Nonprofits.	lectronically if (1) you want the additional e or consolidated Form 990-T. Instead.
Type or Name of Exempt Organization	Employer identification number
print INDIAN NATIONS COUNCIL	
BOY SCOUTS OF AMERICA	73-0579230
Number, street, and room or suite no. If a P.O. box, see instructions. 4295 SOUTH GARNETT	
instructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. TULSA, OK 74146	
Form 990-BL Form 990-T (sec. 401(a) or 408(a) trust) From 990-EZ Form 990-T (trust other than above)	Form 4720 Form 5227 Form 6069 Form 8870
The books are in the care of KENT CARAWAY	
Telephone No. ► 918-743-6125 If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)	If this is for the whole group, check this
1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of tir	me until
AUGUST 15, 2008 , to file the exempt organization return for the organization na	
is for the organization's return for:	
is for the organization's return for: X calendar year 2007 or	
is for the organization's return for:	
is for the organization's return for: X calendar year 2007 or	amed above. The extension
is for the organization's return for: X calendar year 2007 or tax year beginning , and ending If this tax year is for less than 12 months, check reason: Initial return	Change in accounting period
is for the organization's return for: X calendar year 2007 or tax year beginning, and ending If this tax year is for less than 12 months, check reason: Initial return Final return If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	amed above. The extension
is for the organization's return for: X calendar year 2007 or	Change in accounting period 3a \$
is for the organization's return for: ➤ X calendar year 2007 or ➤ tax year beginning , and ending 2 If this tax year is for less than 12 months, check reason: Initial return Final return 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	Change in accounting period
is for the organization's return for: ➤ X calendar year 2007 or ➤ tax year beginning, and ending 2 If this tax year is for less than 12 months, check reason: Initial return Final return 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required,	Change in accounting period 3a \$
is for the organization's return for: ➤ X calendar year 2007 or ➤ tax year beginning , and ending 2 If this tax year is for less than 12 months, check reason: Initial return Final return 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	Change in accounting period 3a \$

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 3-2008)

INDIAN NATIONS COUNCIL

Form 990 (2007)

Part II Statement of

BOY SCOUTS OF AMERICA

73-0579230 All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3)

Page 2

Functional Expenses and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. Do not include amounts reported on line (B) Program (C) Management (A) Total (D) Fundraising 6b. 8b. 9b. 10b. or 16 of Part I. services and general 22a Grants paid from donor advised funds (attach schedule) 0 noncash \$__ If this amount includes foreign grants, check here 22b Other grants and allocations (attach schedule) 0 - noncash \$ If this amount includes foreign grants, check here 22b 23 Specific assistance to individuals (attach schedule) STATEMENT 6 90,825. 23 90,825. 24 Benefits paid to or for members (attach 24 schedule) 25a Compensation of current officers, directors, key employees, etc. listed in Part V-A 593,315 480,584 25a 59,334, 53,397. b Compensation of former officers, directors, key employees, etc. listed in Part V-B 0. 0 25b 0. 0. c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 25c 26 Salaries and wages of employees not included on lines 25a, b, and c 1.385.977. 1,225,490. 26 84.467 76,020. 27 Pension plan contributions not included on lines 25a, b, and c 27 28 Employee benefits not included on lines 278,741. 25a - 27 28 225,780. 27.874. 25,087. Payroll taxes 170,103. 148,234. 11,510. 29 10,359. Professional fundraising fees 30 31 Accounting fees 31 32 Legal fees 32 33 Supplies ____ 903,436. 827,486. 11,277 33 64.673. 15,163. Telephone 34 13,172. 1,048. 943. 35 Postage and shipping 35 27,025. 20,701. 838. 5,486. Occupancy 180,884. 169,955. 36 5,752. 5,177. Equipment rental and maintenance 31,031, 24,236 37 3,576. 3,219. Printing and publications 38 4,181 3,387 418 376. 39 168,964. 148,302 10,875 9,787. ------40 Conferences, conventions, and meetings 40 16,054. 14,055 947. 1,052 41 Interest 41 645,715. 605,652, 18,977. 42 21.086. 42 Depreciation, depletion, etc. (attach schedule) 43 Other expenses not covered above (itemize): a INSURANCE 43a 98,371. 82,150. 8,537 7,684. **b** RECOGNITION AWARDS 43b 43,010. 29,259. 1,584. 12,167. • MISCELLANEOUS 25,178. 21,778. 600. 43c 2,800. d PROFESSIONAL FEES 32,254. 43d 32,254. e EMPLOYEE RELATED 43e f EXPENSES 43f 13,481. 10,920. 1.348. 1,213. 43g 44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15) 4,723,708. 4,141,966. 283,430. 298.312. Joint Costs, Check > if you are following SOP 98-2. Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes X No if "Yes," enter (i) the aggregate amount of these joint costs \$ N/A ; (ii) the amount allocated to Program services \$ N/A (iii) the amount allocated to Management and general \$ N/A ; and (iv) the amount allocated to Fundraising \$ N/A 723011 12-27-07 Form 990 (2007)

INDIAN NATIONS COUNCIL

Form 990 (2007)

BOY SCOUTS OF AMERICA

73-0579230

Page 3

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

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

wr	nat is the organization's primary exempt purpose? ► <u>SEE STATEMENT</u> /	Program Service Expenses
clie	organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of ents served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) ganizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
а	THE COUNCIL FUNCTIONS AS A BUSINESS CENTER, COORDINATING ALL OF THE ACTIVITIES FOR APPROXIMATELY 20,000 SCOUTS. ACTIVITIES INCLUDE SCOUT-O-RAMA, DAY CAMPS, DRUG AWARENESS PROGRAMS, ORGAN DONOR AWARENESS AND OTHER ACTIVITIES.	
b	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □	4,141,966.
c	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □	
d	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □	
e	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □ Other program services (attach schedule)	:
f	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ ☐	4 141 066
<u> </u>	Total of Program Service Expenses (should equal line 44, column (B), Program services)	4,141,966.
		Form 990 (2007)

INDIAN NATIONS COUNCIL Form 990 (2007) BOY SCOUTS OF AMERICA

Part IV Balance Sheets (See the instructions.)

Note	e: Whe	ere required, attached schedules and amounts wi uld be for end-of-year amounts only.	thin the	description column	(A) Beginning of year		(B) End of year
	45	Cash - non-interest-bearing			600 500	45	500 455
	46	Savings and temporary cash investments		***************************************	689,528.	46	622,465.
	47.0	A constant variable		6 611	÷		
		Accounts receivable	1	6,611.	17 010	3000.000	C C11
	ן ו	Less, allowance for doubtilit accounts	47b		17,012.	4/6	6,611.
-	48 a	Pledges receivable	482	1,197,899.		2.000	
		Less: allowance for doubtful accounts		1,17,077.	870,542.	ARA	1,197,899.
	49	Grants receivable		· • · · · · · · · · · · · · · · · · · ·	070,342.	49	1,151,055.
	1	Receivables from current and former officers, di	rectors	. trustees. and		1 70	
		key employees		· · · · · · · · · · · · · · · · · · ·	:	50a	
	b	Receivables from other disqualified persons (as	define	d under section	· · · · · · · · · · · · · · · · · · ·		·
ţ		4958(f)(1)) and persons described in section 499			•	50ь	
Assets	51 a	Other notes and loans receivable			·		
₹	ь	Less; allowance for doubtful accounts	51b			51c	
	52	Inventories for sale or use			142,864.	52	120,789.
	53	Prepaid expenses and deferred charges			233,625.		238,125.
		Investments - publicly-traded securities STMT			5,609,628.	54a	6,366,099.
		Investments - other securities	>	► L Cost L FMV	·	54b	
	55 a	Investments - land, buildings, and	I 1				
	İ	equipment: basis	55a	5,000.	•		
						0000000	
-	I	Less: accumulated depreciation			5,000.		5,000.
	56	Investments - other SE	1 1		98,788.	56	7,201.
		Land, buildings, and equipment: basis		13,871,153.	0 614 155		0 500 000
		Less: accumulated depreciation	57b	4,347,944.	9,614,177.	57c	9,523,209.
	58	Other assets, including program-related investments		,			
	59	(describe ►	hraugh	, 50	17,281,164.	58	18,087,398.
	60	Accounts payable and accrued expenses			73,366.	59 60	84,117.
	61	Grants payable			13,300.	61	04,11/•
	62	Deferred revenue			56,309.	62	55,717.
es	63	Loans from officers, directors, trustees, and key	emnlo	vees	30,303.	63	33,717.
abilities	l	Tax-exempt bond liabilities				64a	
Liat	b	Mortgages and other notes payable	••••••			64b	· · · · · · · · · · · · · · · · · · ·
_	65	Other liabilities (describe > SE	E S'	ratement 9)	235,337.	65	223,724.
	66	Total liabilities. Add lines 60 through 65			365,012.	66	363,558.
	Orga	nizations that follow SFAS 117, check here	X a	ind complete lines	-	66. 665665 660 66666	
10		67 through 69 and lines 73 and 74.					
ë	67	Unrestricted			10,784,942.	67	10,491,668.
alar	68	Temporarily restricted			<u>2,788,277.</u>	68	<u>2,860,356.</u>
Ä	69	Permanently restricted		<u></u>	3,342,933.	69	4,371,816.
Ĕ	Orga	inizations that do not follow SFAS 117, check h	iere 🕨	· 🔲 and			
占		complete lines 70 through 74.					•
ts	70	Capital stock, trust principal, or current funds				70	
SSE	71	Paid in or capital surplus, or land, building, and e			·	71	
Net Assets or Fund Balances	72	Retained earnings, endowment, accumulated inc				72	
ž	73	Total net assets or fund balances. Add lines 67 through			45 045 450		18 800 010
	74	(Column (A) must equal line 19 and column (B) must e	equal line	9 21)	<u>16,916,152.</u>	73	17,723,840.
	14	Total liabilities and net assets/fund balances.	Auu IIM	50 00 anu 13	17,281,164.	74	<u> 18,087,398.</u>

Form 990 (2007) BOY SCOUTS OF AMERICA 73-0579230 Page 5 Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the Part IV-A instructions.) Total revenue, gains, and other support per audited financial statements 5,616,663. Amounts included on line a but not on Part I, line 12: <790.540. 1 Net unrealized gains on investments 51 2 Donated services and use of facilities b2 3 Recoveries of prior year grants b3 4 Other (specify): b4 Add lines b1 through b4 <790,540.> Subtract line b from line a 6.407.203. Amounts included on Part I, line 12, but not on line a: 1 Investment expenses not included on Part I, line 6b 2 Other (specify): Add lines d1 and d2 Total revenue (Part I, line 12). Add lines c and d 6,407,203. Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return Total expenses and losses per audited financial statements 4,830,628. Amounts included on line a but not on Part I, line 17: 1 Donated services and use of facilities 2 Prior year adjustments reported on Part I, line 20 b2 3 Losses reported on Part I, line 20 b3 SEE STATEMENT 11 56.976. 4 Other (specify): 56,976. Add lines b1 through b4 4,773,652. Subtract line b from line a Amounts included on Part I, line 17, but not on line a: 1 Investment expenses not included on Part I, line 6b 2 Other (specify): Add lines d1 and d2 Total expenses (Part I, line 17). Add lines c and d e Total expenses (Part I, line 17). Add lines c and d

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.) (C) Compensation (D) Contributions to employee benefit plans & deferred compensation plans (B) Title and average hours (E) Expense (A) Name and address per week devoted to account and position JUDITH A. SMITH PRESIDENT 4295 SOUTH GARNETT ____ TULSA, OK 74146 37.50 0 0 0. ROGER R. SCOTT VICE PRESIDENT 4295 SOUTH GARNETT TULSA, OK 74146 37.50 0 0 0. "BART" BARTLETT TREASURER 4295 SOUTH GARNETT TULSA, OK 74146 0. 0. 37.50 KENT CARAWAY SCOUT EXECUTIVE 4295 SOUTH GARNETT TULSA, OK 74146 230,868. 8,685 1,890. MIKE VEGHER DIRECTOR SUPPORT SERVICES 4295 SOUTH GARNETT TULSA, OK 74146 37.50 93,000. 11,829 1,476. MARK CONRAD DIRECTOR FIELD SERVICES 4295 SOUTH GARNETT TULSA, OK 74146 37.50 59,166. 8.946 1.442. JILL JANOSKY DIRECTOR FINANCE 4295 SOUTH GARNETT TULSA, OK 74146 37.50 74,500. 10,488. 3,830. LLOYD HASTY CAMP DIRECTOR 4295 SOUTH GARNETT

37.50

75.000.

11.646

TULSA, OK 74146

INDIAN NATIONS COUNCIL BOY SCOUTS OF AMERICA

	990 (2007) BOY SCOUTS OF AMERICA	A	•	73-0579	230 P	age 6
Pa	rt V-A Current Officers, Directors, Trustees, and K	ey Employees (continu	ued)		Yes	No
75 a	Enter the total number of officers, directors, and trustees permitted meetings	=	siness at board	26		
b	Are any officers, directors, trustees, or key employees listed in Form listed in Schedule A, Part I, or highest compensated professional ar Part II-A or II-B, related to each other through family or business related to the individuals and explains the relationship (s).	n 990, Part V-A, or highest onto	ractors listed in So a statement that i	oloyees hedule A.	75b	X
C	Do any officers, directors, trustees, or key employees listed in Form listed in Schedule A, Part I, or highest compensated professional an Part II-A or II-B, receive compensation from any other organizations, organization? See the instructions for the definition of "related organ If "Yes," attach a statement that includes the information described	d other independent contr whether tax exempt or tax nization."	actors listed in Sc	hedule A.	75c	X
d	Dogs the organization have a written conflict of interest policy?				75d	Х
Pa	rt V-B Former Officers, Directors, Trustees, and Ke	y Employees That F	Received Com	pensation o	r Other	
	Benefits (If any former officer, director, trustee, or key er	mployee received compens	sation or other ber	efits (described	i below) dur	ring
	the year, list that person below and enter the amount of co	mpensation or other benef				ons.)
	(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	account	and
42	RBERT L. MCCOGGINS 95 S. GARNETT ROAD		F0 704			
10.	SA,OK 74146	0.	50,794.	0.	$\frac{2}{4}$	<u> 12.</u>
			·			
						
						
	t VI Other Information (See the instructions.)					
					Yes	No
76 77	Did the organization make a change in its activities or methods of co statement of each change Were any changes made in the organizing or governing documents by				76 77	X
78 a b	If "Yes," attach a conformed copy of the changes. Did the organization have unrelated business gross income of \$1,000 if "Yes," has it filed a tax return on Form 990-T for this year?	O or more during the year o			78a 78b	X
79 8 0 a	Was there a liquidation, dissolution, termination, or substantial contrals the organization related (other than by association with a statewise	action during the year? If "` e or nationwide organizatio	Yes," attach a stat n) through commo	tement	79	X
b	membership, governing bodies, trustees, officers, etc., to any other earlier "Yes," enter the name of the organization $\ N/A$			1	80a	X
	Enter direct and indirect political expenditures. (See line 81 instruction Did the organization file Form 1120-POL for this year?	and check whether it is Lins.)	j exempt or 81a	I nonexempt 0.	816	X
					Form 990 (2	

INDIAN NATIONS COUNCIL BOY SCOUTS OF AMERICA

_	m 990 (2007) BOY SCOUTS OF AMERICA	73-057 <u>9</u>	230	ı P	age 7
	art VI Other Information (continued)	•		Yes	No
82	a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at su	bstantially			
	less than fair rental value?	-	82a		Х
1	If "Yes," you may indicate the value of these items here. Do not include this				
	amount as revenue in Part I or as an expense in Part II.	•			
	(See instructions in Part III.)	N/A			
83	a Did the organization comply with the public inspection requirements for returns and exemption applications?		83a	Х	
١	b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?		83b	X	
84	,		84a		X
ì	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts w	vere not	0.00000		
	tax deductible?	I/A	84b		
85 a	a 501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?		85a		
ļ	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	I/A	85b		
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization recei	ved a			
	waiver for proxy tax owed for the prior year.				
C		I/A			
C	Section 162(e) lobbying and political expenditures 85d 1	I/A			
6		I/A	888879		
f		T/A			
g		[/ <u>A</u>	85g		
h	1-(-//-//-/				
	to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the				
		[/ <u>A</u>	85h		
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on			3 10 2000 3 10 2000	
		/A	0.000		
b		[/A			
87		[/A			
þ	(2 The first of paid to other bouldes				
		/A			
вв а	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partners				
	or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3	?			
	If "Yes," complete Part IX		_88a		<u> X</u>
D	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of		ĺ		
	section 512(b)(13)? If "Yes," complete Part XI		88b	0000000000	<u> X</u>
вэ а	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under:	_			
L	section 4911 ▶ 0 .; section 4912 ▶ 0 .; section 4955 ▶	0.			(2004)(366)) (4.55)(8.55)
D	501(c)(3) and 501(c)(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?	i			
	If "Yes," attach a statement explaining each transaction		89b	80.3420.B	X
U	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under		933.959		
d	sections 4912, 4955, and 4958 Enter: Amount of tax on line 89c, above, reimbursed by the organization				
		0.		60-121, 25, 15 10-121, 123, 134	
e	b and the state of	n?	89e		<u>X</u>
'	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?		89f	3,000,000	X
y	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organizations maintaining donor advised funds.				
00 -	or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		89g		<u>X</u>
	List the states with which a copy of this return is filed ► OK				
D 14 -	Number of employees employed in the pay period that includes March 12, 2007 The hooks are in core of NUTLETIAM AND ADDITIONAL STATEMENT AND ADDIT	010 = 1	2 2		<u>54</u>
ı a	The books are in care of WILLIAM W. HAINES Telephone no.				
		ZIP + 4 ▶ <u>7</u>			NI:
Đ	At any time during the calendar year, did the organization have an interest in or a signature or other authority over	Г		Yes	
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		91b	an-juadi.	X
	If "Yes," enter the name of the foreign country N/A				119491 86167
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank				
	and Financial Accounts.			000 //	<u> </u>

INDIAN NATIONS COUNCIL BOY SCOUTS OF AMERICA

	m 990 (2007) BOY	SCOUTS O	F AMER	ICA .		73-	0579230 Page 8
	art VI Other Information (c			·		· 	Yes No
C	c At any time during the calendar ye				of the U	nited States?	91c X
	If "Yes," enter the name of the for			N/A			
92	Section 4947(a)(1) nonexempt cha						_
<u> </u>	and enter the amount of tax-exem	pt interest receiv	ed or accru	ed during the tax year		92	N/A
	art VII Analysis of Income			ted business income	Evalue	ded by section 512, 513, or 514	
	ote: Enter gross amounts unless othe dicated.	rwise	(A)	(B)		(D)	(E)
			Business	Amount	(C) Exclu- sion	Amount	Related or exempt function income
93	Program service revenue:	-	code		code	'	
a	ACTIVITY INCOME						1,211,073.
	ACTIVITE INCOME						166,959.
G نہ							

	Medicare/Medicaid payments				 		
	Fees and contracts from governme						
	Membership dues and assessment			-10-10-1			
	Interest on savings and temporary cash						
	Dividends and interest from securit				14	136,281.	
	Net rental income or (loss) from rea					230,201.	
	debt-financed property				<u>(c. (c. c. c. c. c. c.)</u>		**************************************
	not debt-financed property						
	Net rental income or (loss) from per			**************************************			
			· · · · · · · · · · · · · · · · · · ·			· · · · · · · · · · · · · · · · · · ·	***************************************
100	Gain or (loss) from sales of assets						
	other than inventory				18	956,446.	0
101	Net income or (loss) from special ev						
	Gross profit or (loss) from sales of it						675,885.
103	Other revenue:						
a	OTHER REVENUE				01	47,515.	
b							
C							
d		<u> </u>					
е	·			· ·			
104	Subtotal (add columns (B), (D), and	(E)		0.		1,140,242.	2,053,917.
105	Total (add line 104, columns (B), (D), and (E))			,)	<u>3,194,159.</u>
	e: Line 105 plus line 1e, Part I, should						
	art VIII Relationship of Acti						· · · · · · · · · · · · · · · · · · ·
	e No. Explain how each activity for wh				d import	antly to the accomplishment (of the organization's
	exempt purposes (other than by		such parpo	568).			<u></u>
<u> </u>	SEE STATEMENT	14	*				
						· · · · · · · · · · · · · · · · · · ·	-
		<u></u>		*			
Pa	art IX Information Regard	ing Tayahle S	Subsidiari	es and Disregard	ed Fr	atities (Soo the instruction	nol
	(A)	(B)		(C)	Cu Li	(D)	(E)
N	ame, address, and EIN of corporation, partnership, or disregarded entity	Percentage of ownership interest		Nature of activities		Total income	End-of-year assets
	partitionship, or disregarded entity		6				assets
	N/A	9/					<u> </u>
	N/A	9/	+				
	, , , , , , , , , , , , , , , , , , , ,	9/	· · · · · · · · · · · · · · · · · · ·				
Pa	rt X Information Regardi		-	ted with Personal	Bene	ofit Contracts (See the	instructions)
) Did the organization, during the year, re					•	Yes X No
) Did the organization, during the year, p						Yes X No
	ote: If "Yes" to (b), file Form 8870 and						193 LELINO
	, ,	1		<u> </u>			Form 990 (2007)

INDIAN NATIONS COUNCIL Form 990 (2007) BOY SCOUTS OF AMERICA 73-0579230 Page 9 Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a Part XI controlling organization as defined in section 512(b)(13). N/A Yes No Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity. (A) (B) Employer Identification (C) (D) Name, address, of each Description of Amount of controlled entity transfer transfer Number а ь c Totals Yes No Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity. (B) Employer Identification Number (A) (C) (D) Name, address, of each Description of Amount of controlled entity transfer transfer а ь

		- · ·		
	Totals			
	the organization have a binding written contract in effect on Augus uities described in question 107 above?	st 17, 2006, covering the inte	rest, rents, royalties, and	Yes No
Please Bign Here	Under penalties of perjury, I declare that I have examined this return, including accompa and complete. Declaration of preparer (other than officer) is based on all information of w Signature of officer Type or print name and title	inying schedules and statements, and which preparer has any knowledge.	to the best of my knowledge and belief	, it is true, correct,
Paid Preparer's Use Only	Preparer's signature Firm's name (or yours if self-employed), address, and ZPP + 4 TULSA, OK 74114	Date Check self- 7/24/08 emplo SARTAIN LLP	eyed EIN E	7 1N (See Gen. Inst. X)

Form 990 (2007)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information-(See separate instructions.)

▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

OMB No. 1545-0047

Name of the organization Employer identification number INDIAN NATIONS COUNCIL BOY SCOUTS OF AMERICA 73 0579230 Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees (See page 1 of the instructions. List each one, If there are none, enter "None.") (b) Title and average hours (d) Contributions to employee benefit plans & deferred compensation (e) Expense count and other (a) Name and address of each employee paid (c) Compensation per week devoted to position more than \$50,000 allowances NONE Total number of other employees paid 0 over \$50,000 Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services (See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.") (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation NONE Total number of others receiving over \$50,000 for professional services Compensation of the Five Highest Paid Independent Contractors for Other Services (List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.) (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation HARDESTY CONSTRUCTION PO BOX 765, POTEAU, OK 316,410. CONSTRUCTION Total number of other contractors receiving over \$50,000 for other services 0

INDIAN NATIONS COUNCIL

Schedule A (Form 990 or 990-EZ) 2007 BOY SCOUTS OF AMERICA 73-0579230 Part III Statements About Activities (See page 2 of the instructions.) Yes No During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities (Must equal amounts on line 38, Part VI-A, or line j of Part VI-B.) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities. During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.) a Sale, exchange, or leasing of property? b Lending of money or other extension of credit? 2h c Furnishing of goods, services, or facilities? X 2c d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V-A, FORM 990 2d e Transfer of any part of its income or assets? 2e 3 a Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.) b Oid the organization have a section 403(b) annuity plan for its employees? c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space,

the environment, historic land areas or historic structures? If "Yes," attach a detailed statement

d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?

and 4g

b Did the organization make any taxable distributions under section 4966?

C Did the organization make a distribution to a donor, donor advisor, or related person?

Did the total number of donor advised funds owned at the end of the tax year

e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year

line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts

g. Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year

f Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on

4 a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g, If "No," complete lines 4f

Schedule A (Form 990 or 990-EZ) 2007

N/A

N/A

Schedule A (Form 990 or 990-EZ) 2007 BOY SCOUTS OF AMERICA

73-0579230 Page 3

	t IV	Reason for Non-Private Foundation	Status (See pages 4	through 8 of the instruction	ons.)		
1 certi 5 6 7 8 9	fy that the	he organization is not a private foundation because it is: A church, convention of churches, or association of c A school. Section 170(b)(1)(A)(ii). (Also complete Par A hospital or a cooperative hospital service organization A federal, state, or local government or governmental A medical research organization operated in conjunction and state	hurches. Section 170(b) t V.) on. Section 170(b)(1)(A) unit. Section 170(b)(1)(<i>i</i>)	(1)(A)(I). (iii). A)(V).	the hospital	s name, city,	
10 11a	□	An organization operated for the benefit of a college of (Also complete the Support Schedule in Part IV-A.) An organization that normally receives a substantial p).
11b 12		Section 170(b)(1)(A)(vi). (Also complete the Support A community trust. Section 170(b)(1)(A)(vi). (Also co An organization that normally receives: (1) more than receipts from activities related to its charitable, etc., fu its support from gross investment income and unrelated by the organization after June 30, 1975. See section 5	mplete the Support Sche 33 1/3% of its support fon notions - subject to certa ed business taxable inco	om contributions, member in exceptions, and (2) no me (less section 511 tax)	more than 3 from busine	3 1/3% of	
13		An organization that is not controlled by any disqualific 509(a)(3). Check the box that describes the type of sum Type II	ed persons (other than for opporting organization: Type III-Fu	oundation managers) and	otherwise m	Type ill-O	
		Provide the following information a	oout the supported orga	nizations. (See page 8 of	the instruction	ons.)	W-1
•		(a) Name(s) of supported organization(s)	(b) Employer identification	(c) Type of organization (described in lines	organizati	pported	(e) Amount of support
			number (EIN)	5 through 12 above or IRC section)	organi	porting zation's documents?	oupport.
-				5 through 12 above	organi	porting zation's	Vappon.
				5 through 12 above	organi governing	porting zation's documents?	
				5 through 12 above	organi governing	porting zation's documents?	
				5 through 12 above	organi governing	porting zation's documents?	
				5 through 12 above	organi governing	porting zation's documents?	
otal 14		An organization organized and operated to test for publ	number (EIN)	5 through 12 above or IRC section)	organi governing Yes	porting zation's documents?	

INDIAN NATIONS COUNCIL

Schedule A (Form 990 or 990-EZ) 2007 BOY SCOUTS OF AMERICA Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting. Calendar year (or fiscal year beginning in) (c) 2004 (a) 2006 (b) 2005 (e) Total Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.) 15 1,472,680. 1,620,422. 2,070,042. 2,142,101 7,305,245. Membership fees received 693,449. 669,939. 738,855. 975,855. 3,078,098. 16 Gross receipts from admissions. merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's 1.702,653. 1,628,330. 1,658,123. charitable, etc., purpose 1,780,832. 6,769,938. Gross income from interest, divid-18 eross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalities, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses securited by the organization after acquired by the organization after June 30, 1975 250,680. 256.347. 168,914. 22.802. 698,743. 19 Net income from unrelated business activities not included in line 18 Tax revenues levied for the 20 organization's benefit and either paid to it or expended on its behalf The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets SEE STATEMENT 13 42,662. 59,796. 110.487. 37,165. 250.110. 23 Total of lines 15 through 22 4,240,303. 4,309,157. 4,716,628. 4,836,046. 18,102,134. Line 23 minus line 17 24 2,459,471, 2,606,504. 3,088,298, 3,177,923. 11.332.196. 47,166. 48,360 25 Enter 1% of line 23 43.092. 42.403. Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 226,644. Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts 880,461. Total support for section 509(a)(1) test: Enter line 24, column (e) ,332,196. 18 <u>698,743.</u> Add: Amounts from column (e) for lines: 250,110. 1,829,314. e Public support (line 26c minus line 26d total) 26e 9,502,882. Public support percentage (line 26e (numerator) divided by line 26c (denominator)) 26f 83.8574% Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: (2005) (2004) (2003) For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: N/A(2006) (2005) (2004) (2003) 15 _____ 16 ____ Add: Amounts from column (e) for lines: ____ 20 ______ 21 ______ d Add: Line 27a total ... and line 27b total ______ N/A Public support (line 27c total minus line 27d total)

Total support for section 509(a)(2) test; Enter amount on line 23, column (e)

27f

N/A N/APublic support percentage (line 27e (numerator) divided by line 27f (denominator)) N/Ah Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) 27h Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your

NONE

Schedule A (Form 990 or 990-EZ) 2007

return. Do not include these grants in line 15.

723131 12-27-07

If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)

Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student

If you answered "No" to any of the above, please explain, (If you need more space, attach a separate statement.)

If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)

Does the organization maintain the following:

Does the organization discriminate by race in any way with respect to:

Private School Questionnaire (See page 9 of the instructions.)

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

Yes No Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? 29 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? 31 a Records indicating the racial composition of the student body, faculty, and administrative staff? 32a Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? admissions, programs, and scholarships? 32c d Copies of all material used by the organization or on its behalf to solicit contributions? 32d Students' rights or privileges? 33a Admissions policies? 33b Employment of faculty or administrative staff? 33c Scholarships or other financial assistance? 33d Educational policies? 33e Use of facilities? Athletic programs? 33g Other extracurricular activities?

Does the organization receive any financial aid or assistance from a governmental agency?	34a		
Has the organization's right to such aid ever been revoked or suspended?	34b		
If you answered "Yes" to either 34a or b, please explain using an attached statement.			
Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Re	ev. Proc. 75-50,		
1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation			
	Schedule A (Form 990 or	990-EZ	2007

35

29

30

31

INDIAN NATIONS COUNCIL

Schedule A (Form 990 or 990-EZ) 2007 BOY SCOUTS OF AMERICA

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 11 of the instructions.)

73-0579230 Page 6

N/A

If the amount on line 40 is - The lobbying nontaxable amount is -	_	(To be complet	ted ONLY by an eligible orgai	nization that filed Form 576	i8)					
Climb form 1 composition for the service and service of the servic	<u>Che</u>	eck 🕨 a 🔲 if the organiz	ration belongs to an affiliated	group. Check	▶ b 🗌	if you che	cked "a" and	flimited	contro	l" provisions apply.
Section Sect				_			Affiliate	d group)	To be completed for all
18 Total lobelying expenditures to influence public certificity (press route) to lobylying (press route) to lobylying (press route) to lobylying (press route) to lobylying (press route) to lobylying expenditures (add lines 36 and 37) 38 Total lobelying expenditures (add lines 38 and 39) 40 Total excertify propose expenditures (add lines 38 and 39) 41 Lobylying nortizable amount. Enter the amount from the following table - lift the amount on line 40 is - The lobylying nortizable amount is - Make version (in line 40 is - The lobylying nortizable amount is - Make version (in line 40 is - The lobylying nortizable amount is - Make version (in line 40 is - The lobylying nortizable amount is - Make version (in line 40 is - The lobylying nortizable amount is - Make version (in line 40 is - The lobylying nortizable amount is - Make version (in line 40 is - The lobylying nortizable amount is - Make version (in line 40 is - The lobylying nortizable amount is - Make version (in line 40 is - The lobylying on the version (in line 40 is - The lobylying (in line 40 is - The line 40 is - The lobylying (in line 40 is - The line 40 is - The line 40 is - The line (in line 40 is - The line (in line 40 is - The line (in line 40 is - The line (in line 40 is - The line (in line 40 is - The line (in line 40 is - The line (in line 40 is - The line (in line 40 is - The line (in line 40 is - The line (in line 40 is - The line (in line 40 is - The line (in li		(111)	in expenditures means are	ourits paid of illouried.)						Discussing of garingations
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42 Grassroots nontaxable amount (enter 25% of line 41) 43 Subtract line 42 from line 38. Enter -0- if line 42 is more than line 38 44 Subtract line 41 from line 38. Enter -0- if line 42 is more than line 38 45 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38 46 Caution: If there is an amount on either line 43 or line 44, you must file Form 4720. 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 13 of the instructions. 1		Over \$1,500,000 but not over \$17,	000,000 \$225,000 plus	5% of the excess over \$1,500,	000					
43 Subtract line 42 from line 38. Enter -0- if line 42 is more than line 38 44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38 44 Leaving the form line 38. Enter -0- if line 41 is more than line 38 45 A-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 13 of the instructions.) 46 Lobbying Expanditures During 4-Year Averaging Period N/A Calendar year (or (a) (b) (c) (d) (e) (d) (e) (e) (fiscal year beginning in) 2007 2006 2005 2004 Total 45 Lobbying nontaxable amount (150% of line 45(e)). 46 Lobbying ceiling amount (150% of line 45(e)). 47 Total lobbying expenditures (For reporting only by organizations that did not complete Part VI-A) (See page 14 of the instructions.) 49 Grassroots ceiling amount (150% of line 48(e)). 50 Grassroots lobbying expenditures (For reporting only by organizations that did not complete Part VI-A) (See page 14 of the instructions.) 50 Grassroots opinion on a legislative matter or referendum, through the use of: 50 Pairt VI-B Lobbying and an eigslative matter or referendum, through the use of: 50 Pairt VI-B (see page 14 of the instructions.) 50 Grassroots opinion on a legislative matter or referendum, through the use of: 50 Pairt VI-B (see page 14 of the instructions.) 50 Grassroots opinion on a legislative matter or referendum, through the use of: 50 Pairt VI-B (see page 15 of the instructions.) 50 Redia advertisements 50 Pairt VI-B (see page 15 of the instructions.) 51 Pairt VI-B (see page 15 of the instructions.) 52 No Amount 53 Volunteers 54 No Amount 55 No Amount 56 Crassroots opinion on a legislative matter or referendum, through the use of: 51 X See No Amount 52 Volunteers 53 X See No Amount 54 Caution. 55 No Amount 56 Caution. 56 Caution. 57 No Amount 57 No Amount 58 No Amount 59 Pairt VI-B (see page 15 of the instructions.) 50 Pairt VI-B (see page 15 of the inst		Over \$17,000,000	\$1,000,000	********************************						
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i Total lobbying expenditures (Add lines c through h.)										
			Add Berne Herrington					2572-1427	X	
	ı			a detailed description of th	e lobbying	activitiee		1000000	es:100(350)	U .

	VII Information Re	INDIAN NATIONS 7 BOY SCOUTS OF garding Transfers To ar	AMERICA nd Transactions an	7 d Relationships With Non	3-0579230 charitable	Page 7
51 D	Exempt Organi did the reporting organization d	zations (See page 14 of the ins directly or indirectly engage in any c	tructions.) If the following with any oth	er organization described in section		
		section 501(c)(3) organizations) or		olitical organizations?		
		ganization to a noncharitable exemp				es No
	(i) Cash				51a(i)	X_
					a(ii)	X
	ther transactions;				.	
!	(i) Sales or exchanges of asse	ets with a noncharitable exempt org	anization		b(i)	X
()	ii) Purchases of assets from a	a noncharitable exempt organization	١		b(ii)	X_
(i	ii) Hental of facilities, equipme	ent, or other assets			b(iii)	X
						X
	v) Loans or loan guarantees			***************************************	b(v)	X
					1 . 1	X
		mailing lists, other assets, or paid				<u> </u>
g, tr	oods, other assets, or services ansaction or sharing arranger T	s given by the reporting organization nent, show in column (d) the value	n. If the organization receive	or services received:	ne N /	'A
(a) Line no.	(b) Amount involved	(c) Name of noncharitable e	xempt organization	(d) Description of transfers, transaction	ns and sharing arrang	nements
			7. ····································			
			. 10.00			
				V		

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		* .				
Co		(3)) or in section 527?		ganizations described in section 501(c)	of the ► X Yes [No
	(a) Name of org	panization	(b) Type of organization	(c) Description of re	lationship	
CAMP	RUSSELL TRUS	T	501(C)(4)			
	·					
	-					
	·		·			
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		·	<u> </u>			

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of organization

Schedule of Contributors

Supplementary Information for line 1 of Form 990, 990-EZ, and 990-PF (see instructions) OMB No. 1545-0047

Employer identification number

Schedule B (Form 990, 990-EZ, or 990-PF) (2007)

INDIAN NATIONS COUNCILBOY SCOUTS OF AMERICA	73-0579230
Organization type (check one):	
Filers of: Section:	,
Form 990 or 990-EZ X 501(c)(3) (enter number) organization	
4947(a)(1) nonexempt charitable trust not treated as a private foundation	
527 political organization	
Form 990-PF 501(c)(3) exempt private foundation	
4947(a)(1) nonexempt charitable trust treated as a private foundation	
501(c)(3) taxable private foundation	
Check if your organization is covered by the General Rul e or a Special Rule. (Note: <i>Only a section 501(c)(7), (8),</i> or for both the General Rule and a Special Rule-see instructions.)	(10) organization can check boxes
General Rule-	·
For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in mor contributor. (Complete Parts I and II.)	ey or property) from any one
Special Rules-	
X For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of of the amount on line 1 of these forms. (Complete Parts I and II.)	
For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990 EZ, that received from any one aggregate contributions or bequests of more than \$1,000 for use exclusively for religious, charitable, scien purposes, or the prevention of cruelty to children or animals. (Complete Parts I, II, and III.)	
For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one some contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an charitable, etc., purpose. Do not complete any of the Parts unless the General Rule applies to this organize nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.)	not aggregate to more than exclusively religious, ration because it received
Caution: Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990 they must check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify equirements of Schedule B (Form 990, 990-EZ, or 990-PF).	

LHA For Paperwork Reduction Act Notice, see the Instructions

for Form 990, Form 990-EZ, and Form 990-PF.

Name, address, and ZIP + 4

(b)

Name, address, and ZIP + 4

JOHN GARRETT GRAVES

4295 SOUTH GARNETT

4295 SOUTH GARNETT

TULSA, OK 74146

THE HELMERICH FOUNDATION

TULSA, OK 74146

No.

(a)

No.

6

5

Type of contribution

(Complete Part II if there

(d)

Type of contribution

(Complete Part II if there

is a noncash contribution.)

is a noncash contribution.)

Person Payroll

Noncash

Person Payroll

Noncash

Aggregate contributions

(c)

Aggregate contributions

75,000.

72,500.

FORM 990 GAIN (LOSS)	FROM PUBLICLY	TRADED SECURIT	'IES	STATEMENT
DESCRIPTIO N	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	
SALE OF SECURITIES	5,577,467.	4,621,021.	0	956,446
TO FORM 990, PART I, LINE 8	5,577,467.	4,621,021.	0 .	956,446

INCLUDED ON PART I, LINE 10	
INCOME	
1. GROSS RECEIPTS	,967,711 1,967,711
5. GROSS PROFIT (LINE 3 LESS LINE 4)	,291,826 675,885
COST OF GOODS SOLD	
6. INVENTORY AT BEGINNING OF YEAR	447,213
9. MATERIALS AND SUPPLIES	844,613
12. INVENTORY AT END OF YEAR	1,291,826

FORM 990	COST OF GOOI	S SOLD - OTHER	COSTS	STATEMENT	3
DESCRIPTION				AMOUNT	
COMMISSIONS STORE COSTS AND EXPENSE	S			522,50 322,10	
TOTAL INCLUDED ON FORM	990, PART I,	LINE 10B		844,61	.3.

	PAYMENTS TO AFFILIATES	STATEMENT	4
AFFILIATE'S NAME	AFFILIATE'S ADDRESS		
BOY SCOUTS OF AMERICA			
PURPOSE OF PAYMENT		AMOUNT	
CHARTER AND NATIONAL FE	E	49,94	44.
TOTAL TO FORM 990, PART	I, LINE 16	49,94	44.
FORM 990 OTHER C	HANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	5
DESCRIPTION		AMOUNT	
UNREALIZED GAINS/ <losse< td=""><td><790,54</td><td>40.</td></losse<>	<790,54	40.	
SUPPORT ORGANIZATION UNI INVESTMENTS	<35,32	23.	
TOTAL TO FORM 990, PART	I, LINE 20	<825,86	53.:
	SPECIFIC ASSISTANCE TO INDIVIDUALS		
FORM 990		STATEMENT	6
		AMOUNT	6
DESCRIPTION EACH YEAR, THE COUNCIL I	PROVIDES "CAMPERSHIPS" TO INDIVIDUALS		6
DESCRIPTION EACH YEAR, THE COUNCIL INTO CANNOT AFFORD THE FEES OR INSUR	· .		
DESCRIPTION EACH YEAR, THE COUNCIL IN THE COUNCIL IN THE COUNCIL IN THE COUNCIL IN THE COUNCIL IN THE COUNCIL IN THE COUNCIL IN THE COUNCIL IN THE COUNCIL IN THE COUNCIL IN THE COUNCIL IN THE COUNCIL IN THE COUNCIL IN T	PROVIDES "CAMPERSHIPS" TO INDIVIDUALS RANCE RELATED TO VARIOUS CAMPS OR	AMOUNT	25.
DESCRIPTION EACH YEAR, THE COUNCIL INTO CANNOT AFFORD THE FEES OR INSURACTIVITIES.	PROVIDES "CAMPERSHIPS" TO INDIVIDUALS RANCE RELATED TO VARIOUS CAMPS OR	AMOUNT 90,82	25.

EXPLANATION

PROVIDE BUSINESS SUPPORT FOR THE BOY SCOUT TROOPS IN THE COUNCIL.

FORM 990	OTHER INVES	TMENTS		STATEMENT 8
DESCRIPTION			VALUATION METHOD	AMOUNT
CASH EQUIVALENTS			MARKET VALUE	7,201.
TOTAL TO FORM 990, PART IV,	LINE 56, COLUM	MN B		7,201.
FORM 990	OTHER LIABIL	ITIES		STATEMENT 9
DESCRIPTION			BEGINNING OF YEAR	END OF YEAR
CUSTODIAL ACCOUNTS OTHER LIABILITIES		· -	230,055 5,282	
TOTAL TO FORM 990, PART IV,	LINE 65, COLUM	MINIB	235,337	. 223,724.
		=		
FORM 990 NO.	N-GOVERNMENT SI	ECURITIE:	5	STATEMENT 10
SECURITY DESCRIPTION COST/F.	CORPORATE MV STOCKS	CORPORA BONDS	'	NON-GOV'T
EQUITY SECURITIES FMV	3,698,731.			3,698,731.
CORPORATE DEBT FMV SECURITIES		2,013,	368.	2,013,368.
NON-MARKETABLE COST EQUITY SECURITIES	654,000.			654,000.
TO FORM 990, LINE 54A, COL	B 4,352,731.	2,013,3	368.	6,366,099.
FORM 990 OTHER EX	PENSES NOT INCI	LUDED ON	FORM 990	STATEMENT 11
DESCRIPTION				AMOUNT
CAMP RUSSELL TRUST (AFFILIA	red trust accou	JNT)		56,976.

TOTAL TO SCHEDULE A, LINE 22

37,165.

FORM	990 P		- RELATIONSHIP OF PLISHMENT OF EXEM		TO ST	'ATEMENT 1	12
LINE	EXPLANATI	ON OF REL	ATIONSHIP OF ACTIV	/ITIES			
93A	CAMPING F MAINTAIN		OLLECTED TO HELP E	PROVIDE FOR T	HE FACILITIE	S AND	
93B			COLLECTED TO HELP	PROVIDE FOR	THE FACILITI	ES AND	
SCHED	ULE A		OTHER INC	СОМЕ	ST	ATEMENT 1	13 —
DESCR:	IPTION		2006 AMOUNT	2005 AMOUNT	2004 AMOUNT	2003 AMOUNT	
MISCE	LLANEOUS		42,662.	59,796.	110,487.	37,165	5.

42,662.

59,796.

110,487.

Indian Nations Council, Boy Scouts of America

December 31, 2007 EIN: 73-1093885

Form 990, Part IV, Line 57a & 57b

	2007	2006
LAND	584,226	584,226
BUILDINGS AND LAND IMPROVEMENTS	11,356,275	10,848,061
CAMP EQUIPMENT	767,349	713,118
OFFICE FURNITURE AND EQUIPMENT	1,160,904	1,109,230
CONSTRUCTION IN PROGRESS	2,399	72,672
	13,871,153	13,327,307
LESS: ACCUMULATED DEPRECIATION	(4,347,944)	(3,713,130)
TOTALS	9,523,209	9,614,177