

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury  
Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public.  
▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

**Open to Public Inspection**

**A For the 2013 calendar year, or tax year beginning and ending**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C Name of organization</b> <b>BOY SCOUTS OF AMERICA</b> <b>SAM HOUSTON AREA COUNCIL</b> Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>PO BOX 924528</b> City or town, state or province, country, and ZIP or foreign postal code <b>HOUSTON, TX 77292-4528</b> <b>F Name and address of principal officer: THOMAS O. VARNELL</b> <b>P.O. BOX 924528, HOUSTON, TX 77292</b>	<b>D Employer identification number</b> <b>76-0239833</b> <b>E Telephone number</b> <b>713-756-3367</b> <b>G Gross receipts \$</b> <b>86,090,499.</b> <b>H(a) Is this a group return for subordinates?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <b>H(b) Are all subordinates included?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c) Group exemption number</b> ▶ <b>1761</b>
<b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J Website:</b> ▶ <b>WWW.SHAC.ORG</b>		
<b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L Year of formation:</b> <b>1914</b> <b>M State of legal domicile:</b> <b>TX</b>

**Part I Summary**

	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>SEE SCHEDULE O</b>																									
<b>Activities &amp; Governance</b>	<b>2</b> Check this box <input checked="" type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. <b>3</b> Number of voting members of the governing body (Part VI, line 1a) ..... <b>3</b> <b>136</b> <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) ..... <b>4</b> <b>136</b> <b>5</b> Total number of individuals employed in calendar year 2013 (Part V, line 2a) ..... <b>5</b> <b>438</b> <b>6</b> Total number of volunteers (estimate if necessary) ..... <b>6</b> <b>19503</b> <b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 ..... <b>7a</b> <b>0.</b> <b>b</b> Net unrelated business taxable income from Form 990-T, line 34 ..... <b>7b</b> <b>0.</b>																									
<b>Revenue</b>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: right;">Prior Year</th> <th style="text-align: right;">Current Year</th> </tr> </thead> <tbody> <tr> <td><b>8</b> Contributions and grants (Part VIII, line 1h) .....</td> <td style="text-align: right;">12,264,181.</td> <td style="text-align: right;">12,842,469.</td> </tr> <tr> <td><b>9</b> Program service revenue (Part VIII, line 2g) .....</td> <td style="text-align: right;">2,587,323.</td> <td style="text-align: right;">3,235,154.</td> </tr> <tr> <td><b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....</td> <td style="text-align: right;">1,206,051.</td> <td style="text-align: right;">53,857,798.</td> </tr> <tr> <td><b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....</td> <td style="text-align: right;">1,987,835.</td> <td style="text-align: right;">2,036,255.</td> </tr> <tr> <td><b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....</td> <td style="text-align: right;">18,045,390.</td> <td style="text-align: right;">71,971,676.</td> </tr> </tbody> </table>		Prior Year	Current Year	<b>8</b> Contributions and grants (Part VIII, line 1h) .....	12,264,181.	12,842,469.	<b>9</b> Program service revenue (Part VIII, line 2g) .....	2,587,323.	3,235,154.	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....	1,206,051.	53,857,798.	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....	1,987,835.	2,036,255.	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....	18,045,390.	71,971,676.							
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**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.

<b>Sign Here</b>	Signature of officer <b>THOMAS O. VARNELL, CEO/SCOUT EXECUTIVE</b> Type or print name and title	Date
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>JOHN BJORNGJELD CPA</b>	Preparer's signature Date Check <input type="checkbox"/> if self-employed PTIN <b>P01080718</b>
	Firm's name ▶ <b>MELTON &amp; MELTON, LLP</b> Firm's address ▶ <b>6002 ROGERDALE RD., SUITE 200</b> <b>HOUSTON, TX 77072</b>	Firm's EIN ▶ <b>74-1550819</b> Phone no. <b>281-759-1120</b>

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

**Part III Statement of Program Service Accomplishments**

Check if Schedule O contains a response or note to any line in this Part III

**1** Briefly describe the organization's mission:  
**SEE SCHEDULE O STATEMENT**

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No  
If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No  
If "Yes," describe these changes on Schedule O.

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations 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 \$ 13,030,882. including grants of \$ 400,538. ) (Revenue \$ 3,896,847. )  
**TRADITIONAL SCOUTING - SEE SCHEDULE O**

**4b** (Code: ) (Expenses \$ 273,720. including grants of \$ ) (Revenue \$ 4,589. )  
**LEARNING FOR LIFE/EXPLORING PROGRAMS - SEE SCHEDULE O**

**4c** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**4d** Other program services (Describe in Schedule O.)  
(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses **▶ 13,304,602.**

**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)? <i>If "Yes," complete Schedule A</i> .....	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? .....	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....		X
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> .....		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> .....		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? <i>If "Yes," complete Schedule D, Part II</i> .....		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> .....		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> .....	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> .....	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> .....	X	
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> .....		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> .....		X
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> .....	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> .....	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		X
14a	Did the organization maintain an office, employees, or agents outside of the United States? .....		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> .....		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> .....	X	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....		X
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....		

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....		X
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....	X	
<b>23</b> 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? <i>If "Yes," complete Schedule J</i> .....	X	
<b>24a</b> 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>b</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? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II .....		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....		X
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....	X	
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....		X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>37</b> 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? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? .....	X	

**Note.** All Form 990 filers are required to complete Schedule O .....

**Part V** Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
	<b>1a</b> 40		
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	<b>1b</b> 0		
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
	<b>1c</b>		
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	<b>2a</b> 438		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
	<b>2b</b>		
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
	<b>3a</b>		
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O		
	<b>3b</b>		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
	<b>4a</b>		
<b>b</b>	If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
	<b>4b</b>		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
	<b>5a</b>		
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
	<b>5b</b>		
<b>c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
	<b>5c</b>		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
	<b>6a</b>		
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	<b>6b</b>		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
	<b>7a</b>		
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
	<b>7b</b>		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	X	
	<b>7c</b>		
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
	<b>7d</b>		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
	<b>7e</b>		
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
	<b>7f</b>		
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	N/A	
	<b>7g</b>		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	X	
	<b>7h</b>		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
	<b>8</b>		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the organization make any taxable distributions under section 4966?		X
	<b>9a</b>		
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		X
	<b>9b</b>		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	N/A	
	<b>10a</b>		
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
	<b>10b</b>		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders	N/A	
	<b>11a</b>		
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
	<b>11b</b>		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
	<b>12a</b>		
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	N/A	
	<b>12b</b>		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	N/A	
	<b>13a</b>		
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
	<b>13b</b>		
<b>c</b>	Enter the amount of reserves on hand		
	<b>13c</b>		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		X
	<b>14a</b>		
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		
	<b>14b</b>		

**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.

Check if Schedule O contains a response or note to any line in this Part VI

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	136		
<b>1b</b>	Enter the number of voting members included in line 1a, above, who are independent		
	136		
<b>2</b>	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?	X	
<b>3</b>	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?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		X
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
<b>7b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>8a</b>	The governing body?	X	
<b>8b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?	X	
<b>10b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	X	
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>11b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>12b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>12c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
<b>13</b>	Did the organization have a written whistleblower policy?	X	
<b>14</b>	Did the organization have a written document retention and destruction policy?	X	
<b>15</b>	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?		
<b>15a</b>	The organization's CEO, Executive Director, or top management official	X	
<b>15b</b>	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
<b>16b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed **NONE**

**18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website  Another's website  Upon request  Other (explain in Schedule O)

**19** Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

**20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **DOUG DAVIES - 713-756-3367**  
**2225 N LOOP W, HOUSTON, TX 77008**

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

Check if Schedule O contains a response or note to any line in this Part VII

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

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JOHN W. ALLEN DIRECTOR	0.30	X					0.	0.	0.	
(2) RICK ALLEN DIRECTOR	0.50	X					0.	0.	0.	
(3) KENNETH S. BARROW DIRECTOR	0.30	X					0.	0.	0.	
(4) JAMES D. BEESLEY DIRECTOR	0.50	X					0.	0.	0.	
(5) A. T. BLACKSHEAR, JR. DIRECTOR	1.00	X					0.	0.	0.	
(6) NELSON R. BLOCK LEGAL COUNSEL	6.00	X	X				0.	0.	0.	
(7) DR. MEHERWAN P. BOYCE DIRECTOR	0.50	X					0.	0.	0.	
(8) JUDGE GEORGE H. BOYETT DIRECTOR	1.50	X					0.	0.	0.	
(9) ROD BRACE DIRECTOR	0.50	X					0.	0.	0.	
(10) WILLIAM H. BREETZ, JR. DIRECTOR	0.50	X					0.	0.	0.	
(11) ALLEN D. BROWN VICE CHAIR - LFL	1.50	X	X				0.	0.	0.	
(12) VICTOR BURK DIRECTOR	2.00	X					0.	0.	0.	
(13) CHARLES A. CALDERWOOD DIRECTOR	0.50	X					0.	0.	0.	
(14) MRS. DIANE CANNON DIRECTOR	2.00	X					0.	0.	0.	
(15) WILLIAM CARR DIRECTOR	3.00	X					0.	0.	0.	
(16) JOHN CASTELLANO DIRECTOR	0.50	X					0.	0.	0.	
(17) WILLIAM H. CAUDILL DIRECTOR	1.00	X					0.	0.	0.	

**BOY SCOUTS OF AMERICA  
SAM HOUSTON AREA COUNCIL**

Form 990 (2013)

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) DANIEL J. CHURAY DIRECTOR	0.50	X						0.	0.	0.
(19) JOHN O. CORNETT DIRECTOR	0.50	X						0.	0.	0.
(20) DENNIS CORNWELL DIRECTOR	7.50	X						0.	0.	0.
(21) HUGH CORPENING DIRECTOR	0.50	X						0.	0.	0.
(22) TONY COUNCIL DIRECTOR	0.50	X						0.	0.	0.
(23) JOHN CRAFTON VICE CHAIR	1.30	X		X				0.	0.	0.
(24) DAVID E. CREASEY DIRECTOR	0.50	X						0.	0.	0.
(25) MICHAEL A. CREEL DIRECTOR	0.30	X						0.	0.	0.
(26) CHARLES D. DAVIDSON DIRECTOR	0.80	X						0.	0.	0.
<b>1b Sub-total</b>								0.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b>								975,708.	0.	299,568.
<b>d Total (add lines 1b and 1c)</b>								975,708.	0.	299,568.

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 5

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

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
THE GROUP TOUR COMPANY, 1110 VERMONT AVE., NW #407, WASHINGTON, DC 20005	FOOD, HOTEL, TOURS, AND BUSES	166,310.
LJA ENGINEERING, INC., 2929 BRIARPARK DRIVE, SUITE 600, HOUSTON, TX 77042	SURVEYING	105,004.

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 2

**SEE PART VII, SECTION A CONTINUATION SHEETS**

Form **990** (2013)



**BOY SCOUTS OF AMERICA  
SAM HOUSTON AREA COUNCIL**

Form 990

76-0239833

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) KENT DAVIS DIRECTOR	2.50	X					0.	0.	0.	
(28) GEORGE DEMONTROND III VICE CHAIR	0.80	X		X			0.	0.	0.	
(29) MARK D. DIECKMANN DIRECTOR	0.50	X					0.	0.	0.	
(30) DAN O. DINGES DIRECTOR	0.30	X					0.	0.	0.	
(31) DAN DOMERACKI DIRECTOR	0.50	X					0.	0.	0.	
(32) VINCE DONART DIRECTOR	0.50	X					0.	0.	0.	
(33) DR. JAMES M. DOUGLAS DIRECTOR	2.50	X					0.	0.	0.	
(34) CORNELIUS H. DUPRE' DIRECTOR	0.50	X					0.	0.	0.	
(35) RODNEY W. EADS CHAIRMAN OF THE BOARD	1.00	X		X			0.	0.	0.	
(36) JEFFREY B. EARLY DIRECTOR	0.50	X					0.	0.	0.	
(37) JAMES D. EBANKS DIRECTOR	10.00	X					0.	0.	0.	
(38) RICHARD W. EICHLER VICE CHAIR - MARKETING	3.50	X		X			0.	0.	0.	
(39) JAMES D. FLORES DIRECTOR	0.30	X					0.	0.	0.	
(40) BRIAN W. FOSTER COUNCIL COMMISSIONER	15.00	X		X			0.	0.	0.	
(41) JERRY FOX DIRECTOR	0.50	X					0.	0.	0.	
(42) LEX FRIEDEN DIRECTOR	0.30	X					0.	0.	0.	
(43) STEWART W. GAGNON DIRECTOR	10.00	X					0.	0.	0.	
(44) O. DUANE GAITHER II DIRECTOR	0.50	X					0.	0.	0.	
(45) ADRIAN GARCIA DIRECTOR	0.50	X					0.	0.	0.	
(46) RAYMOND T. GARCIA DIRECTOR	0.50	X					0.	0.	0.	
Total to Part VII, Section A, line 1c .....										

**BOY SCOUTS OF AMERICA  
SAM HOUSTON AREA COUNCIL**

Form 990

76-0239833

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(47) ROBERT W. GIBBS, JR. DIRECTOR	3.00	X						0.	0.	0.
(48) STEPHEN M. GREENLEE VICE CHAIR - DEVELOPMENT	0.50	X		X				0.	0.	0.
(49) GARY GREER DIRECTOR	0.50	X						0.	0.	0.
(50) EDWARD A. GRUN VICE CHAIR - PROGRAM	3.00	X		X				0.	0.	0.
(51) FLORENCIO GUTIERREZ, JR. DIRECTOR	2.00	X						0.	0.	0.
(52) DR. CARLOS R. HAMILTON, JR. DIRECTOR	3.00	X						0.	0.	0.
(53) JOHN HANSEN DIRECTOR	0.50	X						0.	0.	0.
(54) DR. BERNARD A. HARRIS, JR. DIRECTOR	0.50	X						0.	0.	0.
(55) W. DAVID HARRIS VICE CHAIR - FIELD OPS.	2.50	X		X				0.	0.	0.
(56) DAVID W. HAWES DIRECTOR	0.50	X						0.	0.	0.
(57) SHAD A. HIGDON DIRECTOR	0.50	X						0.	0.	0.
(58) GARY HINNERS DIRECTOR	0.50	X						0.	0.	0.
(59) JUDGE DAVID HITNER DIRECTOR	1.00	X						0.	0.	0.
(60) JENNIFER HOLMES DIRECTOR	0.50	X						0.	0.	0.
(61) MICHAEL HOLTHOUSE VICE CHAIR	1.00	X		X				0.	0.	0.
(62) HAROLD S. HOOK DIRECTOR	0.50	X						0.	0.	0.
(63) HOWARD HOUSE DIRECTOR	1.00	X						0.	0.	0.
(64) JAMES A. HUGUENARD DIRECTOR	4.00	X						0.	0.	0.
(65) DR. ROBERT IVANY DIRECTOR	0.50	X						0.	0.	0.
(66) LIONEL R. JELLINS DIRECTOR	12.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c .....										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(67) J. WEBB JENNINGS III VICE CHAIR - ENDOWMENT	1.00	X		X				0.	0.	0.
(68) WAYNE D. JOHNSON DIRECTOR	0.80	X						0.	0.	0.
(69) JUDGE EDITH H. JONES DIRECTOR	0.50	X						0.	0.	0.
(70) BILL J. KACAL DIRECTOR	2.00	X						0.	0.	0.
(71) TOM KAINER DIRECTOR	0.50	X						0.	0.	0.
(72) MICHAEL KASECKY DIRECTOR	1.00	X						0.	0.	0.
(73) LAWRENCE W. KELLNER VICE CHAIR - REAL ESTATE	0.50	X		X				0.	0.	0.
(74) STEVEN KNOWLES DIRECTOR	0.30	X						0.	0.	0.
(75) VICTOR KOOSH DIRECTOR	0.80	X						0.	0.	0.
(76) KARL F. KURZ DIRECTOR	0.30	X						0.	0.	0.
(77) NATALI LACASA DIRECTOR	0.50	X						0.	0.	0.
(78) DAVID LATTIN VICE CHAIR - FINANCE	0.50	X		X				0.	0.	0.
(79) HON. SHEILA JACKSON LEE DIRECTOR	0.30	X						0.	0.	0.
(80) E. D. LESTER DIRECTOR	1.00	X						0.	0.	0.
(81) LEWIS D. LOCKE DIRECTOR	0.50	X						0.	0.	0.
(82) MARK MASSEY DIRECTOR	0.30	X						0.	0.	0.
(83) M. R. MCCRARY DIRECTOR	0.50	X						0.	0.	0.
(84) WILBURN MCDONALD DIRECTOR	0.50	X						0.	0.	0.
(85) DAVID MCIVER DIRECTOR	0.50	X						0.	0.	0.
(86) SCOTT J. MCLEAN DIRECTOR	0.50	X						0.	0.	0.
Total to Part VII, Section A, line 1c .....										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(87) KEVIN MEIER DIRECTOR	0.50	X						0.	0.	0.
(88) CHARLES MELOY DIRECTOR	1.00	X						0.	0.	0.
(89) ROGER C. MOSBY DIRECTOR	4.00	X						0.	0.	0.
(90) C. RICH MURPHY DIRECTOR	0.50	X						0.	0.	0.
(91) FRANKLIN MYERS DIRECTOR	1.50	X						0.	0.	0.
(92) S. GIFFORD NIELSEN DIRECTOR	0.30	X						0.	0.	0.
(93) HAROLD A. ODOM DIRECTOR	0.50	X						0.	0.	0.
(94) STEVEN D. OLDHAM ASST. TREASURER	2.50	X		X				0.	0.	0.
(95) DANIEL G. OWNBY DIRECTOR	0.50	X						0.	0.	0.
(96) CHRISTOPHER J. PAPPAS DIRECTOR	0.50	X						0.	0.	0.
(97) MICHAEL L. PATRICK DIRECTOR	1.50	X						0.	0.	0.
(98) ROBERT W. PEASE DIRECTOR	0.30	X						0.	0.	0.
(99) GEN. JOE E. RAMIREZ, JR. DIRECTOR	0.50	X						0.	0.	0.
(100) STEPHEN M. REDDING DIRECTOR	0.50	X						0.	0.	0.
(101) ALBERT L. RICHEY DIRECTOR	0.30	X						0.	0.	0.
(102) MICHAEL C. RIDDLE DIRECTOR	1.50	X						0.	0.	0.
(103) JUDGE RUSS RIDGWAY DIRECTOR	0.50	X						0.	0.	0.
(104) DEBORAH ROLLINSON DIRECTOR	8.00	X						0.	0.	0.
(105) ROBERT H. ROY, JR. DIRECTOR	0.50	X						0.	0.	0.
(106) ALBERTO SANTOS, JR. VICE CHAIR - MEMBERSHIP	3.00	X		X				0.	0.	0.
Total to Part VII, Section A, line 1c .....										

**BOY SCOUTS OF AMERICA  
SAM HOUSTON AREA COUNCIL**

Form 990

76-0239833

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(107) C. BARI SAUNDERS DIRECTOR	0.50	X					0.	0.	0.	
(108) ROBERT W. SCHARAR DIRECTOR	1.00	X					0.	0.	0.	
(109) CHARLES E. SCHNEIDER TREASURER	1.00	X		X			0.	0.	0.	
(110) RICHARD A. SHAPPARD DIRECTOR	0.30	X					0.	0.	0.	
(111) RICHARD SHIRLEY DIRECTOR	4.00	X					0.	0.	0.	
(112) BRIAN SMITH DIRECTOR	1.00	X					0.	0.	0.	
(113) STAN C. STANLEY DIRECTOR	15.00	X					0.	0.	0.	
(114) SCOTT STOGSDILL DIRECTOR	0.50	X					0.	0.	0.	
(115) STEPHEN D. STRAKE DIRECTOR	0.30	X					0.	0.	0.	
(116) SAM STUBBS DIRECTOR	2.50	X					0.	0.	0.	
(117) JACK SUH DIRECTOR	0.50	X					0.	0.	0.	
(118) BURKE SUNDAY DIRECTOR	3.00	X					0.	0.	0.	
(119) RICHARD TAUBER DIRECTOR	0.30	X					0.	0.	0.	
(120) ALEX TAYLOR DIRECTOR	0.50	X					0.	0.	0.	
(121) HOWARD T. TELLEPSEN, JR. DIRECTOR	1.00	X					0.	0.	0.	
(122) TRENT D. TELLEPSEN DIRECTOR	0.50	X					0.	0.	0.	
(123) C. TRAVIS TRAYLOR, JR. DIRECTOR	0.50	X					0.	0.	0.	
(124) FRANK D. TSURU IMMEDIATE PAST CHAIRMAN	3.00	X		X			0.	0.	0.	
(125) FERMIN P. VASQUEZ DIRECTOR	0.50	X					0.	0.	0.	
(126) ARDEN L. WALKER, JR. DIRECTOR	0.50	X					0.	0.	0.	
Total to Part VII, Section A, line 1c .....										

**BOY SCOUTS OF AMERICA  
SAM HOUSTON AREA COUNCIL**

Form 990

76-0239833

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(127) JOHN B. WALKER DIRECTOR	2.00	X						0.	0.	0.
(128) LANE WARD DIRECTOR	2.00	X						0.	0.	0.
(129) WALTER T. WEATHERS III DIRECTOR	0.50	X						0.	0.	0.
(130) DAVID M. WEEKLEY DIRECTOR	0.50	X						0.	0.	0.
(131) RANDY WEIDEMANN DIRECTOR	0.50	X						0.	0.	0.
(132) KENNETH D. WELLS DIRECTOR	1.50	X						0.	0.	0.
(133) JOHN P. WILKIRSON DIRECTOR	0.80	X						0.	0.	0.
(134) CLAY C. WILLIAMS DIRECTOR	0.50	X						0.	0.	0.
(135) AARON B. WILLIAMSON DIRECTOR	0.50	X						0.	0.	0.
(136) WILLIAM A. YOUNG, JR., ED.D. DIRECTOR	2.80	X						0.	0.	0.
(137) THOMAS O. VARNELL CEO/SCOUT EXECUTIVE	55.00			X				370,397.	0.	88,437.
(138) DOUGLAS C. DAVIES, JR. CONTROLLER	55.00					X		147,443.	0.	30,686.
(139) JAMES M. REES DIRECTOR OF DEVELOPMENT	55.00					X		153,812.	0.	46,102.
(140) CHRISTOPHER G. HOLT DEPUTY SCOUT EXECUTIVE	55.00					X		168,428.	0.	72,289.
(141) DAVID L. FOIL DIRECTOR OF SUPPORT SERVIC	55.00					X		135,628.	0.	62,054.
<b>Total to Part VII, Section A, line 1c</b>								<b>975,708.</b>		<b>299,568.</b>

**BOY SCOUTS OF AMERICA  
SAM HOUSTON AREA COUNCIL**

Form 990 (2013)

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**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns	<b>1a</b> 1,644,866.					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b> 1,610,102.					
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b> 9,587,501.					
	<b>g</b> Noncash contributions included in lines 1a-1f: \$	341,754.					
	<b>h Total.</b> Add lines 1a-1f		12,842,469.				
	<b>Program Service Revenue</b>	<b>2 a</b> ACTIVITIES INCOME	<b>Business Code</b> 900099	1,752,011.	1,752,011.		
<b>b</b> CAMPING INCOME		900099	1,483,143.	1,483,143.			
<b>c</b>							
<b>d</b>							
<b>e</b>							
<b>f</b> All other program service revenue							
<b>g Total.</b> Add lines 2a-2f			3,235,154.				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		215,488.			215,488.	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6 a</b> Gross rents	(i) Real					
		(ii) Personal					
		<b>b</b> Less: rental expenses					
		<b>c</b> Rental income or (loss)					
	<b>d</b> Net rental income or (loss)						
	<b>7 a</b> Gross amount from sales of assets other than inventory	(i) Securities	2,410,874.				
		(ii) Other	62,445,669.				
		<b>b</b> Less: cost or other basis and sales expenses	0.	11,214,233.			
		<b>c</b> Gain or (loss)	2,410,874.	51,231,436.			
	<b>d</b> Net gain or (loss)		53,642,310.			53,642,310.	
	<b>8 a</b> Gross income from fundraising events (not including \$ 1,610,102. of contributions reported on line 1c). See Part IV, line 18	<b>a</b>	142,974.				
		<b>b</b> Less: direct expenses	<b>b</b>	361,919.			
<b>c</b> Net income or (loss) from fundraising events			-218,945.			-218,945.	
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>						
	<b>b</b> Less: direct expenses	<b>b</b>					
	<b>c</b> Net income or (loss) from gaming activities						
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>a</b>	4,131,589.					
	<b>b</b> Less: cost of goods sold	<b>b</b>	2,542,671.				
	<b>c</b> Net income or (loss) from sales of inventory		1,588,918.			1,588,918.	
<b>Miscellaneous Revenue</b>		<b>Business Code</b>					
<b>11 a</b> MISCELLANEOUS REVENUE	110000	666,282.	666,282.				
	<b>b</b>						
	<b>c</b>						
	<b>d</b> All other revenue						
	<b>e Total.</b> Add lines 11a-11d		666,282.				
<b>12 Total revenue.</b> See instructions.		71,971,676.	3,901,436.	0.	55,227,771.		

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Form **990** (2013)

**BOY SCOUTS OF AMERICA  
SAM HOUSTON AREA COUNCIL**

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**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).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 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 United States. See Part IV, line 21				
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	400,538.	400,538.		
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	975,708.	860,379.	70,153.	45,176.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	5,319,092.	4,690,497.	382,471.	246,124.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	1,210,072.	1,036,366.	105,688.	68,018.
10 Payroll taxes	543,845.	472,718.	43,275.	27,852.
11 Fees for services (non-employees):				
a Management				
b Legal	7,515.	4,182.	2,976.	357.
c Accounting	89,326.	49,710.	35,373.	4,243.
d Lobbying				
e Professional fundraising services. See Part IV, line 17	68,142.			68,142.
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	83,269.	48,321.	34,948.	
12 Advertising and promotion	112,266.	112,266.		
13 Office expenses	1,602,332.	1,523,157.	18,425.	60,750.
14 Information technology				
15 Royalties				
16 Occupancy	1,158,814.	1,099,674.	35,979.	23,161.
17 Travel	1,041,434.	938,337.	45,578.	57,519.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	380,526.	359,966.	7,797.	12,763.
20 Interest	7,440.	6,239.	731.	470.
21 Payments to affiliates	76,374.	76,374.		
22 Depreciation, depletion, and amortization	982,612.	920,695.	37,672.	24,245.
23 Insurance	210,803.	184,589.	15,949.	10,265.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <b>PRINTING &amp; PUBLICATIONS</b>	194,562.	151,114.	6,789.	36,659.
b <b>EQUIPMENT RENT &amp; MAINTENANCE</b>	163,916.	139,374.	14,932.	9,610.
c <b>OTHER EXPENSES</b>	142,431.	142,431.		
d <b>RECOGNITION AWARDS</b>	117,005.	79,867.	1,302.	35,836.
e All other expenses	9,311.	7,808.	914.	589.
25 <b>Total functional expenses.</b> Add lines 1 through 24e	14,897,333.	13,304,602.	860,952.	731,779.
26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here  if following SOP 98-2 (ASC 958-720)



**BOY SCOUTS OF AMERICA  
SAM HOUSTON AREA COUNCIL**

Form 990 (2013)

76-0239833 Page 11

**Part X Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	32,019.	1	99,885.	
	<b>2</b> Savings and temporary cash investments .....	7,507,900.	2	34,823,533.	
	<b>3</b> Pledges and grants receivable, net .....	5,224,950.	3	7,231,703.	
	<b>4</b> Accounts receivable, net .....	309,917.	4	278,447.	
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....			5	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L .....			6	
	<b>7</b> Notes and loans receivable, net .....			7	
	<b>8</b> Inventories for sale or use .....	46,137.	8	70,775.	
	<b>9</b> Prepaid expenses and deferred charges .....	313,156.	9	135,297.	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	41,804,305.			
	<b>b</b> Less: accumulated depreciation .....	15,608,914.			
	<b>11</b> Investments - publicly traded securities .....	2,406,923.	11	34,763,775.	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	28,171,874.	12	33,160,979.	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		13		
	<b>14</b> Intangible assets .....		14		
	<b>15</b> Other assets. See Part IV, line 11 .....	187,572.	15	210,640.	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	78,252,496.	16	136,970,425.		
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	1,386,400.	17	1,436,670.	
	<b>18</b> Grants payable .....		18		
	<b>19</b> Deferred revenue .....	613,812.	19	244,563.	
	<b>20</b> Tax-exempt bond liabilities .....		20		
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		21		
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		22		
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		23		
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		24		
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	936,657.	25	1,553,193.	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	2,936,869.	26	3,234,426.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>				
	<b>27</b> Unrestricted net assets .....	39,317,277.	27	30,807,134.	
	<b>28</b> Temporarily restricted net assets .....	12,897,179.	28	77,202,813.	
	<b>29</b> Permanently restricted net assets .....	23,101,171.	29	25,726,052.	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>				
	<b>30</b> Capital stock or trust principal, or current funds .....		30		
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		31		
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		32		
<b>33</b> Total net assets or fund balances .....	75,315,627.	33	133,735,999.		
<b>34</b> Total liabilities and net assets/fund balances .....	78,252,496.	34	136,970,425.		

Form 990 (2013)

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	71,971,676.
2	Total expenses (must equal Part IX, column (A), line 25)	2	14,897,333.
3	Revenue less expenses. Subtract line 2 from line 1	3	57,074,343.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	75,315,627.
5	Net unrealized gains (losses) on investments	5	1,346,029.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	133,735,999.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	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		

Form 990 (2013)

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**  
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

**2013**

Open to Public Inspection

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization <b>BOY SCOUTS OF AMERICA SAM HOUSTON AREA COUNCIL</b>	Employer identification number <b>76-0239833</b>
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**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I      b  Type II      c  Type III - Functionally integrated      d  Type III - Non-functionally integrated
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? .....	<b>11g(i)</b>	
(ii) A family member of a person described in (i) above? .....	<b>11g(ii)</b>	
(iii) A 35% controlled entity of a person described in (i) or (ii) above? .....	<b>11g(iii)</b>	
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2013

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	7937441.	10163174.	9240582.	12264181.	12842469.	52447847.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
3 The value of services or facilities furnished by a governmental unit to the organization without charge .....						
4 <b>Total.</b> Add lines 1 through 3 .....	7937441.	10163174.	9240582.	12264181.	12842469.	52447847.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						
6 <b>Public support.</b> Subtract line 5 from line 4.						52447847.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4 .....	7937441.	10163174.	9240582.	12264181.	12842469.	52447847.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	520,264.	851,785.	260,391.	359,761.	215,488.	2207689.
9 Net income from unrelated business activities, whether or not the business is regularly carried on .....						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....	355,958.	818,638.	723,057.	737,032.	666,282.	3300967.
11 <b>Total support.</b> Add lines 7 through 10						57956503.
12 Gross receipts from related activities, etc. (see instructions) .....					12	21,209,361.
13 <b>First five years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) .....	14	90.50	%
15 Public support percentage from 2012 Schedule A, Part II, line 14 .....	15	90.07	%
16a <b>33 1/3% support test - 2013.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input checked="" type="checkbox"/>		
b <b>33 1/3% support test - 2012.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>		
17a <b>10% -facts-and-circumstances test - 2013.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>		
b <b>10% -facts-and-circumstances test - 2012.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>		
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....	<input type="checkbox"/>		

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 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**

<b>15</b> Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2012 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2012 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2013.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2012.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

**Part IV** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12.

Also complete this part for any additional information. (See instructions).

**SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:**

**OTHER REVENUE**

Multiple horizontal lines for providing supplemental information.

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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and  
its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013**

<b>Name of the organization</b> BOY SCOUTS OF AMERICA SAM HOUSTON AREA COUNCIL	<b>Employer identification number</b> 76-0239833
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**Organization type** (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

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 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 an organization 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 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 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 (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions 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 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total 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.** 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 its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

Name of organization BOY SCOUTS OF AMERICA SAM HOUSTON AREA COUNCIL	Employer identification number 76-0239833
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	THE COCKRELL FOUNDATION 1000 MAIN STREET, STE 3250 HOUSTON, TX 77002	\$ 297,451.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	CONTRIBUTIONS LESS THAN 2% OF LINE 1(F) P. O. BOX 924528 HOUSTON, TX 77292-4528	\$ 5,086,748.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	HARRY E. BOVAY, JR. FOUNDATION 600 JEFFERSON ST., STE 300 HOUSTON, TX 77002-7377	\$ 607,750.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	MISC NONCASH CONTR < 2% OF LN 1(F) P. O. BOX 924528 HOUSTON, TX 77292-4528	\$ 341,754.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5	UNITED WAY OF GREATER HOUSTON P.O. BOX 3247 HOUSTON, TX 77253-3247	\$ 1,472,291.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	DAVID WEEKLEY FAMILY FOUNDATION 1111 N. POST OAK RD. HOUSTON, TX 77055	\$ 1,506,475.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



<b>Name of organization</b> BOY SCOUTS OF AMERICA SAM HOUSTON AREA COUNCIL	<b>Employer identification number</b> 76-0239833
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	CHARLES D. DAVIDSON <hr/> 314 PARK LAUREATE DR. <hr/> HOUSTON, TX 77024-5639	\$ 1,030,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	HOWARD T. TELLEPSEN, JR. <hr/> 777 BENMAR DR., STE 400 <hr/> HOUSTON, TX 77060-3607	\$ 2,500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>BOY SCOUTS OF AMERICA                  SAM HOUSTON AREA COUNCIL</b>	Employer identification number 76-0239833
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
4	SEE SCHEDULE M - RECEIVED ON VARIOUS DATES	\$ 341,754.	12/31/13
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____

<b>Name of organization</b> BOY SCOUTS OF AMERICA SAM HOUSTON AREA COUNCIL	<b>Employer identification number</b> 76-0239833
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**Part III** Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once.) ▶ \$ \_\_\_\_\_

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	

**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
▶ Attach to Form 990.

▶ Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

OMB No. 1545-0047

**2013**

Open to Public Inspection

Name of the organization **BOY SCOUTS OF AMERICA  
SAM HOUSTON AREA COUNCIL**

Employer identification number  
**76-0239833**

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate contributions to (during year) .....		
3 Aggregate grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part II Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education)       Preservation of an historically important land area

Protection of natural habitat       Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

Yes  No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

Yes  No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, 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 treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1 .....

▶ \$ \_\_\_\_\_

b Assets included in Form 990, Part X .....

▶ \$ \_\_\_\_\_

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a  Public exhibition
- b  Scholarly research
- c  Preservation for future generations
- d  Loan or exchange programs
- e  Other \_\_\_\_\_

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	<b>1c</b>
d Additions during the year	<b>1d</b>
e Distributions during the year	<b>1e</b>
f Ending balance	<b>1f</b>

2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	33,466,570.	29,182,960.	28,226,349.	24,997,353.	22,671,634.
b Contributions	36,631,121.	2,249,174.	1,883,407.	1,733,937.	1,124,102.
c Net investment earnings, gains, and losses	3,963,143.	3,269,615.	174,625.	2,827,410.	1,749,523.
d Grants or scholarships					
e Other expenditures for facilities and programs	1,297,883.	1,078,188.	961,421.	1,160,452.	380,847.
f Administrative expenses	188,980.	156,991.	140,000.	171,899.	167,059.
g End of year balance	72,573,971.	33,466,570.	29,182,960.	28,226,349.	24,997,353.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment  6.50 %
- b Permanent endowment  58.10 %
- c Temporarily restricted endowment  35.40 %

The percentages in lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(ii) related organizations	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	<input type="checkbox"/>	<input type="checkbox"/>

4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		14,489,537.		14,489,537.
b Buildings		17,327,129.	8,092,298.	9,234,831.
c Leasehold improvements		3,178,641.	1,811,551.	1,367,090.
d Equipment		1,263,022.	954,249.	308,773.
e Other		5,545,976.	4,750,816.	795,160.

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) ▶ 26,195,391.

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely-held equity interests .....		
(3) Other		
(A) <b>TIFF MULTI-ASSET FUND</b>	25,993,553.	<b>END-OF-YEAR MARKET VALUE</b>
(B) <b>NB CROSSROADS FUND XVIII</b>		
(C) <b>- ASSET ALLOCATION LP</b>	1,866,691.	<b>END-OF-YEAR MARKET VALUE</b>
(D) <b>BSA COMMINGLED ENDOWMENT</b>		
(E) <b>FUND LP</b>	5,300,735.	<b>END-OF-YEAR MARKET VALUE</b>
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	<b>33,160,979.</b>	

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

**Part X Other Liabilities.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) <b>CUSTODIAN ACCOUNTS</b>	<b>1,553,193.</b>
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	<b>1,553,193.</b>

2. Liability for uncertain tax positions. In Part XIII, 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 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	73,391,705.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains on investments	<b>2a</b>	1,346,029.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	74,000.
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	1,420,029.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	71,971,676.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	0.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	71,971,676.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	14,971,333.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	74,000.
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	74,000.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	14,897,333.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	0.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	14,897,333.

**Part XIII Supplemental Information.**

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

**PART V, LINE 4:**

**EXPLANATION: USE OF ENDOWMENT FUNDS**

PERMANENT ENDOWMENT FUNDS ARE DIVIDED USE FUNDS WITH THE PRINCIPLE USED ONLY FOR THE EARNING OF INCOME. SUCH INCOME IS USED TO SUPPORT ASSORTED PROGRAMS AND GENERAL OPERATIONS.

TERM ENDOWMENT FUNDS ARE DIVIDED USE FUNDS WITH THE PRINCIPLE RESTRICTED FOR INCOME EARNING AND PERMANENT IMPROVEMENTS AT CAMP STRAKE, THE INCOME FROM TERM ENDOWMENT FUNDS IS USED FOR OPERATIONS AT CAMP STRAKE.

ALL OTHER ENDOWMENT FUNDS ARE USED TO SUPPORT GENERAL PROGRAM SERVICES AND

**Part XIII** Supplemental Information (continued)

TO INVEST FOR SUPPORT OF FUTURE GENERAL PROGRAM SERVICES.

PART X, LINE 2:

EXPLANATION: FIN 48 DISCLOSURE

THE ORGANIZATION IS A NOT-FOR-PROFIT ORGANIZATION THAT IS EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE ("CODE") AS A CHARITABLE ORGANIZATION WHEREBY ONLY UNRELATED BUSINESS INCOME, AS DEFINED BY SECTION 509(A)(1) OF THE CODE IS SUBJECT TO FEDERAL INCOME TAX. THE ORGANIZATION CURRENTLY HAS NO UNRELATED BUSINESS INCOME. ACCORDINGLY, NO PROVISION FOR INCOME TAXES HAS BEEN RECORDED.

THE ORGANIZATION ADOPTED THE PROVISIONS OF FASB ASC 740, INCOME TAXES. MANAGEMENT HAS EVALUATED THE ORGANIZATION'S TAX POSITIONS AND CONCLUDED THAT THE ORGANIZATION HAS TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE CONSOLIDATED FINANCIAL STATEMENTS. THE ORGANIZATION IS NO LONGER SUBJECT TO U.S. FEDERAL OR STATE INCOME TAX EXAMINATIONS BY TAX AUTHORITIES FOR YEARS BEFORE 2010. THE ORGANIZATION RECORDS TAX-RELATED INTEREST AND PENALTIES IN EXPENSES AND LOSSES IN THE CONSOLIDATED STATEMENTS OF CHANGES IN NET ASSETS. THERE WAS NO TAX-RELATED INTEREST OR PENALTIES IN 2013 AND 2012.



**SCHEDULE G**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

**2013**

**Open To Public Inspection**

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization **BOY SCOUTS OF AMERICA  
SAM HOUSTON AREA COUNCIL**

Employer identification number  
**76-0239833**

**Part I Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

**1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a  Mail solicitations
- b  Internet and email solicitations
- c  Phone solicitations
- d  In-person solicitations
- e  Solicitation of non-government grants
- f  Solicitation of government grants
- g  Special fundraising events

**2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  **Yes**  **No**

**b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
DINI PARTNERS - 2727 ALLEN PARKWAY, SUITE 1650, HOUSTON,	VARIOUS FUNDRAISING INITIATIVES		X	2,589,425.	29,000.	2,560,425.
MARCIA FELDMAN & ASSOCIATES - 41 TIEL WAY, HOUSTON, TX	VARIOUS FUNDRAISING INITIATIVES		X	139,659.	39,142.	100,517.
<b>Total</b>				2,729,084.	68,142.	2,660,942.

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

BOY SCOUTS OF AMERICA

**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		AWARDS DINNER (event type)	SPORTING CLAYS (event type)	5 (total number)		
Revenue	1	Gross receipts	1,041,134.	338,448.	373,494.	1,753,076.
	2	Less: Contributions	1,010,004.	258,214.	341,884.	1,610,102.
	3	Gross income (line 1 minus line 2)	31,130.	80,234.	31,610.	142,974.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes		1,443.	1,925.	3,368.
	6	Rent/facility costs	15,000.	31,426.	20,431.	66,857.
	7	Food and beverages	63,260.	4,161.	17,451.	84,872.
	8	Entertainment				
	9	Other direct expenses	61,225.	99,000.	46,597.	206,822.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				361,919.
	11	Net income summary. Subtract line 10 from line 3, column (d)				-218,945.

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		1	Gross revenue		
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
7	Direct expense summary. Add lines 2 through 5 in column (d)				
8	Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization operates gaming activities: \_\_\_\_\_

a Is the organization licensed to operate gaming activities in each of these states?  Yes  No

b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  Yes  No

b If "Yes," explain: \_\_\_\_\_

BOY SCOUTS OF AMERICA

- 11 Does the organization operate gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity operated in:
 

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_.
- c If "Yes," enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

\_\_\_\_\_

Director/officer       Employee       Independent contractor

- 17 Mandatory distributions:
  - a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
  - b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

**SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:**

(I) NAME OF FUNDRAISER: DINI PARTNERS

(I) ADDRESS OF FUNDRAISER:

2727 ALLEN PARKWAY, SUITE 1650, HOUSTON, TX 77019

(I) NAME OF FUNDRAISER: MARCIA FELDMAN & ASSOCIATES

(I) ADDRESS OF FUNDRAISER: 41 TIEL WAY, HOUSTON, TX 77019

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

OMB No. 1545-0047

**2013**

**Open to Public  
Inspection**

▶ **Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)**

Name of the organization **BOY SCOUTS OF AMERICA  
SAM HOUSTON AREA COUNCIL**

**Employer identification number  
76-0239833**

**Part I General Information on Grants and Assistance**

- 1** 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 award the grants or assistance?  **Yes**  **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ \_\_\_\_\_
- 3** Enter total number of other organizations listed in the line 1 table ▶ \_\_\_\_\_

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

Schedule I (Form 990) (2013)

**BOY SCOUTS OF AMERICA  
SAM HOUSTON AREA COUNCIL**

**Part III** **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.  
Part III can be duplicated 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
MEMBERSHIP, CAMPSHIP, AND VARIOUS UNIFORM FEES - VARIOUS	11126	323,863.	76,675.	FAIR MARKET VALUE	FREE CAMPSHIP

**Part IV** **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

**PART III, COLUMN (B)**

**EXPLANATION: GRANTS ARE PROVIDED TO COVER THE COST OF THE \$24**

**MEMBERSHIP, CAMPSHIP, AND UNIFORMS FEES FOR APPROXIMATELY 11,126**

**YOUTH PER YEAR. THERE ARE NO ELIGIBILITY OR INCOME REQUIREMENTS FOR**

**THESE FUNDS.**

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

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

**2013**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
▶ Attach to Form 990. ▶ See separate instructions.

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

Name of the organization **BOY SCOUTS OF AMERICA  
SAM HOUSTON AREA COUNCIL** Employer identification number **76-0239833**

**Part I Questions Regarding Compensation**

	Yes	No
<b>1a</b> 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.		
<input type="checkbox"/> First-class or charter travel		
<input type="checkbox"/> Travel for companions		
<input type="checkbox"/> Tax indemnification and gross-up payments		
<input type="checkbox"/> Discretionary spending account		
<input type="checkbox"/> Housing allowance or residence for personal use		
<input type="checkbox"/> Payments for business use of personal residence		
<input type="checkbox"/> Health or social club dues or initiation fees		
<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<b>b</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 .....	<b>1b</b>	
<b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a? .....	<b>2</b>	
<b>3</b> Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.		
<input checked="" type="checkbox"/> Compensation committee		
<input type="checkbox"/> Independent compensation consultant		
<input type="checkbox"/> Form 990 of other organizations		
<input checked="" type="checkbox"/> Written employment contract		
<input checked="" type="checkbox"/> Compensation survey or study		
<input checked="" type="checkbox"/> Approval by the board or compensation committee		
<b>4</b> 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:		
<b>a</b> Receive a severance payment or change-of-control payment? .....	<b>4a</b>	X
<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....	<b>4b</b>	X
<b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? .....	<b>4c</b>	X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
<b>Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.</b>		
<b>5</b> 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:		
<b>a</b> The organization? .....	<b>5a</b>	X
<b>b</b> Any related organization? .....	<b>5b</b>	X
If "Yes" to line 5a or 5b, describe in Part III.		
<b>6</b> 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:		
<b>a</b> The organization? .....	<b>6a</b>	X
<b>b</b> Any related organization? .....	<b>6b</b>	X
If "Yes" to line 6a or 6b, describe in Part III.		
<b>7</b> 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 .....	<b>7</b>	X
<b>8</b> 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 Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....	<b>8</b>	X
<b>9</b> If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....	<b>9</b>	

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

Schedule J (Form 990) 2013

**BOY SCOUTS OF AMERICA  
SAM HOUSTON AREA COUNCIL**

Schedule J (Form 990) 2013

76-0239833

Page 2

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies 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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) THOMAS O. VARNELL CEO/SCOUT EXECUTIVE	(i)	288,544.	30,000.	51,853.	74,279.	14,158.	458,834.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) DOUGLAS C. DAVIES, JR. CONTROLLER	(i)	135,451.	11,750.	242.	20,827.	9,859.	178,129.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) JAMES M. REES DIRECTOR OF DEVELOPMENT	(i)	140,849.	11,750.	1,213.	36,146.	9,956.	199,914.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) CHRISTOPHER G. HOLT DEPUTY SCOUT EXECUTIVE	(i)	156,326.	11,750.	352.	63,739.	8,550.	240,717.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) DAVID L. FOIL DIRECTOR OF SUPPORT SERVIC	(i)	123,453.	9,800.	2,375.	54,193.	7,861.	197,682.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**Part III** Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

**PART I, LINE 3**

EXPLANATION: THE BOARD OF DIRECTORS OF SAM HOUSTON AREA COUNCIL BOY SCOUTS OF AMERICA HAS A COMPENSATION AND BENEFITS COMMITTEE TO DISCHARGE ITS RESPONSIBILITIES WITH RESPECT TO COMPENSATION OF THE CEO/SCOUT EXECUTIVE AND OTHER EMPLOYEES OF THE COUNCIL.

THE COMPENSATION AND BENEFITS COMMITTEE IS COMPRISED OF AT LEAST THREE DIRECTORS, INCLUDING THE CHAIRMAN OF THE BOARD WHO SERVES AS CHAIRMAN OF THE COMMITTEE AND ONLY MEMBERS OF THE BOARD DETERMINED TO BE "INDEPENDENT" SERVE ON THE COMMITTEE.

IN CARRYING OUT ITS PURPOSE, THE COMPENSATION AND BENEFITS COMMITTEE ANNUALLY REVIEWS AND USES THE BOY SCOUTS OF AMERICA'S COMPENSATION PROGRAM TO ASSURE AN INTERNALLY CONSISTENT AND EXTERNALLY COMPETITIVE COMPENSATION PROGRAM IN ORDER TO ATTRACT, RETAIN AND MOTIVATE QUALIFIED EXECUTIVE MANAGEMENT AND OTHER KEY EMPLOYEES AND PROVIDE INCENTIVE FOR THE ATTAINMENT OF THE COUNCIL'S STRATEGIC GOALS AND OBJECTIVES. THE BOY SCOUTS OF AMERICA'S COMPENSATION PROGRAM HAS BEEN REVIEWED BY TOWERS WATSON AND TOWERS WATSON PREPARED A REPORT DATED FEBRUARY 15,



**Part III** Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

2011, THAT STATED THE TOTAL COMPENSATION PROGRAM AND POLICIES DEVELOPED BY THE BSA NATIONAL COUNCIL FOR LOCAL COUNCIL SCOUT EXECUTIVES (BOTH IN AGGREGATE AND BY COMPONENT) ARE CONSISTENT WITH MARKET PRACTICE.

PART II, COLUMN (B)(III)

EXPLANATION: THE BOY SCOUTS OF AMERICA, A SEPARATE ENTITY, MAINTAINS A BENEFIT RESTORATION PLAN WHICH IS A NON-QUALIFIED DEFERRED COMPENSATION PLAN FOR KEY EXECUTIVES. IN 2013, THE CONTRIBUTION TO THE BENEFIT RESTORATION PLAN BY THE BOY SCOUTS OF AMERICA AND REPORTABLE AS OTHER COMPENSATION FOR THOMAS O. VARNELL, CEO/SCOUT EXECUTIVE, WAS \$38,886.

OTHER REPORTABLE COMPENSATION FOR THOMAS O. VARNELL, CEO/SCOUT EXECUTIVE, INCLUDES \$5,437 AND \$7,530 IN TAXABLE VALUE OF GROUP TERM LIFE INSURANCE BENEFITS AND TAXABLE VALUE OF PERSONAL USE OF AUTOMOBILE, RESPECTIVELY.

PART II, COLUMN (C)

EXPLANATION: FOR EACH EMPLOYEE LISTED, THIS COLUMN INCLUDES THE INCREASE IN THE ACTUARIAL VALUE OF THE BENEFIT ACCRUAL IN THE BOY SCOUTS OF AMERICA RETIREMENT PLAN AS CALCULATED BY THE BOY SCOUTS OF

**Part III** Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

AMERICA, A SEPARATE ENTITY, BUT REQUIRED TO BE REPORTED ON THE SAM  
HOUSTON AREA COUNCIL ON ITS FORM 990. EMPLOYER MATCHING CONTRIBUTIONS  
TO THE SAM HOUSTON AREA COUNCIL 403(B) THRIFT PLAN ARE ALSO INCLUDED IN  
THIS COLUMN.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2013**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

Name of the organization **BOY SCOUTS OF AMERICA  
SAM HOUSTON AREA COUNCIL** Employer identification number **76-0239833**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles	X	12	7,132.	ACTUAL SALES PRICE
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	5	250,238.	ACTUAL SALES PRICE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ( <u>SUPPLIES</u> )	X	56	76,584.	ACTUAL COST
26 Other ▶ ( <u>AIRLINE TICKE</u> )	X	12	7,800.	ACTUAL COST
27 Other ▶ ( _____ )				
28 Other ▶ ( _____ )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement ..... **29**

	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 the entire holding period? .....		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? .....		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? .....		X
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

**Part II** **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Multiple horizontal lines for supplemental information.

**SCHEDULE N**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Liquidation, Termination, Dissolution, or Significant Disposition of Assets**

- ▶ Complete if the organization answered "Yes" to Form 990, Part IV, lines 31 or 32; or Form 990-EZ, line 36.
- ▶ Attach certified copies of any articles of dissolution, resolutions, or plans.
- ▶ Attach to Form 990 or 990-EZ.
- ▶ Information about Schedule N (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

OMB No. 1545-0047

**2013**

Open to Public  
Inspection

Name of the organization **BOY SCOUTS OF AMERICA**  
**SAM HOUSTON AREA COUNCIL**

Employer identification number  
**76-0239833**

**Part I** **Liquidation, Termination, or Dissolution.** Complete this part if the organization answered "Yes" to Form 990, Part IV, line 31, or Form 990-EZ, line 36. Part I can be duplicated if additional space is needed.

1	(a) Description of asset(s) distributed or transaction expenses paid	(b) Date of distribution	(c) Fair market value of asset(s) distributed or amount of transaction expenses	(d) Method of determining FMV for asset(s) distributed or transaction expenses	(e) EIN of recipient	(f) Name and address of recipient	(g) IRC section of recipient(s) (if tax-exempt) or type of entity

**2** Did or will any officer, director, trustee, or key employee of the organization:

- a** Become a director or trustee of a successor or transferee organization? .....
- b** Become an employee of, or independent contractor for, a successor or transferee organization? .....
- c** Become a direct or indirect owner of a successor or transferee organization? .....
- d** Receive, or become entitled to, compensation or other similar payments as a result of the organization's liquidation, termination, or dissolution? .....
- e** If the organization answered "Yes" to any of the questions in this line, provide the name of the person involved and explain in Part III. ▶

	Yes	No
<b>2a</b>		
<b>2b</b>		
<b>2c</b>		
<b>2d</b>		

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

Schedule N (Form 990 or 990-EZ) (2013)

Schedule N (Form 990 or 990-EZ) (2013)

**Part I** Liquidation, Termination, or Dissolution (continued)

**Note.** If the organization distributed all of its assets during the tax year, then Form 990, Part X, column (B), line 16 (Total assets), and line 26 (Total liabilities), should equal -0-

	Yes	No
<b>3</b> Did the organization distribute its assets in accordance with its governing instrument(s)? If "No," describe in Part III.....		
<b>4a</b> Is the organization required to notify the attorney general or other appropriate state official of its intent to dissolve, liquidate, or terminate? .....		
<b>b</b> If "Yes," did the organization provide such notice? .....		
<b>5</b> Did the organization discharge or pay all of its liabilities in accordance with state laws? .....		
<b>6a</b> Did the organization have any tax-exempt bonds outstanding during the year? .....		
<b>b</b> Did the organization discharge or defease all of its tax-exempt bond liabilities during the tax year in accordance with the Internal Revenue Code and state laws? .....		
<b>c</b> If "Yes," to line 6b, describe in Part III how the organization defeased or otherwise settled these liabilities. If "No," explain in Part III.		

**Part II** Sale, Exchange, Disposition, or Other Transfer of More Than 25% of the Organization's Assets. Complete this part if the organization answered "Yes" to Form 990, Part IV, line 32, or Form 990-EZ, line 36. Part II can be duplicated if additional space is needed.

1	(a) Description of asset(s) distributed or transaction expenses paid	(b) Date of distribution	(c) Fair market value of asset(s) distributed or amount of transaction expenses	(d) Method of determining FMV for asset(s) distributed or transaction expenses	(e) EIN of recipient	(f) Name and address of recipient	(g) IRC section of recipient(s) (if tax-exempt) or type of entity
	CAMP STRAKE - 2,083.6503 ACRES	11/22/13	62,445,669	SALES PRICE	46-4129201	CONROE CS TEXAS HOLDINGS LP 5005 RIVERWAY, SUITE 500 HOUSTON, TX 77056	LIMITED PARTNERSHIP

**2** Did or will any officer, director, trustee, or key employee of the organization:

**a** Become a director or trustee of a successor or transferee organization? .....

**b** Become an employee of, or independent contractor for, a successor or transferee organization? .....

**c** Become a direct or indirect owner of a successor or transferee organization? .....

**d** Receive, or become entitled to, compensation or other similar payments as a result of the organization's significant disposition of assets? .....

**e** If the organization answered "Yes" to any of the questions in this line, provide the name of the person involved and explain in Part III .....

	Yes	No
<b>2a</b>		X
<b>2b</b>		X
<b>2c</b>		X
<b>2d</b>		X

**Part III Supplemental Information.** Provide the information required by Part I, lines 2e and 6c, and Part II, line 2e. Also complete this part to provide any additional information.

PART II

EXPLANATION: THE LEADERSHIP OF SAM HOUSTON AREA COUNCIL MADE A STRATEGIC DECISION TO SELL THE PROPERTY OF CAMP STRAKE AND RELOCATE IT TO A RURAL SETTING BECAUSE CAMP STRAKE HAD EVOLVED OVER TIME FROM A RURAL SETTING TO AN URBAN SETTING DUE TO THE CONVERGENCE OF THE WOODLANDS, TEXAS AND CONROE, TEXAS. FOR DECADES, THIS URBAN ENCROACHMENT WAS CAUSING ISSUES SUCH AS THE NATURAL DETERIORATION OF THE LAKES, NOISE POLLUTION, LIGHT POLLUTION, TRESPASSERS, AND VANDALISM, WHICH RESULTED IN A 45% DECLINE IN THE NUMBER OF CAMPERS AT CAMP STRAKE SINCE 1998.

THE PROCEEDS OF THE SALE OF THE PROPERTY WERE DEED RESTRICTED AND REQUIRED TO BE USED TO PURCHASE LAND FOR THE SITE OF THE NEW CAMP, TO DEVELOP THE NEW CAMP STRAKE, AND TO ENDOW IT. THE NEW CAMP STRAKE WILL BE LOCATED IN SAN JACINTO COUNTY TEXAS AND SURROUNDED ON THREE SIDES BY THE SAM HOUSTON NATIONAL FOREST. THE DEVELOPMENT OF THE NEW CAMP STRAKE IS SCHEDULED TO BE COMPLETED IN 2017.

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

**2013**

**Open to Public  
Inspection**

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

Name of the organization  
**BOY SCOUTS OF AMERICA  
SAM HOUSTON AREA COUNCIL**

Employer identification number  
**76-0239833**

**FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:**

**THE MISSION OF THE BOY SCOUTS OF AMERICA IS TO PREPARE YOUNG PEOPLE TO  
MAKE ETHICAL CHOICES OVER THEIR LIFETIMES BY INSTILLING IN THEM THE  
VALUES OF THE SCOUT OATH AND LAW.**

**FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:**

**THE CORPORATION SHALL PROMOTE, WITHIN THE TERRITORY COVERED BY THE  
CHARTER FROM TIME TO TIME GRANTED IT BY THE BOY SCOUTS OF AMERICA AND  
IN ACCORDANCE WITH THE CONGRESSIONAL CHARTER, BYLAWS, POLICIES AND  
REGULATIONS OF THE BOY SCOUTS OF AMERICA, THE SCOUT PROGRAM OF  
PROMOTING THE ABILITY OF BOYS AND YOUNG MEN AND WOMEN TO DO THINGS FOR  
THEMSELVES AND OTHERS, TRAINING THEM IN SCOUTCRAFT, AND TEACHING THEM  
PATRIOTISM, COURAGE, SELF-RELIANCE, AND KINDRED VIRTUES, USING THE  
METHODS WHICH ARE NOW IN COMMON USE BY THE BOY SCOUTS OF AMERICA.**

**FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:**

**TRADITIONAL SCOUTING - IN THE BSA, SCOUTING IS CONSIDERED TO BE ONE  
MOVEMENT WITH THREE MAIN PROGRAMS: CUB SCOUTING IS THE LARGEST OF THE  
THREE PROGRAMS, AVAILABLE TO BOYS FROM FIRST TO FIFTH GRADE OR 7 TO 11  
1/2 YEARS. THE PROGRAM IS DESIGNED TO PURSUE THE AIMS OF CHARACTER  
DEVELOPMENT, CITIZENSHIP TRAINING, AND PERSONAL FITNESS. CUB SCOUTING  
IS DIVIDED INTO AGE-BASED LEVELS OF TIGER CUBS, WOLF CUBS, BEAR CUBS,  
AND WEBELOS SCOUTS. BOY SCOUTING IS THE FLAGSHIP PROGRAM OF THE BSA  
FOR BOYS AGES 10 TO 18. IT USES OUTDOOR ACTIVITIES SUCH AS CAMPING,**



Name of the organization	BOY SCOUTS OF AMERICA SAM HOUSTON AREA COUNCIL	Employer identification number	76-0239833
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AQUATICS, AND HIKING TO ACHIEVE THE AIMS OF CHARACTER, CITIZENSHIP, AND PERSONAL FITNESS TRAINING. VARSITY SCOUTING IS A SUB-DIVISION OF BOY SCOUTING AVAILABLE TO BOYS AGES 14 TO 18; IT ADDS A PROGRAM OF HIGH ADVENTURE AND SPORTING ACTIVITIES. THE ORDER OF THE ARROW IS THE BOY SCOUTING NATIONAL HONOR SOCIETY FOR EXPERIENCED CAMPERS, BASED ON NATIVE AMERICAN TRADITIONS AND IS DEDICATED TO THE IDEAL OF CHEERFUL SERVICE AND BROTHERHOOD. VENTURING IS A PROGRAM FOR YOUNG MEN AND WOMEN 14 (AND WHO HAVE COMPLETED THE EIGHTH GRADE) THROUGH 20 YEARS OF AGE. VENTURING'S PURPOSE IS TO PROVIDE POSITIVE EXPERIENCES TO HELP YOUNG PEOPLE MATURE AND TO PREPARE THEM TO BECOME RESPONSIBLE AND CARING ADULTS. THE SAM HOUSTON AREA COUNCIL SERVED 47,735 REGISTERED YOUTH IN THE TRADITIONAL SCOUTING PROGRAMS. IT IS ESTIMATED THAT 36% OF THESE YOUTH ARE CONSIDERED "AT RISK."

THE SAM HOUSTON AREA COUNCIL IS COMMITTED TO ENSURING THAT ALL YOUNG PEOPLE HAVE AN OPPORTUNITY TO JOIN SCOUTING, REGARDLESS OF THE THEIR CIRCUMSTANCES, NEIGHBORHOOD, OR ETHNIC BACKGROUND. OUR SCOUTREACH INITIATIVE GIVES SPECIAL LEADERSHIP AND EMPHASIS TO ECONOMICALLY CHALLENGED YOUTH VIA NON-TRADITIONAL METHODS. THROUGH CARING, WELL-TRAINED, PAID LEADERSHIP AND WITH NEIGHBORHOOD PARTNERS WHO WILL PROVIDE A SAFE, REGULAR MEETING PLACE, SCOUTREACH DELIVERS A SCOUTING PROGRAM TO OUR MOST NEEDY YOUTH IN HOUSTON'S INNER-CITY NEIGHBORHOODS AND ENCOURAGES PARENTAL INVOLVEMENT.

THE SAM HOUSTON AREA COUNCIL ALSO ACCOMPLISHED THE FOLLOWING IN ITS TRADITIONAL SCOUTING PROGRAMS DURING 2013:

\* 47,735 TOTAL YOUTH SERVED

332212  
09-04-13

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\* 19,503 REGISTERED ADULT VOLUNTEER LEADERS

\* 1,714 CUB SCOUT PACKS, BOY SCOUT TROOPS, AND VENTURING CREWS

\* 39,905 CAMPERS AT THE COUNCIL'S FIVE CAMPS FOR A TOTAL OF 99,687 DAYS

CAMPED

\* 20,592 CUB SCOUT RANKS EARNED

\* 8,624 BOY SCOUT RANKS EARNED

\* 1,097 BOY SCOUTS ATTAINED RANK OF EAGLE SCOUT

\* 800,000 ESTIMATED COMMUNITY SERVICE HOURS PROVIDED

\* ACHIEVED SILVER LEVEL STATUS IN THE BSA NATIONAL JOURNEY TO

EXCELLENCE PROGRAM

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

LEARNING FOR LIFE/EXPLORING PROGRAMS - LEARNING FOR LIFE OFFERS SEVEN PROGRAMS DESIGNED TO SUPPORT SCHOOLS AND COMMUNITY-BASED ORGANIZATIONS IN THEIR EFFORTS TO PREPARE YOUTH TO SUCCESSFULLY HANDLE THE COMPLEXITIES OF CONTEMPORARY SOCIETY AND TO ENHANCE THEIR SELF-CONFIDENCE, MOTIVATION, AND SELF-ESTEEM. THE SEVEN PROGRAMS FOCUS ON CHARACTER DEVELOPMENT AND CAREER EDUCATION. LEARNING FOR LIFE PROGRAMS HELP YOUTH DEVELOP SOCIAL AND LIFE SKILLS, ASSIST IN CHARACTER AND CAREER DEVELOPMENT, AND HELP YOUTH FORMULATE POSITIVE PERSONAL VALUES. IT PREPARES YOUTH TO MAKE ETHICAL DECISIONS THAT WILL HELP THEM ACHIEVE THEIR FULL POTENTIAL.

LEARNING FOR LIFE IS DESIGNED TO MEET THE GROWING DEMAND FOR CHARACTER EDUCATION PROGRAMS IN SCHOOLS. THE PROGRAM HELPS OUR YOUTH DEVELOP SOCIAL AND LIFE SKILLS AND HELPS THEM FORMULATE POSITIVE PERSONAL VALUES. IT PREPARES THEM TO MAKE ETHICAL DECISIONS THAT WILL HELP THEM

Name of the organization	BOY SCOUTS OF AMERICA SAM HOUSTON AREA COUNCIL	Employer identification number 76-0239833
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ACHIEVE THEIR FULL POTENTIAL. LEARNING FOR LIFE ALSO ENHANCES TEACHER CAPACITY AND INCREASES YOUTH LEARNING WITH A FUN AND RELEVANT CURRICULUM. YOUTH BUILD A GREATER UNDERSTANDING OF REAL WORLD SITUATIONS AND HOW TO NEGOTIATE THEM. CHAMPIONS IS A PROGRAM OF LEARNING FOR LIFE FOR YOUTH WITH SPECIAL NEEDS.

THERE WERE 8,846 YOUTHS PARTICIPATING IN 52 CURRICULUM/SCHOOL-BASED LEARNING FOR LIFE PROGRAMS AT DECEMBER 31, 2013.

OUR LEARNING FOR LIFE SCHOOL-BASED AND CHAMPIONS PROGRAMS HAVE PARTNERED WITH THE FOLLOWING SCHOOLS IN AND AROUND HOUSTON, TX:

HOUSTON ISD - 80% OF THE STUDENTS ARE CLASSIFIED AS ECONOMICALLY DISADVANTAGED

SPRING ISD - 72% OF THE STUDENTS ARE CLASSIFIED AS ECONOMICALLY DISADVANTAGED

ALDINE ISD - 85% OF THE STUDENTS ARE CLASSIFIED AS ECONOMICALLY DISADVANTAGED

HUMBLE ISD - 35% OF THE STUDENTS ARE CLASSIFIED AS ECONOMICALLY DISADVANTAGED

EXPLORING IS A WORKSITE-BASED PROGRAM. IT IS PART OF LEARNING FOR LIFE'S CAREER EDUCATION PROGRAM ALSO FOR YOUNG MEN AND WOMEN WHO ARE 14 (AND HAVE COMPLETED THE EIGHTH GRADE) THROUGH 20 YEARS OLD.

EXPLORING'S PURPOSE IS TO PROVIDE EXPERIENCES THAT HELP YOUNG PEOPLE MATURE AND TO PREPARE THEM TO BECOME RESPONSIBLE AND CARING ADULTS.

EXPLORERS ARE READY TO INVESTIGATE THE MEANING OF INTERDEPENDENCE IN THEIR PERSONAL RELATIONSHIPS AND COMMUNITIES. EXPLORING IS BASED ON A

Name of the organization	BOY SCOUTS OF AMERICA SAM HOUSTON AREA COUNCIL	Employer identification number	76-0239833
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UNIQUE AND DYNAMIC RELATIONSHIP BETWEEN YOUTH AND THE ORGANIZATIONS IN THEIR COMMUNITIES. LOCAL COMMUNITY ORGANIZATIONS INITIATE A SPECIFIC EXPLORER POST BY MATCHING THEIR PEOPLE AND PROGRAM RESOURCES TO THE INTERESTS OF YOUNG PEOPLE IN THE COMMUNITY. THE RESULT IS A PROGRAM OF ACTIVITIES THAT HELPS YOUTH PURSUE THEIR SPECIAL INTERESTS, GROW, AND DEVELOP. EXPLORING PROGRAMS ARE BASED ON FIVE AREAS OF EMPHASIS: CAREER OPPORTUNITIES, LIFE SKILLS, CITIZENSHIP, CHARACTER EDUCATION, AND LEADERSHIP EXPERIENCE. IN 2013, THE SAM HOUSTON AREA COUNCIL HAD 1,450 YOUTH IN 59 EXPLORING POSTS PARTICIPATING IN THE EXPLORING PROGRAM.

FORM 990, PART VI, SECTION A, LINE 2:

EXPLANATION: TWO BOARD OF DIRECTORS' MEMBERS ARE OFFICERS AT TWO DIFFERENT FINANCIAL INSTITUTIONS WHERE THE ORGANIZATION MAINTAINS INVESTMENT AND CASH ACCOUNT BALANCES.

FORM 990, PART VI, SECTION B, LINE 11:

EXPLANATION: A DRAFT OF FORM 990 AND ALL ASSOCIATED SCHEDULES ARE PRESENTED TO THE GOVERNING BOARD FOR THEIR REVIEW AND COMMENTS TO BE SUBMITTED TO THE AUDIT COMMITTEE WHERE VARIOUS ASPECTS OF THE FORM ARE EXPLAINED AND DISCUSSED IN DETAIL BEFORE FINAL APPROVAL OCCURS BY THE AUDIT COMMITTEE FOR ACCEPTANCE OF THE DOCUMENT INCLUDING PROPOSED CHANGES.

FORM 990, PART VI, SECTION B, LINE 12C:

EXPLANATION: THE GOVERNANCE BOARD MAINTAINS A CONFLICT OF INTEREST POLICY TO PREVENT INSTITUTIONAL OR PERSONAL INTERESTS OF BOARD MEMBERS, OFFICERS, AND STAFF OF SAM HOUSTON AREA COUNCIL (THE "COUNCIL") FROM INTERFERING IN THE PERFORMANCE OF THEIR DUTIES AND TO SEE THAT THERE IS NO PERSONAL,

Name of the organization BOY SCOUTS OF AMERICA SAM HOUSTON AREA COUNCIL	Employer identification number 76-0239833
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PROFESSIONAL, OR POLITICAL GAIN AT THE EXPENSE OF THE COUNCIL. THE POLICY REQUIRES DISCLOSURE OF ANY CONFLICTS OF INTEREST AND THE RECUSAL OF ANY INTERESTED PARTY IN A RELATED DECISION. A YEARLY CONFLICT OF INTEREST QUESTIONNAIRE IS REQUESTED TO BE FILLED OUT AND RETURNED BY EACH PARTY COVERED BY THIS POLICY.

FORM 990, PART VI, SECTION B, LINE 15:

EXPLANATION: THE BOARD OF DIRECTORS OF SAM HOUSTON AREA COUNCIL BOY SCOUTS OF AMERICA (THE "COUNCIL") HAS CREATED A COMPENSATION AND BENEFITS COMMITTEE CONSISTING OF AT LEAST THREE INDEPENDENT DIRECTORS INCLUDING THE CHAIRMAN OF THE BOARD. THE COMMITTEE REVIEWS AND USES THE BOY SCOUTS OF AMERICA'S COMPENSATION PROGRAM TO ASSURE AN INTERNALLY CONSISTENT AND EXTERNALLY COMPETITIVE COMPENSATION PROGRAM TO ATTRACT, RETAIN, AND MOTIVATE QUALIFIED EXECUTIVE MANAGEMENT AND OTHER KEY EMPLOYEES AND PROVIDE INCENTIVE FOR THE ATTAINMENT OF THE COUNCIL'S STRATEGIC GOALS AND OBJECTIVES.

FORM 990, PART VI, SECTION C, LINE 19:

EXPLANATION: THE FOLLOWING DOCUMENTS ARE MADE AVAILABLE TO THE GENERAL PUBLIC UPON REQUEST: ALL DOCUMENTS AS REQUIRED BY FEDERAL, STATE, AND LOCAL LAWS INCLUDING, BUT NOT LIMITED TO, IRS FORM 990 AND, IF APPLICABLE, IRS FORM 990-T, THE ANNUAL REPORT, AUDITED FINANCIAL STATEMENTS, AND THE CONFLICT OF INTEREST POLICY.

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box  **X**

**Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

**Part II Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

Enter filer's identifying number, see instructions

Type or print  File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. <b>BOY SCOUTS OF AMERICA SAM HOUSTON AREA COUNCIL</b>	Employer identification number (EIN) or  <b>76-0239833</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>PO BOX 924528</b>	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>HOUSTON, TX 77292-4528</b>	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

**DOUG DAVIES**

• The books are in the care of  **2225 N LOOP W - HOUSTON, TX 77008**  
Telephone No.  **713-756-3367** Fax No.

• 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) **1761**. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until **NOVEMBER 15, 2014**.

5 For calendar year **2013**, or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

6 If the tax year entered in line 5 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

7 State in detail why you need the extension  
**TAXPAYER'S CPA NEEDS ADDITIONAL TIME TO PREPARE A COMPLETE AND ACCURATE RETURN.**

<b>8a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>8a</b>	\$	<b>0.</b>
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	<b>8b</b>	\$	<b>0.</b>
<b>c Balance due.</b> Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>8c</b>	\$	<b>0.</b>

**Signature and Verification must be completed for Part II only.**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature  Title  Date