



See a Social Security Number? Say Something!  
Report Privacy Problems to <https://public.resource.org/privacy>  
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990**Department of the Treasury  
Internal Revenue Service**Return of Organization Exempt From Income Tax**

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

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

OMB No 1545-0047

**2010**Open to Public  
Inspection**A For the 2010 calendar year, or tax year beginning****and ending****B Check if applicable**

- ☐ Address change  
☒ Name change  
☐ Initial return  
☐ Terminated  
☐ Amended return  
☐ Application pending

**C Name of organization**

LONGHOUSE COUNCIL INC

Doing Business As

Number and street (or P O box if mail is not delivered to street address)

2803 BREWERTON ROAD

Room/suite

City or town, state or country, and ZIP + 4

SYRACUSE, NY 13211-1003

F Name and address of principal officer ROBERT J. BERGER  
SAME AS C ABOVE**D Employer identification number**

16-0966978

**E Telephone number**

315-463-0201

**G Gross receipts \$**

3,150,412.

**H(a) Is this a group return**

for affiliates?

☐ Yes☒ No**H(b) Are all affiliates included?**☐ Yes☐ No

If "No," attach a list. (see instructions)

**H(c) Group exemption number ▶****I Tax-exempt status** ☒ 501(c)(3) ☐ 501(c)( ) (insert no ) ☐ 4947(a)(1) or ☐ 527**J Website:** WWW.CNYSOUTS.ORG**K Form of organization** ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L Year of formation** 1913**M State of legal domicile** NY**Part I Summary**

<b>Activities &amp; Governance</b>	1	Briefly describe the organization's mission or most significant activities: <u>TO PROMOTE THE SCOUTING MOVEMENT WITHIN THE NYS COUNTIES OF JEFFERSON, LEWIS, ONONDAGA, OSWEGO, ST.</u>	
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets	
	3	Number of voting members of the governing body (Part VI, line 1a)	58
	4	Number of independent voting members of the governing body (Part VI, line 1b)	57
	5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	80
	6	Total number of volunteers (estimate if necessary)	2800
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	0.
7b	Net unrelated business taxable income from Form 990-T, line 34	0.	
<b>Revenue</b>	8	Contributions and grants (Part VIII, line 1h)	Prior Year: 667,481. Current Year: 640,098.
	9	Program service revenue (Part VIII, line 2g)	436,850. 481,758.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-9,118. 76,011.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	240,111. 359,808.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,335,324. 1,557,675.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0. 0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0. 0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	953,933. 927,943.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0. 0.
	16b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 87,474.	
<b>Expenses</b>	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	770,700. 802,951.
	18	Total expenses - Add lines 13-17 (must equal Part IX, column (A), line 25)	1,724,633. 1,730,894.
	19	Revenue less expenses - Subtract line 18 from line 12	-389,309. -173,219.
	20	Total assets (Part X, line 16)	Beginning of Current Year: 2,518,859. End of Year: 2,230,927.
<b>Net Assets or Fund Balances</b>	21	Total liabilities (Part X, line 26)	1,827,898. 1,674,553.
	22	Net assets or fund balances. Subtract line 21 from line 20	690,961. 556,374.

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Sign Here** ▶ Signature of officer [Signature] Date 10/25/2011  
 ▶ RICHARD J. AVERY, JR., SCOUT EXECUTIVE/CEO  
 Type or print name and title

**Paid** Print/Type preparer's name MARK HETTLER Preparer's signature [Signature] Date 10/10/11 Check ☐ self-employed PTIN 20056998  
**Preparer Use Only** Firm's name ▶ TESTONE, MARSHALL & DISCENZA, LLP Firm's EIN ▶ 16-1076996  
 Firm's address ▶ THE FOUNDRY 432 NORTH FRANKLIN STREET SYRACUSE, NY 13204 Phone no 315-476-4004

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

☒ Yes ☐ No

G19 11

**Part III** Statement of Program Service Accomplishments

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

☒ X

- 1 Briefly describe the organization's mission  
**TO PROMOTE THE SCOUTING MOVEMENT WITHIN THE NYS COUNTIES OF JEFFERSON, LEWIS, ONONDAGA, OSWEGO, ST. LAWRENCE & CAYUGA BY MAKING SCOUTING TRAINING AVAILABLE TO ALL BOYS AND YOUNG MEN AGES 7-21 AND YOUNG WOMEN AGES 14-21 AND SERVING ORGANIZATIONS AND COMMUNITY GROUPS USING THE**
- 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 exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
- 4a (Code \_\_\_\_\_) (Expenses \$ 1,469,656. including grants of \$ \_\_\_\_\_) (Revenue \$ 887,079.)  
**THE PURPOSE OF THE COUNCIL IS TO GUIDE AND SUPPORT ITS DISTRICTS FOR THE ACHIEVEMENT OF THE MOVEMENT'S PURPOSE. A SUCCESSFUL DISTRICT MEETS QUALITY DISTRICT REQUIREMENTS. THE END RESULT OF EFFECTIVE DISTRICT SUPPORT IS CONTINUED GROWTH IN MEMBERSHIP, WITH THOSE MEMBERS RECEIVING A QUALITY PROGRAM.**
- THE FUNCTIONS OF THE DISTRICTS INCLUDE: EXTENDING OPPORTUNITIES FOR YOUTH TO JOIN A PACK, TROOP, TEAM OR CREW; HELPING EXISTING UNITS PROVIDE A QUALITY PROGRAM FOR THEIR YOUTH; AND MARSHALLING THE RESOURCES OF THE TERRITORY IN TERMS OF VOLUNTEERS AND MONEY.**
- 4b (Code \_\_\_\_\_) (Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)
- 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 **1,469,656.**

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> 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>	<b>X</b>	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors?	<b>X</b>	
<b>3</b> 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>		<b>X</b>
<b>4</b> <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>		<b>X</b>
<b>5</b> 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>		
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts where 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>		<b>X</b>
<b>7</b> 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>		<b>X</b>
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		<b>X</b>
<b>9</b> Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		<b>X</b>
<b>10</b> Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	<b>X</b>	
<b>11</b> 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		
<b>a</b> 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>	<b>X</b>	
<b>b</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>	<b>X</b>	
<b>c</b> 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>	<b>X</b>	
<b>d</b> 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>		<b>X</b>
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	<b>X</b>	
<b>f</b> 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>	<b>X</b>	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	<b>X</b>	
<b>b</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, XII, and XIII is optional</i>		<b>X</b>
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		<b>X</b>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?		<b>X</b>
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Parts I and IV</i>		<b>X</b>
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>		<b>X</b>
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>		<b>X</b>
<b>17</b> 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>		<b>X</b>
<b>18</b> 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>	<b>X</b>	
<b>19</b> 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>		<b>X</b>
<b>20a</b> Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		<b>X</b>
<b>b</b> If "Yes" to line 20a, did the organization attach its audited financial statements to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		

Form 990 (2010)

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

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <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 and 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 25</i>		X
<b>24b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>24c</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>24d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
<b>25a</b> <b>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>25b</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> Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <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>28a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
<b>28b</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>28c</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, Parts II, III, IV, and V, line 1</i>	X	
<b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)?		X
<b>a</b> Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>36</b> <b>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 11 and 19?	X	

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

**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 to any question 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		
<b>1b</b> Enter the number of voting members included in line 1a, above, who are independent		
<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> Does the organization have members or stockholders?		X
<b>7a</b> Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
<b>7b</b> Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b> The governing body?	X	
<b>b</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> Does the organization have local chapters, branches, or affiliates?		X
<b>b</b> If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
<b>11a</b> Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b> Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>b</b> Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		X
<b>c</b> Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
<b>13</b> Does the organization have a written whistleblower policy?	X	
<b>14</b> Does 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>a</b> The organization's CEO, Executive Director, or top management official	X	
<b>b</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>b</b> If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed **NY**

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

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

**20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization. **JUDI FAZIO - 315-463-0201**  
**2803 BREWERTON ROAD, SYRACUSE, NY 13211-1003**

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response to any question in this Part VII ☐**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 (describe hours for related organizations in Schedule O)	(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			
JASON CLARK BOARD MEMBER	1.00	X						0.	0.	0.
GEORGE R. ALLEN VICE PRESIDENT	1.00	X		X				0.	0.	0.
SCOTT P. ARMSTRONG VICE PRESIDENT	1.00	X		X				0.	0.	0.
STEPHEN M. AUSTIN BOARD MEMBER	1.00	X						0.	0.	0.
DONALD COLON BOARD MEMBER	1.00	X						0.	0.	0.
BRIAN G. BAY BOARD MEMBER	1.00	X						0.	0.	0.
DONALD A. BEARDSLEY BOARD MEMBER	1.00	X						0.	0.	0.
ROBERT J. BERGER PRESIDENT/TREASURER	1.00	X		X				0.	0.	0.
CHRISTOPHER BITNER BOARD MEMBER	1.00	X						0.	0.	0.
RICHARD BLANSETT BOARD MEMBER	1.00	X						0.	0.	0.
THOMAS P. COONEY BOARD MEMBER	1.00	X						0.	0.	0.
WILLIAM CROSS BOARD MEMBER	1.00	X						0.	0.	0.
PHILIP F. CHATTERTON BOARD MEMBER	1.00	X						0.	0.	0.
FR. DOUGLAS G. COMSTOCK BOARD MEMBER	1.00	X						0.	0.	0.
ROBERT E. COOPER BOARD MEMBER	1.00	X						0.	0.	0.
CATHERINE N. CULLEN VICE PRESIDENT	1.00	X		X				0.	0.	0.
JOSEPH A. DIVIRGILIO VICE PRESIDENT	1.00	X		X				0.	0.	0.

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
WILLIAM B. EBERHARDT BOARD MEMBER	1.00	X						0.	0.	0.
DANIEL J. FLEISCHMAN BOARD MEMBER	1.00	X						0.	0.	0.
MARION ERVIN VICE PRESIDENT	1.00	X		X				0.	0.	0.
STEVEN M. FANNING, PE BOARD MEMBER	1.00	X						0.	0.	0.
PAUL FITZGERALD BOARD MEMBER	1.00	X						0.	0.	0.
CHRISTOPHER M. GROSSO BOARD MEMBER	1.00	X						0.	0.	0.
DONALD HILLMAN BOARD MEMBER	1.00	X						0.	0.	0.
ERIC HUNT BOARD MEMBER	1.00	X						0.	0.	0.
JOHN JAY JABBOUR BOARD MEMBER	1.00	X						0.	0.	0.
<b>1b Sub-total</b>								0.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b>								124,267.	0.	9,559.
<b>d Total (add lines 1b and 1c)</b>								124,267.	0.	9,559.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **1**

- 3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4 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? If "Yes," complete Schedule J for such individual
- 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		X
4		X
5		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. **NONE**

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0**

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



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

(A) Name and title	(B) Average hours per week	(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			
JEFFREY LADUCA, PHD, MD BOARD MEMBER	1.00	X						0.	0.	0.
RENEE M. LANE BOARD MEMBER	1.00	X						0.	0.	0.
DAVID HOLDER BOARD MEMBER	1.00	X						0.	0.	0.
JEFFREY P. MARIER VICE PRESIDENT	1.00	X						0.	0.	0.
WILLIAM H. MARX, DO, FACS BOARD MEMBER	1.00	X						0.	0.	0.
JAY MATTESON BOARD MEMBER	1.00	X						0.	0.	0.
CHICK ROESCHLAUB BOARD MEMBER	1.00	X						0.	0.	0.
REV. JAMES P. LANG VICE PRESIDENT	1.00	X		X				0.	0.	0.
GEORGE W. LEE, JR. BOARD MEMBER	1.00	X						0.	0.	0.
ORRIN B. MACMURRAY COUNCIL PRESIDENT	1.00	X		X				0.	0.	0.
JOHN H. SESSLER BOARD MEMBER	1.00	X		X				0.	0.	0.
CARL TERRY BOARD MEMBER	1.00	X						0.	0.	0.
TIMOTHY D. MORGAN BOARD MEMBER	1.00	X		X				0.	0.	0.
TIMOTHY W. O'CONNOR, P.E. BOARD MEMBER	1.00	X						0.	0.	0.
JOHN F. PADDOCK VICE PRESIDENT	1.00	X						0.	0.	0.
ERIC W. WILL III BOARD MEMBER	1.00	X		X				0.	0.	0.
THOMAS WILSON BOARD MEMBER	1.00	X						0.	0.	0.
FRANCIS PETRO VICE PRESIDENT	1.00	X						0.	0.	0.
A. CHRIS READ BOARD MEMBER	1.00	X						0.	0.	0.
W. FREDERICK ROOD BOARD MEMBER	1.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

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

(A) Name and title	(B) Average hours per week	(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			
ARNOLD RUBENSTEIN VICE PRESIDENT	1.00	X		X				0.	0.	0.
GEORGE J. SCHUNCK BOARD MEMBER	1.00	X						0.	0.	0.
HON. PETER A. SCHWERZMANN MEMBER AT LARGE	1.00	X						0.	0.	0.
WALTER SHEPARD VICE PRESIDENT	1.00	X						0.	0.	0.
ROBERT O. SHEPPARD BOARD MEMBER	1.00	X						0.	0.	0.
DAVID W. TESSIER VICE PRESIDENT	1.00	X						0.	0.	0.
ELLEN M. TYLER VICE PRESIDENT	1.00	X						0.	0.	0.
RICHARD L. WEBER LEGAL COUNSEL	1.00	X						0.	0.	0.
WILLIAM F. WILLMAN COUNCIL COMMISSIONER	1.00	X						0.	0.	0.
BARRY R. WORCZAK BOARD MEMBER	1.00	X						0.	0.	0.
DR. WAYNE J. FARNSWORTH BOARD MEMBER	1.00	X						0.	0.	0.
RICHARD J. AVERY SCOUT EXECUTIVE / CEO	60.00			X	X	X		124,267.	0.	9,559.
DAVID M. AITKEN BOARD MEMBER	1.00							0.	0.	0.
RICHARD R. BABBITT BOARD MEMBER	1.00							0.	0.	0.
LT. COM. TRACY L. BLOOMQUIST BOARD MEMBER	1.00							0.	0.	0.
KIMBERLY A. BOYNTON BOARD MEMBER	1.00							0.	0.	0.
JAMES D. ENGLE BOARD MEMBER	1.00							0.	0.	0.
FRANK FOWLER BOARD MEMBER	1.00							0.	0.	0.
JEFF GORDON BOARD MEMBER	1.00							0.	0.	0.
RAY M. GOULD BOARD MEMBER	1.00							0.	0.	0.
Total to Part VII, Section A, line 1c										

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

(A) Name and title	(B) Average hours per week	(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			
DOUGLAS GRADY BOARD MEMBER	1.00							0.	0.	0.
DAVID HARDY BOARD MEMBER	1.00							0.	0.	0.
KAREN HEISS BOARD MEMBER	1.00							0.	0.	0.
MAJOR CHARLES H. HUTSON BOARD MEMBER	1.00							0.	0.	0.
TERRY F. JERMAN ASS. COUNCIL COMMISSIONER	1.00							0.	0.	0.
J. DAVID JOOR MEMBER AT LARGE	1.00							0.	0.	0.
RICHARD KRZYIEWSKI BOARD MEMBER	1.00							0.	0.	0.
GREG S. LOWE BOARD MEMBER	1.00							0.	0.	0.
DAVID E. MCKEON TREASURER	1.00							0.	0.	0.
STEPHEN F. MEYER BOARD MEMBER	1.00							0.	0.	0.
CATHY L. PALM VICE PRESIDENT	1.00							0.	0.	0.
RITA PANIAGUA BOARD MEMBER	1.00							0.	0.	0.
TIMOTHY J. REUTTEN, MS, CASAC BOARD MEMBER	1.00							0.	0.	0.
WILLIAM N. SWIFT BOARD MEMBER	1.00							0.	0.	0.
DANIEL J. VILLA BOARD MEMBER	1.00							0.	0.	0.
Total to Part VII, Section A, line 1c								124,267.		9,559.

**Part VIII Statement of Revenue**

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1 a	Federated campaigns	1a	109,460.			
	b	Membership dues	1b				
	c	Fundraising events	1c	229,782.			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	300,856.			
	g	Noncash contributions included in lines 1a-1f \$		77,100.			
	h	<b>Total.</b> Add lines 1a-1f		640,098.			
Program Service Revenue	2 a	PROGRAM FEES	Business Code	900099	323,431.	323,431.	
	b	ACTIVITIES FEES		900099	158,327.	158,327.	
	c						
	d						
	e						
	f	All other program service revenue					
	g	<b>Total.</b> Add lines 2a-2f		481,758.			
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		30,498.		
4		Income from investment of tax-exempt bond proceeds					
5		Royalties					
6 a		Gross Rents	(i) Real	(ii) Personal			
b		Less rental expenses					
c		Rental income or (loss)					
d		Net rental income or (loss)					
7 a		Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
			959,654.	5,050.			
b		Less cost or other basis and sales expenses					
			912,869.	6,322.			
c		Gain or (loss)					
			46,785.	-1,272.			
d		Net gain or (loss)			45,513.	45,513.	
8 a		Gross income from fundraising events (not including \$ 229,782. of contributions reported on line 1c) See Part IV, line 18	a	126,392.			
b		Less direct expenses	b	126,392.			
c		Net income or (loss) from fundraising events			0.		
9 a		Gross income from gaming activities See Part IV, line 19	a				
b		Less direct expenses	b				
c		Net income or (loss) from gaming activities					
10 a	Gross sales of inventory, less returns and allowances	a	869,313.				
b	Less cost of goods sold	b	547,154.				
c	Net income or (loss) from sales of inventory			322,159.	322,159.		
Miscellaneous Revenue			Business Code				
11 a	MISCELLANEOUS REVENUE		900099	37,649.	37,649.		
b							
c							
d	All other revenue						
e	<b>Total.</b> Add lines 11a-11d			37,649.			
12	<b>Total revenue.</b> See instructions.			1,557,675.	887,079.	0.	30,498.

**Part IX** Statement of Functional Expenses

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

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 U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	133,826.	114,804.	14,473.	4,549.
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	602,930.	517,340.	65,524.	20,066.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	123,727.	105,549.	13,901.	4,277.
10 Payroll taxes	67,460.	57,701.	7,463.	2,296.
11 Fees for services (non-employees).				
a Management				
b Legal	7,238.	6,008.	940.	290.
c Accounting	22,350.	18,550.	2,906.	894.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	15,527.		15,527.	
g Other	19,358.	16,067.	2,517.	774.
12 Advertising and promotion				
13 Office expenses	173,782.	170,140.	2,556.	1,086.
14 Information technology				
15 Royalties				
16 Occupancy	180,684.	159,921.	15,878.	4,885.
17 Travel	71,462.	62,018.	7,222.	2,222.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	20,555.	17,364.	2,440.	751.
20 Interest	48,564.	40,308.	6,313.	1,943.
21 Payments to affiliates	21,061.	21,061.		
22 Depreciation, depletion, and amortization	66,616.	55,291.	8,660.	2,665.
23 Insurance	57,715.	53,414.	3,289.	1,012.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a <b>RECOGNITION AWARDS</b>	57,667.	21,159.	323.	36,185.
b <b>TELEPHONE</b>	20,628.	17,426.	2,449.	753.
c <b>POSTAGE/SHIPPING</b>	9,800.	6,505.	684.	2,611.
d <b>PRINTING/PUBLICATIONS</b>	6,555.	6,201.	271.	83.
e <b>MISCELLANEOUS</b>	3,384.	2,824.	428.	132.
f All other expenses	5.	5.		
<b>25 Total functional expenses.</b> Add lines 1 through 24f	<b>1,730,894.</b>	<b>1,469,656.</b>	<b>173,764.</b>	<b>87,474.</b>
<b>26 Joint costs.</b> Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
<b>Assets</b>	1 Cash - non-interest-bearing	437,273.	1	67,201.
	2 Savings and temporary cash investments	67,335.	2	49,625.
	3 Pledges and grants receivable, net	164,054.	3	46,415.
	4 Accounts receivable, net	35,073.	4	31,086.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	24,112.	8	20,970.
	9 Prepaid expenses and deferred charges	19,452.	9	20,272.
	10a Land, buildings, and equipment, cost or other basis. Complete Part VI of Schedule D	10a 1,960,062.		
	b Less accumulated depreciation	10b 1,213,770.		
	11 Investments - publicly traded securities	720,311.	10c	746,292.
	12 Investments - other securities. See Part IV, line 11	947,883.	11	1,006,153.
	13 Investments - program-related. See Part IV, line 11	101,755.	12	241,497.
	14 Intangible assets		13	
	15 Other assets. See Part IV, line 11	1,611.	14	
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	2,518,859.	15	1,416.	
<b>Liabilities</b>	17 Accounts payable and accrued expenses	434,867.	16	2,230,927.
	18 Grants payable		17	260,329.
	19 Deferred revenue	105,617.	18	
	20 Tax-exempt bond liabilities		19	35,693.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		20	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		21	
	23 Secured mortgages and notes payable to unrelated third parties	500,877.	22	
	24 Unsecured notes and loans payable to unrelated third parties	706,603.	23	630,075.
	25 Other liabilities. Complete Part X of Schedule D	79,934.	24	676,603.
	26 <b>Total liabilities.</b> Add lines 17 through 25	1,827,898.	25	71,853.
	<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>		26
27 Unrestricted net assets		462,414.	27	527,139.
28 Temporarily restricted net assets		205,407.	28	5,935.
29 Permanently restricted net assets		23,140.	29	23,300.
<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>				
30 Capital stock or trust principal, or current funds			30	
31 Paid-in or capital surplus, or land, building, or equipment fund			31	
32 Retained earnings, endowment, accumulated income, or other funds			32	
33 Total net assets or fund balances		690,961.	33	556,374.
34 <b>Total liabilities and net assets/fund balances</b>	2,518,859.	34	2,230,927.	

Form 990 (2010)

**Part XI Reconciliation of Net Assets**

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

☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,557,675.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,730,894.
3	Revenue less expenses. Subtract line 2 from line 1	3	-173,219.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	690,961.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	38,632.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	556,374.

**Part XII Financial Statements and Reporting**

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

☒1 Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other \_\_\_\_\_

If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

b Were the organization's financial statements audited by an independent accountant?

c 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

d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both:

☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form 990 (2010)

**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. ▶ See separate instructions.

OMB No 1545-0047

**2010**

Open to Public  
Inspection

Name of the organization

LONGHOUSE COUNCIL INC

Employer identification number

16-0966978

**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 - Other
  - 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?  
    - (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?
    - (ii) A family member of a person described in (i) above?
    - (iii) A 35% controlled entity of a person described in (i) or (ii) above?
  - h Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(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 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) 2010



**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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	360,498.	301,444.	280,897.	614,524.	565,561.	2122924.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3	360,498.	301,444.	280,897.	614,524.	565,561.	2122924.
<b>5</b> 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)						
<b>6 Public support.</b> Subtract line 5 from line 4						2122924.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>7</b> Amounts from line 4	360,498.	301,444.	280,897.	614,524.	565,561.	2122924.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	39,974.	46,589.	43,469.	33,711.	30,498.	194,241.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)					368,408.	368,408.
<b>11 Total support.</b> Add lines 7 through 10						2685573.
<b>12</b> Gross receipts from related activities, etc. (see instructions)					12	3,679,816.

**13 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	79.05 %
<b>15</b> Public support percentage from 2009 Schedule A, Part II, line 14	<b>15</b>	90.70 %
<b>16a 33 1/3% support test - 2010.</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 - 2009.</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"/>		
<b>17a 10% -facts-and-circumstances test - 2010.</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 - 2009.</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"/>		
<b>18 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"/>		

Schedule A (Form 990 or 990-EZ) 2010

**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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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.)						
<b>14 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**

<b>15</b> Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2009 Schedule A, Part III, line 15	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2009 Schedule A, Part III, line 17	<b>18</b>	%

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

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

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

**SCHEDULE D**  
(Form 990)Department of the Treasury  
Internal Revenue Service**Supplemental Financial Statements**

▶ Complete if the organization answered "Yes," to Form 990,

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

**2010****Open to Public  
Inspection**

Name of the organization

LONGHOUSE COUNCIL INC

Employer identification number

16-0966978

**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).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> 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 XIV, 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 XIV, 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 d ☐ Loan or exchange programs
- b ☐ Scholarly research e ☐ Other \_\_\_\_\_
- c ☐ Preservation for future generations
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
- 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 XIV and complete the following table.
- |                                  | Amount |
|----------------------------------|--------|
| 1c Beginning balance             |        |
| 1d Additions during the year     |        |
| 1e Distributions during the year |        |
| 1f Ending balance                |        |
- 2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No
- b If "Yes," explain the arrangement in Part XIV

**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                     | 1,207,324.       | 1,023,110.     | 1,375,966.         |                      |                     |
| b Contributions                                  | 3,815.           | 23,140.        | 2,589.             |                      |                     |
| c Net investment earnings, gains, and losses     | 142,570.         | 222,619.       | -285,096.          |                      |                     |
| d Grants or scholarships                         |                  |                |                    |                      |                     |
| e Other expenditures for facilities and programs | 48,010.          | 48,000.        | 54,120.            |                      |                     |
| f Administrative expenses                        | 15,527.          | 13,545.        | 16,229.            |                      |                     |
| g End of year balance                            | 1,290,172.       | 1,207,324.     | 1,023,110.         |                      |                     |
- 2 Provide the estimated percentage of the year end balance held as
- a Board designated or quasi-endowment ▶ 98.20 %
- b Permanent endowment ▶ 1.80 %
- c Term endowment ▶ %
- 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   |     | X  |
| (ii) related organizations  |     | X  |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? |     |    |
- 4 Describe in Part XIV the intended uses of the organization's endowment funds

**Part VI Land, Buildings, and Equipment.** See Form 990, Part X, line 10

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	173,113.			173,113.
b Buildings	871,420.		602,477.	268,943.
c Leasehold improvements	137,611.		13,659.	123,952.
d Equipment	591,015.		462,815.	128,200.
e Other	186,903.		134,819.	52,084.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				746,292.

Schedule D (Form 990) 2010

**Part VII Investments - Other Securities.** 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) CASH SURRENDER VALUE,		
(B) LIFE INSURANCE	19,692.	COST
(C) EQUITY MUTUAL FUNDS	84,257.	END-OF-YEAR MARKET VALUE
(D) PROPERTY HELD FOR SALE	26,773.	COST
(E) SPLIT INTEREST AGREEMENT	110,775.	COST
(F)		
(G)		
(H)		
(I)		
<b>Total.</b> (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶	241,497.	

**Part VIII Investments - Program Related.** See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Total.</b> (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶		

**Part IX Other Assets.** See Form 990, Part X, line 15

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15) ▶	

**Part X Other Liabilities.** See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount	
(1) Federal income taxes		
(2) CUSTODIAN ACCOUNTS	71,853.	
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
(11)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	71,853.	

FIN 48 (ASC 740) Footnote: In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740)

**Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements**

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	1,557,675.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,730,894.
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-173,219.
4	Net unrealized gains (losses) on investments	4	65,287.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	-20,000.
8	Other (Describe in Part XIV)	8	-6,655.
9	Total adjustments (net) Add lines 4 through 8	9	38,632.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	-134,587.

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1	Total revenue, gains, and other support per audited financial statements	1	1,607,435.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.		
a	Net unrealized gains on investments	2a	65,287.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	65,287.
3	Subtract line 2e from line 1	3	1,542,148.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	15,527.
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	15,527.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	1,557,675.

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1	Total expenses and losses per audited financial statements	1	1,715,367.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	1,715,367.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	15,527.
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	15,527.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	1,730,894.

**Part XIV Supplemental Information**

Complete this part to 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, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART X, LINE 2: THE FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) ISSUED**

**AN INTERPRETATION REGARDING ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES.**

**THIS INTERPRETATION CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN INCOME**

**TAXES RECOGNIZED IN AN ENTERPRISE'S FINANCIAL STATEMENTS IN ACCORDANCE**

**WITH FASB ASC 740-10. THIS INTERPRETATION IS EFFECTIVE FOR FISCAL YEARS**

**BEGINNING AFTER DECEMBER 15, 2008. THE COUNCIL HAS ADOPTED THE PROVISIONS**

**OF THE PRONOUNCEMENT AND THE ADOPTION DID NOT IMPACT THE AMOUNTS REPORTED**

**IN THE COUNCIL'S FINANCIAL STATEMENTS.**

**Part XIV** Supplemental Information (continued)

PART XI, LINE 8 - OTHER ADJUSTMENTS:

INCREASE IN PERMANENTLY RESTRICTED NET ASSETS

DECREASE IN TEMPORARILY RESTRICTED NET ASSETS

NET ASSETS RELEASED FROM RESTRICTION





**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.

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col (c))	
		BOYPOWER DINNER	LFL GOLF OUTING	1		
		(event type)	(event type)	(total number)		
1	Gross receipts	327,309.	8,600.	20,265.	356,174.	
2	Less Charitable contributions	214,031.	5,598.	10,153.	229,782.	
3	Gross income (line 1 minus line 2)	113,278.	3,002.	10,112.	126,392.	
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs		2,718.	5,802.	8,520.
	7	Food and beverages	44,843.			44,843.
	8	Entertainment	8,614.			8,614.
	9	Other direct expenses	59,821.	284.	4,310.	64,415.
	10	Direct expense summary Add lines 4 through 9 in column (d)				( 126,392 )
	11	Net income summary Combine line 3, column (d), and line 10				0.

**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))
Revenue	1	Gross revenue			
	2	Cash prizes			
Direct Expenses	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. Combine line 1, column d, and line 7			

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. \_\_\_\_\_

☐ Yes ☐ No☐ Yes    ☐ No

13a	%
-----	---

13b	%
-----	---

13b	%
-----	---

13b	%
-----	---

13b	%
-----	---

13b	%
-----	---

☐ Yes    ☐ No☐ Yes    ☐ No☐ Yes    ☐ No☐ Yes    ☐ No☐ Yes    ☐ No☐ Yes    ☐ No☐ Yes    ☐ No☐ Yes    ☐ No☐ Yes    ☐ No

☐ Independent contractor

☐ Yes    ☐ No☐ Yes ☐ No☐ Yes ☐ No☐ Yes ☐ No

**SCHEDULE M  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

► **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**  
► **Attach to Form 990.**

OMB No 1545-0047

**2010**

**Open to Public  
Inspection**

Name of the organization

**LONGHOUSE COUNCIL INC**

Employer identification number

**16-0966978**

**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				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
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	X	1	77,100.	FMV
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 ► ( )				
26 Other ► ( )				
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**

**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?

**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?

**32a** Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

**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.

	Yes	No
<b>30a</b>		X
<b>31</b>		X
<b>32a</b>		X

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

**Schedule M (Form 990) (2010)**

**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

**2010**

Open to Public  
Inspection

Name of the organization

LONGHOUSE COUNCIL INC

Employer identification number

16-0966978

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

LAWRENCE & CAYUGA BY MAKING SCOUTING TRAINING AVAILABLE TO ALL BOYS AND  
YOUNG MEN AGES 7-21 AND YOUNG WOMEN AGES 14-21 AND SERVING  
ORGANIZATIONS AND COMMUNITY GROUPS USING THE SCOUTING PROGRAM WHILE  
MAINTAINING STANDARDS AND POLICIES, PROTECTING OFFICIAL BADGES AND  
INSIGNIA, AND PROVIDING ADEQUATE LEADERSHIP AND FINANCES.

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

SCOUTING PROGRAM WHILE MAINTAINING STANDARDS AND POLICIES, PROTECTING  
OFFICIAL BADGES AND INSIGNIA, AND PROVIDING ADEQUATE LEADERSHIP AND  
FINANCES.

FORM 990, PART VI, SECTION A, LINE 4: THE ORGANIZATION CHANGED ITS NAME  
FROM HIAWATHA SEAWAY COUNCIL, INC. TO LONGHOUSE COUNCIL, INC.

FORM 990, PART VI, SECTION B, LINE 11: THE 990 WILL BE REVIEWED BY THE  
AUDIT COMMITTEE AND THE FINANCE COMMITTEE. IT WILL THEN BE REVIEWED AND  
APPROVED BY THE EXECUTIVE BOARD.

FORM 990, PART VI, SECTION B, LINE 12C: THE ORGANIZATION'S CONFLICT OF  
INTEREST POLICY IS MONITORED THROUGH THE USE OF AN ANNUAL REVIEW BY THE  
EXECUTIVE COMMITTEE.

FORM 990, PART VI, SECTION B, LINE 15: THE PROCESS FOR DETERMINING  
COMPENSATION AND BENEFITS OF THE ORGANIZATION'S EXECUTIVE DIRECTOR AND  
OTHER KEY EMPLOYEES IS DETERMINED USING COMPARABILITY DATA. FIVE SOURCES

Name of the organization

LONGHOUSE COUNCIL INC

Employer identification number

16-0966978

WERE COMPARED TO DETERMINE WHAT IS CONSIDERED REASONABLE COMPENSATION FOR THESE POSITIONS. THE PROCESS ALSO INCLUDED VERIFYING THAT THESE FIGURES WERE WITHIN THE ORGANIZATION'S BUDGET. ANY INCREASE MUST BE RATIFIED BY THE COMPENSATION COMMITTEE.

FORM 990, PART VI, SECTION C, LINE 18: THE ORGANIZATION HAS THIS INFORMATION AVAILABLE UPON REQUEST.

FORM 990, PART VI, SECTION C, LINE 19: INFORMATION IS AVAILABLE FOR REVIEW AT THE BREWERTON ROAD OFFICE BY APPOINTMENT.

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

NET UNREALIZED GAINS ON INVESTMENTS:	65,287.
PRIOR PERIOD ADJUSTMENTS:	-20,000.
INCREASE IN PERMANENTLY RESTRICTED NET ASSETS	160.
DECREASE IN TEMPORARILY RESTRICTED NET ASSETS	-12,016.
NET ASSETS RELEASED FROM RESTRICTION	5,201.
TOTAL TO FORM 990, PART XI, LINE 5	38,632.

FORM 990, PART XI, LINE 2C

THE ORGANIZATION HAS AN AUDIT COMMITTEE THAT OVERSEAS THE AUDIT. THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.











**Part VII** Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Lined area for supplemental information.

**CERTIFICATE OF AMENDMENT  
OF THE  
CERTIFICATE OF INCORPORATION  
OF  
HIAWATHA SEAWAY COUNCIL, INC., BOY SCOUTS OF AMERICA**

*Under Section 803 of the Not-for-Profit Corporation Law*

The undersigned, being the President of HIAWATHA SEAWAY COUNCIL, INC., BOY SCOUTS OF AMERICA, does hereby certify:

1. The name of the corporation is Hiawatha Seaway Council, Inc., Boy Scouts of America (the "Corporation"). The Corporation was originally formed under the name "Onondaga Council, Inc., Boy Scouts of America."

2. The Certificate of Consolidation was filed by the Department of State on October 22, 1969.

3. The Corporation was formed under the New York Membership Corporation Law.

4. The Corporation is a corporation as defined in subparagraph (a) (5) of Section 102 of the Not-for-Profit Corporation Law, and is a Type B corporation as defined in Section 201 of the Not-for-Profit Corporation Law.

5. The amendment effected by this Certificate of Amendment is as follows:


Paragraph FIRST of the Certificate of Incorporation related to the corporate name is hereby amended to read in its entirety as follows:

**FIRST:** The name of the corporation shall be LONGHOUSE COUNCIL, INC., BOY SCOUTS OF AMERICA.

6. The Secretary of State is designated as agent of the Corporation upon whom process against it may be served. The address to which the Secretary of State shall forward copies of process accepted on behalf of the Corporation is: 2803 Brewerton Road, Syracuse, New York 13211.


7. The Certificate of Amendment was authorized by a vote of a majority of the members entitled to vote thereon at a duly called meeting.

IN WITNESS WHEREOF, I have made and subscribed and acknowledged this Certificate of Amendment to the Certificate of Incorporation this 27<sup>th</sup> day of July, 2010.

  
\_\_\_\_\_  
Orrin B. MacMurray  
President

STATE OF NEW YORK     )  
                                  ) ss.:  
COUNTY OF ONONDAGA )

On the 27<sup>th</sup> day of July in the year 2010 before me, the undersigned, a notary public in and for said State, personally appeared Orrin B. MacMurray, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that she executed the same in her capacity, and that by her signature on the instrument, the individual or the person upon behalf of which the individual acted, executed this instrument.

  
\_\_\_\_\_  
Notary Public

  
MICHELLE A. STERIA  
Notary Public, State of New York  
Qualified in Onondaga County  
Commission Expires Nov. 22, 2013

N. Y. S. DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS AND STATE RECORDS

ALBANY, NY 12231-0001

FILING RECEIPT

ENTITY NAME: LONGHOUSE COUNCIL, INC., BOY SCOUTS OF AMERICA

DOCUMENT TYPE: AMENDMENT (DOMESTIC NFP)  
PROCESS NAME

COUNTY: ONON

FILED: 08/02/2010 DURATION: \*\*\*\*\* CASH#: 100802000631 FILM #: 100802000578

FILER:

AMY L. LABARGE, LEGAL ASSISTANT  
BOND, SCHOENECK & KING, PLLC  
ONE LINCOLN CENTER  
SYRACUSE, NY 13202

ADDRESS FOR PROCESS:

THE CORPORATION  
2803 BREWERTON ROAD  
SYRACUSE, NY 13211

REGISTERED AGENT:

SERVICE COMPANY: BOND, SCHOENECK & KING, PLLC - 42

SERVICE CODE: 42

FEES	55.00
FILING	30.00
FAX	0.00
CERT	0.00
COPIES	0.00
HANDLING	25.00

PAYMENTS	55.00
CASH	0.00
CHECK	0.00
CHARGE	0.00
DRAWDOWN	55.00
OPAL	0.00
REFUND	0.00

DOS-1025 (04/2007)

## Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

► **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

**Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**

**Electronic filing (e-file).** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on **e-file for Charities & Nonprofits**.

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only ☐

*All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.*

Type or print	Name of exempt organization	Employer identification number
	LONGHOUSE COUNCIL INC	16-0966978
	Number, street, and room or suite no. If a P.O. box, see instructions. 2803 BREWERTON ROAD	
File by the due date for filing your return. See instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions. SYRACUSE, NY 13211-1003	

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	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	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

### THE ORGANIZATION

- The books are in the care of ► **2803 BREWERTON ROAD - SYRACUSE, NY 13211-1003**

Telephone No. ► **315-463-0201**

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) . 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.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **AUGUST 15, 2011**, to file the exempt organization return for the organization named above. The extension

is for the organization's return for:

► ☒ calendar year **2010** or

► ☐ tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

- 2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return  
☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Form 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.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

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

LHA For Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev. 1-2011)

- 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).

<b>Part II</b>		<b>Additional (Not Automatic) 3-Month Extension of Time.</b> Only file the original (no copies needed).	
Type or print  File by the extended due date for filing your return. See instructions.	Name of exempt organization		Employer identification number
	LONGHOUSE COUNCIL INC		16-0966978
	Number, street, and room or suite no. If a P.O. box, see instructions. 2803 BREWERTON ROAD		
City, town or post office, state, and ZIP code. For a foreign address, see instructions. SYRACUSE, NY 13211-1003			

Enter the Return code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	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.**

JUDI FAZIO

- The books are in the care of ☒ 2803 BREWERTON ROAD - SYRACUSE, NY 13211-1003

Telephone No. ☒ 315-463-0201

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) ☐. 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, 2011.

5 For calendar year 2010, 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

**ADDITIONAL TIME IS NEEDED TO GATHER INFORMATION TO FILE AN ACCURATE TAX RETURN.**

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	0.
b If this application is for Form 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.	8b	\$	0.
c <b>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.	8c	\$	0.

### Signature and Verification

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 *Paula D. Deckman* Title CFA

Date 8/11/11

Form 8868 (Rev. 1-2011)