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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)

Open to Public Inspection

OMB No 1545-0047

The organization may have to use a copy of this return to satisfy state reporting requirements A For the 2010 calendar year, or tax year beginning and ending Check if applicable C Name of organization D Employer identification number BOY SCOUTS OF AMERICA, POTAWATOMI AREA Address change COUNCIL-OPERATING Name Ichange 39-0806342 Doing Business As Initial Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Termin-262-544-4881 804 BLUEMOUND ROAD Amended return 2,648,396. City or town, state or country, and ZIP + 4 G Gross receipts \$ Applica-tion WAUKESHA, WI 53188-1698 H(a) Is this a group return pending Yes X No F Name and address of principal officer PATRICK SCHERER for affiliates? SAME AS C ABOVE H(b) Are all affiliates included? \_\_\_\_ Yes \_\_\_\_ No Tax-exempt status: X 501(c)(3) (insert no.) 4947(a)(1) or If "No," attach a list (see instructions) J Website: ► WWW.PACBSA.ORG H(c) Group exemption number ► 1761 Year of formation: 1931 M State of legal domicile: WI K Form of organization: X Corporation Trust Part I Summary Briefly describe the organization's mission or most significant activities SCOUTING Activities & Governance 2 Check this box 

if the organization discontinued its operations or disposed of more than 25% of its net assets 68 Number of voting members of the governing body (Part VI, line 1a) 68 Number of independent voting members of the governing body (Part VI, line 1b) 4 57 Total number of individuals employed in calendar year 2010 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 2577 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. b Net unrelated business taxable income from Form 990-T, line 34 **Prior Year Current Year** 458,569. 585,311. Contributions and grants (Part VIII, line 1h) Revenue 605,885. Program service revenue (Part VIII, line 2g) 427,349. Investment income (Part VIII, column (A), lines 3,4, and 7d) 29,348. 10 31,843. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 116) 2011

Total revenue - add lines 8 through 11 (must equal Eart VIII, column (A), line 12) <u>467,512</u> <u>573,735.</u> 11 382,778. 796,774. Grants and similar amounts paid (Part IX, column (A), lines\_1-3)-1,299. 1,680. Benefits paid to or for members (Part IX, column (A), line (1) (3) О. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 787<u>,556</u> 855,3<u>23.</u> 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. b Total fundraising expenses (Part IX, column (D), line 25) 50,866. 670,467 852,410. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 459,322. 709,413. 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) <76,544. 87,361. Revenue less expenses Subtract line 18 from line 12 Assets or Balances Beginning of Current Year End of Year <u>2,422,403.</u> 20 Total assets (Part X, line 16) 2,346,635. 275,074. 253,116. 21 Total liabilities (Part X, line 26) Net assets or fund balances Subtract line 21 from line 20 2,071,561. 2,169,287. 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 Signature of officer Sign Here PATRICK SCHERER, SCOUT EXECUTIVE Type or print name and title Ш Date PTIN Print/Type preparer's name Preparer's signature **≨**Paid DANIEL R. BROPHEY DANIEL R. BROPHEY 04/01/11 self-employed ≪Rreparer Firm's name REILLY, PENNER & BENTON LLP Firm's EIN Firm's address 1233 N. MAYFAIR ROAD, STE 302 Hise Only Phone no. (414) 271-7800 MILWAUKEE, WI 53226

X Yes No

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

	n 980 (2010) • COUNCIL-OPERATING 39-08063	42 Page 2
Par	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response to any question in this Part III	
1	Briefly describe the organization's mission:	
	TO PREPARE YOUNG PEOPLE TO MAKE ETHICAL CHOICES OVER THEIR LIFET	TMES
	BY INSTILLING IN THEM THE VALUE OF THE SCOUT OATH AND LAW.	<u> </u>
	DI INDITEDING IN THEM THE VALUE OF THE DECOT ONTH AND DAW.	
		<del></del>
2	Did the organization undertake any significant program services during the year which were not listed on	- <del></del>
	the pnor Form 990 or 990-EZ?	Yes X 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 X 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		05,885.)
74	THE COUNCIL DEVELOPS CHARACTER, CITIZENSHIP AND PERSONAL FITNESS	
	YOUNG PEOPLE IN OUR AREA THROUGH THE PROGRAM AND ACTIVITIES OF T	
		ne boi
	SCOUTS OF AMERICA.	
	TOTAL YOUTH SERVED 12/31/10-7,933	
4b	(Code ) (Expenses \$including grants of \$) (Revenue \$	
7.5	/Laponises 4 molecumy grants of 4 // revenue 4	,
		<del></del>
4c	(Code. ) (Expenses \$ including grants of \$ ) (Revenue \$	
40	(Code ) (Expenses $\phi$ including grains of $\phi$ ) (Nevertible $\phi$	,
	<del></del>	
	<del></del>	
	Other program and upon (Decombs in Cohedida O.)	
4d		
	(Expenses \$ including grants of \$ ) (Revenue \$ )	
4e	Total program service expenses ► 1,610,993.	
	F	orm <b>990</b> (2010)

Form 990 (2010) COUNCIL-OPERATING
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3_		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4_	-	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? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to			х
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	,		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	7		
0	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide	-		
•	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			
	If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X	_ <del></del>		
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			•
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			i
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		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? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		7.7	
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	10-	х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	12a	4	
J	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	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? If "Yes," complete Schedule F, Parts I and IV	14b		<u>x</u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		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? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			_
	1c and 8a? If "Yes," complete Schedule G, Part II	_18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		X
þ	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)	20b		<u> </u>

Form 990 (2010) COUNCIL-OPERATING
Part IV Checklist of Required Schedules (continued) 39-0806342 Page 4

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		_X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		_X_
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No", go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
-	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		x
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			
	Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
20	instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		- 41
·	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	х	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		Λ
30	contributions? If "Yes," complete Schedule M	30		Х
24	•	30		Λ
31	Did the organization liquidate, terminate, or dissolve and cease operations?  If "Yes," complete Schedule N, Part I	24		Х
20		31		Λ
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	00		х
20	Schedule N, Part II	32		Λ
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	00		v
0.4	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity?		v	
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	X	v
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		X
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			,
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	

Form **990** (2010)

	Check if Schedule O contains a response to any question in this Part V			
	Check in Controlled C Controlled in Companies to Carry 440001001 in Time 1 2000		Yes	
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		165	No
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable  1b  0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
_	(gambling) winnings to prize winners?	1c		
2a	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 2a 57			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		х
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	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)?	4a		X
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			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
6a	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?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
_	were not tax deductible?	6b		ļ
7	Organizations that may receive deductible contributions under section 170(c).		х	
a	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? If "Yes," did the organization notify the donor of the value of the goods or services provided?	7a 7b	X	
b	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	76	Λ	
·	to file Form 8282?	7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		X
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting			
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		ļ
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter.			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders  11a			
þ	Gross income from other sources (Do not net amounts due or paid to other sources against			
10-	amounts due or received from them)  Coation (047(-V4)) and average aboritable trusted to the exceptration filing Form 900 in liquid Form 10412	40-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12a		<u> </u>
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year  Section 501(c)(29) qualified nonprofit health insurance issuers.			
13	Is the organization licensed to issue qualified health plans in more than one state?	13a	L	-
а	Note. See the instructions for additional information the organization must report on Schedule O	134	<del></del>	<del>                                     </del>
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			
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
	·	Form	990	(2010)

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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					$\mathbf{x}$
Sec	tion A. Governing Body and Management					
				T	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	68			
b	Enter the number of voting members included in line 1a, above, who are independent	1b	68			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	p with any other				
	officer, director, trustee, or key employee?	-		2	X	
3	Did the organization delegate control over management duties customarily performed by or under the	ne direct supervision		ĺ		
	of officers, directors or trustees, or key employees to a management company or other person?		L	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form	990 was filed?	-	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?	Ļ	5		X
6	Does the organization have members or stockholders?		L	6	<u>X</u>	
7a	Does the organization have members, stockholders, or other persons who may elect one or more m	embers of the				
	governing body?		-	<u>7a</u>	X	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other pe	ersons?	_	7b	X	<u> </u>
8	Did the organization contemporaneously document the meetings held or written actions undertaker	during the year				
	by the following:		İ			
а	The governing body?		ļ-	<u>8a</u>	_X	
b	Each committee with authority to act on behalf of the governing body?		- }	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re	ached at the	1	. 1		
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F	Revenue Code.)				T
			Г	40	Yes X	No
	Does the organization have local chapters, branches, or affiliates?	aboutore officiates	F	<u>10a</u>		
b	If "Yes," does the organization have written policies and procedures governing the activities of such	cnapters, amiliates,		406	х	
	and branches to ensure their operations are consistent with those of the organization?	filing the form?	ŀ	10b	X	
_	Has the organization provided a copy of this Form 990 to all members of its governing body before	ming the form?	F	11a		
10a	Describe in Schedule O the process, if any, used by the organization to review this Form 990.  Does the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
12a	Are officers, directors or trustees, and key employees required to disclose annually interests that co	uld awe rise	ŀ	ıza		
D	to conflicts?	dia give rise		12b	X	
_	Does the organization regularly and consistently monitor and enforce compliance with the policy? If	"Yes " describe	r	12.0		
ŭ	In Schedule O how this is done	, 55, 255555		12c	X	
13	Does the organization have a written whistleblower policy?		Ī	13	Х	
14	Does the organization have a written document retention and destruction policy?		Ì	14	X	
15	Did the process for determining compensation of the following persons include a review and approx	al by independent	Ī			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision					
а	The organization's CEO, Executive Director, or top management official			15a	Х	
b	Other officers or key employees of the organization		Ī	15b		Х
_	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions )	•				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ement with a				
	taxable entity during the year?		L	16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to ev	aluate its participation	1			
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the org	ganization's				
	exempt status with respect to such arrangements?			16b		<u> </u>
Sec	tion C. Disclosure	_				
17	List the states with which a copy of this Form 990 is required to be filed ►WI					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	T (501(c)(3)s only) ava	ulable f	or		
	public inspection Indicate how you make these available. Check all that apply					
	Own website X Another's website Upon request					
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents,	conflict of interest pol	icy, an	d fina	ncıal	
	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 org	anızatı	on: 🕨		
	COUNCIL BOOKKEEPER - 262-544-4881					
	804 BLUEMOUND ROAD, WAUKESHA, WI 53188-1698					

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Form 990 (2	י (2010	COUNCIL-	OPERA	TING			39-0806342	Page
Part VII	Compensation	of Officers,	Directo	rs, Trustees, K	ey Employees, H	lighest Compe	nsated	

Employees,	, and Indepo	endent Cor		•	•	•	-	-	•	_		
Check if Sched	lule O contains	a response to	any question	n in this	Part V	/I)						

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.

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

- 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

(A)	(B)			((				(D)	(E)	(F)
Name and Title	Average hours per week	È		Pos all t		app	ly)	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
JIM MURRAY	1 00									
PRESIDENT	1.00	X		_				0.	0.	0.
DON REINICKER	1 00	\ •							^	^
IMMEDIATE PAST PRESIDENT	1.00	X		<del> </del>	-	-		0.	0.	0.
BRETT MILLER	1.00	x						0.	0.	0.
EXECUTIVE VICE-PRESIDENT	1.00	^						0.	0.	<u> </u>
BOB JARCHOW	1.00	x						0.	0.	0.
COUNCIL COMMISSIONER	1.00	1	-			<del> </del>		0.	<u> </u>	
TOM CURL VICE PRESIDENT	1.00	x						0.	0.	0.
JEAN GUZETTA	1.00	1							<u> </u>	<u>.</u>
VICE PRESIDENT - ADMIN. & GOVERNANCE	1.00	x						0.	0.	0.
GEOFF BLAESING										
VICE PRESIDENT - DISTRICT OPERATIONS	1.00	X						0.	0.	0.
MARTA BARTOLACCI						ĺ				
VICE PRESIDENT - FUND DEVELOPMENT	1.00	X						0.	0.	0.
TOM HOCHULI										
VICE PRESIDENT - MARKETING	1.00	X						0.	0.	0.
KATHLENE SISSON							_			
VICE PRESIDENT - MEMBERSHIP	1.00	X						0.	0.	0.
MARK NELSON										
VICE PRESIDENT - PROGRAM	1.00	Х						0.	0.	0.
PAUL LIMA		l								
VICE PRESIDENT - SCOUTREACH	1.00	X						0.	0.	0.
TOM MCMAHON		1								_
VICE PRESIDENT - VOLUNTEERISM	1.00	X						0.	0.	0.
MIKE SCHMELING		1						_	_	_
TREASURER	1.00	X				ļ	_	0.	0.	0.
MARTIN T. JANNSEN									_	_
ASSISTANT TREASURER	1.00	X				ļ		0.	0.	0.
RICHARD KOBRIGER		l								_
LEGAL COUNSEL	1.00	X	_	<u> </u>	<u> </u>		_	0.	0.	0.
BART ADAMS	, ,,									_
MEMBER	1.00	X		<u> </u>	<u> </u>	<u> </u>		0.	0.	0.
032007 12-21-10										Form <b>990</b> (2010)

Part VII Section A. Officers, Directors, Tru		nple	yee			High	est		ees (continued)	-,	
(A)	(B)			((	C)			(D)	(E)		(F)
Name and title	Average hours per	l (c			itior that	n : app	ılv)	Reportable compensation	Reportable compensation		Estimated amount of
	week (describe hours for related organizations in Schedule	Individual trustee or director	nstitutional trustee	Officer		Highest compensated Employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	co	other impensation from the irganization and related irganizations
JACK ALBERT	O)	=	=	-	3	= 5	<u>-</u>		<del></del>	_	
MEMBER	1.00	X						0.	0		0.
JOHN BECHTHOLD											_
MEMBER	1.00	X	_			<u> </u>		0.	0		0.
JIM BERES								_	_		_
MEMBER	1.00	X		<u> </u>	╄	<u> </u>		0.	0	•	0.
JOHN BORDEN	1 00								•		0
MEMBER	1.00	X	_	<u> </u>		-	$\vdash$	0.	0	4	0.
GENE BURKE	1.00	x		l				0.	C		0.
MEMBER DEAN CASPER	1,00	^	├─		1	+		0.		+	· ·
MEMBER	1.00	X						0.	C		0.
ANDY CHRISTIANSON							T		<del></del>		
MEMBER	1.00	x					1	0.	C	•	0.
JOE COMO											
MEMBER	1.00	X	L.		<u> </u>	_		0.	C	•	0.
CHARLIE COUSLAND									_	ł	
MEMBER	1.00	X			<u> </u>	Ļ	<u></u>	0.	<u>C</u>		0.
1b Sub-total								0.			0.
c Total from continuation sheets to Part V	II, Section A							117,554. 117,554.	<u>.</u>		17,618. 17,618.
d Total (add lines 1b and 1c)  2 Total number of individuals (including but r	not limited to th		liete	nd a	bov	a) w/	ho r		-	•	17,010.
compensation from the organization	iot innited to ti	1036	iiste	Jua	DOV	C) W	1101	eceived more man proc	,000 iii reportable		1
											Yes No
3 Did the organization list any former officer,	director or tru	stee	, ke	y en	nplo	yee,	or I	highest compensated en	nployee on		
line 1a? If "Yes," complete Schedule J for s	ach individual									3	<u> </u>
4 For any individual listed on line 1a, is the si									the organization		
and related organizations greater than \$15										4	X
5 Did any person listed on line 1a receive or					-		relat	ted organization or indivi	dual for services		,
rendered to the organization? If "Yes," com Section B. Independent Contractors	iplete Schedul	e J i	or s	uch	per	son				5	<u>                                     </u>
Complete this table for your five highest co	mnensated in	den	ande	nt c	ont	ract	ore 1	that received more than	\$100 000 of comps	neatio	n from
the organization NONE	mpensated in	аср	J., G.C.	,,,,,	,,,,,,	· act	J. J	mat received more than	ψ100,000 or compo	, ioutio	
(A)								(B)			(C)
Name and business	address							Description of s	ervices		pensation
											<del> </del>
											<u>-</u>
							$\neg$				
											<u>.                                    </u>
2 Total number of independent contractors (	including but r	ot li	mıte	d to	tho	se li	stec	d above) who received m	ore than		
\$100,000 in compensation from the organi						0	<b></b> -				000
כבה סאסת נודד כבכתדה	NI X ጦርነሽ፣	I) T 1	ATT T 7	٧Щ,	$r \cap 1$	RT (	יעויו	D DMC		E 0.00	m <b>991</b> (2010)

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Part VII   Section A. Officers, Directors (A)	(B)	<u> </u>	,,,,,,	<u>5, u.</u> (C	) )	<u></u>		(D)	(E)	(F)
Name and title	Average hours	(cl	heck	Posi	tion		ly)	Reportable compensation	Reportable compensation from related	Estimated amount of
	per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
JOHN CURTIS, SR. MEMBER	1.00	x						0.	0.	0
JOE DALUM	1,00							<u> </u>	<u> </u>	
MEMBER	1.00	x						0.	0.	0
THOMAS DALUM										
MEMBER	1.00	x						0.	0.	0
DEAN DANNER		T-								
MEMBER	1.00	x						0.	0.	0
BRIAN DOROW										
MEMBER	1.00	X						0.	0.	0
BERNIE FIELDER										
MEMBER	1.00	Х						0.	0.	0
MICHAEL FITZPATRICK										
MEMBER	1.00	X						0.	0.	0
MIKE FLEMING								_	_	_
MEMBER	1.00	X	$\vdash \vdash$					0.	0.	0
BYRON FOSTER	1 00	,							_	•
MEMBER	1.00	X		-				0.	0.	0
MIKE GARVEY	1.00	v						0.	0.	0
MEMBER DD BLLL CEMMEN	1.00	^				-		0.	0.	
DR. BILL GETTER MEMBER	1.00	x		Ì				0.	0.	0
BOB GUNERMAN	1.00	<u> </u>		-				· · · · ·		
MEMBER	1.00	x						0.	0.	0
DAN HART		<u></u>						, , , , , , , , , , , , , , , , , , ,		
MEMBER	1.00	x						0.	0.	0
KEITH HENDERSON										
MEMBER	1.00	Х						0.	0.	0
DAVID HINZ				T						
MEMBER	1.00	Х	Ш					0.	0.	0
DAVE JONES										
MEMBER	1.00	X		ļ				0.	0.	0
MITCH KEIM		_						<u> </u>	_	
MEMBER	1.00	X						0.	0.	0
GABE KOLESARI		<u>.</u>			j					_
MEMBER	1.00	X						0.	0.	0
LEO LESCH	1 00	, ,								_
MEMBER	1.00	X	$\vdash$			_		0.	0.	0
MARLENA MACKIE	1 00	۱,,		-					ا ۾	•
MEMBER	1.00	X						0.	0.	0

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Part VII Section A. Officers, Directors,		mplo	yee	s, ar	nd F	łigh	<u>est</u>	Compensated Employ		<i>(</i> =\
(A) Name and title	(B) Average hours	(cl		Posi all t	tion		ly)	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
GEORGE MEYER	1 00								•	•
MEMBER	1.00	X				ļ		_ 0.	0.	0.
VIRGINIA MURPHY	1 00	v						0.	0.	0.
MEMBER	1.00	₽	_					0.	0.	0.
GREG NEBEL	1 00	l 🐷						0.	0.	0
MEMBER	1.00	X		├─┤				0.	U.	0.
BRIAN NELSON	1.00	x						0.	0.	0.
MEMBER	1.00	┢≏	-	$\vdash$		-	-		U •	<u></u>
BILL OTTO	1.00	X					ľ	0.	0.	0.
MEMBER DAVID PETERSON	1.00	A						0.		
MEMBER	1.00	x						0.	0.	0.
JAMES PIHRINGER	1.00								0.	•
MEMBER	1.00	x						0.	0.	0.
JACK POLLOCK		<del></del>								
MEMBER	1.00	x						0.	0.	0.
ANDY PORTALE										-
MEMBER	1.00	X						0.	0.	0.
JACK REISCH										
MEMBER	1.00	X						0.	0.	0.
JOE SCHMIDT										
MEMBER	1.00	Х						0.	0.	0.
LARRY SCHOENBERGER								1		
MEMBER	1.00	X						0.	0.	0.
JOHN SCHWAB								_		_
MEMBER	1.00	X						0.	0.	0,
RANDY SMITH		l							_	
MEMBER	1.00	X				-		0.	0.	0.
DICK STELDT	1 00	l <u></u>							•	
MEMBER	1.00	X		_	_	<u> </u>	_	0.	0.	0.
LUCIEN VAN ELSEN	1 1 00	,,							^	_
MEMBER	1.00	X	_	$\vdash$		-	$\vdash$	0.	0.	0.
DAVE VELCHECK	1 1 1 1						1		^	_
MEMBER	1.00	<u> </u>	-	$\vdash$		<del> </del>	-	0.	0.	0.
JOE WESTER	1.00	\ <sub>v</sub>						0.	0.	0.
MEMBER	1.00	1	_	Н		<del>                                     </del>	-	0.	0.	<u> </u>
LARRY WINKELHAKE	1.00	v					1	0.	0.	0.
MEMBER MON WILLIAM	1.00	<u> </u>	$\vdash$	$\vdash$		<del>                                     </del>		0.	0.	<u> </u>
TOM WRIGHT	1.00	y						0.	0.	0.
MEMBER	1.00	14	Ь			Ь		<del>                                     </del>	<u> </u>	· ·

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Form 990 (2010) COUNCIL -								<del></del>	<u> 39-080</u>	6342
		mplo	yee			ligh	est	Compensated Employ		
(A) Name and title	(B) Average hours	Average Posit hours (check all the						( <b>D)</b> Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
TED WYSOCKI MEMBER	1.00	x						0.	0.	_ 0
STEVE ZAJC MEMBER	1.00	x						0.	0.	0
JOE ZIDANIC MEMBER	1.00							0.	0.	0
PATRICK SCHERER	1.00			<del> </del>	┢	$\vdash$				
SCOUT EXECUTIVE	50.00			x				117,554.	0.	17,618
		ļ								
				_						
							;			
								-		
····				-						
		<del> -</del>	-	<u> </u>						
				_			-			
		-		<u> </u>		<u> </u>				
				<u></u>						
Total to Part VII, Section A, line 1c								117,554.		17,618

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Pa	rt VII	II Statement of Rever	nue					
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
e   Contributions, gifts, grants   and other similar amounts	e f g	Membership dues Fundraising events Related organizations Government grants (contribut All other contributions, gifts, gran similar amounts not included abo Noncash contributions included in lines Total. Add lines 1a-1f	ts, and ve 1f	381,767. 5,000.  Business Code 721210	585,311. 357,426.	357,426.		
Program Service Revenue	b c d e f	ACTIVITY REVENU	IE	900099	248,459.	248,459.		
Other Revenue	3 4 5	Investment income (including other similar amounts) Income from investment of tax Royalties		<b>•</b>	31,843.			31,843.
	6 a b c d	Less rental expenses Rental income or (loss)	(i) Securities	(ii) Other				
	b c d	assets other than inventory Less: cost or other basis and sales expenses Gain or (loss) Net gain or (loss) Gross income from fundraising		<u> </u>				
	С	contributions reported on line Part IV, line 18 Less direct expenses Net income or (loss) from fund Gross income from gaming ac	1c) See a t traising events	241,112. 88,484.	152,628.			152,628.
	с 10 а	Part IV, line 19 Less. direct expenses Net income or (loss) from gam Gross sales of inventory, less and allowances Less cost of goods sold	returns					
	c	Miscellaneous Revenu MISCELLANEOUS I	s of inventory e NCOME	Business Code 900099	357,736. 63,371.	357,736.		63,371.
	d e 12	All other revenue  Total. Add lines 11a 11d  Total revenue. See instructions.		<b>&gt;</b>	63,371. 1,796,774.	963,621.	0	. 247,842.

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# Form 990 (2010) COUNCIL-OPERATING Part IX Statement of Functional Expenses

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

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

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

	All other organizations must com	plete column (A) but are	not required to complete		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> 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	1,680.	1,680.		
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	135,172.	128,008.	3,785.	3,379.
6	Compensation not included above, to disqualified			· <del>-</del>	
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	566,036.	542,280.	12,549.	11,207.
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits	92,423.	87,965.	2,356.	2,102.
10	Payroll taxes	61,692.	58,686.	1,588.	1,418.
11	Fees for services (non-employees)				
а	Management				
b	Legal				
С	Accounting	16,650.		16,650.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other	23,902.	22,886.	537.	479.
12	Advertising and promotion				
13	Office expenses	34,456.	32,733.	878.	845.
14	Information technology				
15	Royalties				
16	Occupancy	57,271 <b>.</b>	56,075.	632.	564.
17	Travel	28,018.	26,844.	620.	554.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	11,811.	11,325.	257.	229.
20	Interest	<del>,</del>			
21	Payments to affiliates	22,915.	22,915.		
22	Depreciation, depletion, and amortization	101,843.	96,650.	2,744.	2,449.
23	Insurance	28,772.	27,612.	613.	547.
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.)				
а	PROGRAM SUPPLIES & EXPE	464,513.	437,564.	774.	26,175.
b	MISCELLANEOUS	35,258.	31,069.	3,543.	646.
С	RECOGNITION AWARDS	27,001.	26,701.	28.	272.
d		<b>,</b>			_ · •
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	1,709,413.	1,610,993.	47,554.	50,866.
<u></u> 26	Joint costs Check here ▶ ☐ If following SOP			,	- • • <del>•</del> -
_•	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				

Form 990 (2010) \*
Part X | Balance Sheet

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Par	rt X	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	207,477.	1_	305,372.
	2	Savings and temporary cash investments		2_	
	3	Pledges and grants receivable, net	32,784.	3	84,150.
	4	Accounts receivable, net	69,430.	4	41,432.
	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			
Ø		employees' beneficiary organizations (see instructions)	_	6_	<del></del> .
Assets	7	Notes and loans receivable, net		7	
As	8	Inventories for sale or use	14,853.	8	1,308. 12,841.
	9	Prepaid expenses and deferred charges	107,780.	9	12,841.
	10a	Land, buildings, and equipment. cost or other			
		basis Complete Part VI of Schedule D 10a 2,939,226			4 055 000
		Less accumulated depreciation 10b 961,926	. 1,914,311.		1,977,300.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	2 246 625	15	2 422 402
	16 17	Total assets. Add lines 1 through 15 (must equal line 34) Accounts payable and accrued expenses	2,346,635. 35,560.	16	2,422,403. 51,496.
	18	Grants payable  Grants payable	33,300.	17 18	31,430.
	19	Deferred revenue	147,022.	19	80,086.
	20	Tax-exempt bond liabilities	117,022.	20	00,000.
w	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees,		-	
ig		highest compensated employees, and disqualified persons Complete Part II			
Ë		of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	28,846.	23	69,979.
	24	Unsecured notes and loans payable to unrelated third parties	•	24	
	25	Other liabilities. Complete Part X of Schedule D	63,646.	25	51,555.
	26	Total liabilities. Add lines 17 through 25	275,074.	26	253,116.
		Organizations that follow SFAS 117, check here   X and complete			
es		lines 27 through 29, and lines 33 and 34.			
anc	27	Unrestricted net assets	2,052,313.	27	2,092,991.
3al	28	Temporarily restricted net assets	19,248.	28	76,296.
l pu	29	Permanently restricted net assets		29	
Fu		Organizations that do not follow SFAS 117, check here   and			
ō		complete lines 30 through 34.			
sets	30	Capital stock or trust principal, or current funds		30	
Ass	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds		32	
~	33	Total net assets or fund balances	2,071,561.	33	2,169,287.
	34	Total liabilities and net assets/fund balances	2,346,635.	34	2,422,403.

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Form	990 (2010) ' COUNCIL-OPERATING	39-08	06342	Pag	ge <b>12</b>			
Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response to any question in this Part XI				X			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,79	6,7	<u>74.</u>			
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,70	9,4	<u>13.</u>			
3	Revenue less expenses. Subtract line 2 from line 1							
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,07	1,5	<u>61.</u>			
5	Other changes in net assets or fund balances (explain in Schedule O)	5	1	0,3	<u>65.</u>			
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	2,16	9,2	87.			
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response to any question in this Part XII				X			
				Yes	No			
1	Accounting method used to prepare the Form 990 Cash X Accrual Other		i i	'				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X			
b	Were the organization's financial statements audited by an independent accountant?		2b	_X_				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audıt,						
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X				
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O						
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a						
	separate basis, consolidated basis, or both.				1			
	X Separate basis Consolidated basis Both consolidated and separate basis							
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sil	ngle Audit						
	Act and OMB Circular A-133?		3a		X			
h	If "Ves." did the organization undergo the required guidit or guidite? If the organization did not undergo the requi	ired audit						

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

### **SCHEDULE A**

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

### **Public Charity Status and Public Support**

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

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

OMB No 1545-0047

Open to Public Inspection

Name of the organization

BOY SCOUTS OF AMERICA, POTAWATOMI AREA

Employer identification number

	COUNCIL-OPERATING										39-0806342				
Part	L	Reason	for Public Char	rity Status (All organiz	zations mu	st complet	te this par	t) See inst	tructions						
he or	ganı	zation is not a	private foundation	because it is: (For lines	1 through	11, check	only one b	ox)							
1 [		A church, coi	nvention of churche	s, or association of chur	ches desc	rıbed ın <b>se</b>	ction 170	(b)(1)(A)(i)	).						
2		A school des	cribed in section 17	70(b)(1)(A)(ii). (Attach Sc	hedule E.)										
з [		A hospital or	a cooperative hosp	ital service organization	described	n section	170(b)(1)	(A)(iii).							
4	_			operated in conjunction					(b)(1)(A)(ii	i). Enter t	the hospital's name,				
		city, and stat	е												
5 [		An organizati	on operated for the	benefit of a college or us	niversity ov	wned or op	perated by	a governi	mental uni	t describ	ed in				
		_	(b)(1)(A)(iv). (Compl	_											
6 C				nent or governmental uni	t described	d ın sectio	n 170(b)(	I)(A)(v).							
7 🗓				ceives a substantial part					r from the	general	public described in				
		-	b)(1)(A)(vi). (Comple	·			9			9	F				
8 <b></b>	$\neg$	•		section 170(b)(1)(A)(vi).	(Complete	Part II )									
9 [	$\neg$			ceives (1) more than 33			rom contri	butions, m	nembershii	o fees, a	nd 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.														
			509(a)(2). (Complete			,			, <b>g</b>		,				
10 [				perated exclusively to te	st for publ	c safety S	See sectio	n 509(a)(4	<b>\$</b> ).						
11 [	$\overline{}$	•	_	perated exclusively for the	•	•			•	v out the	purposes of one or				
		J	•	ations described in secti						•	•				
		describes the	e type of supporting	organization and compl	ete lines 1	1e through	11h	•	•	. ,					
		a Type I	· · · -	7 I		e III - Fund		egrated		d□	Type III · Other				
e 🗌		By checking	this box, I certify tha	at the organization is not	controlled	directly o	r indirectly	by one o	r more disc	qualified	persons other than				
				than one or more publicl		-									
f			=	tten determination from		-									
		_	rganization, check ti												
g		Since August	17, 2006, has the	organization accepted ai	ny gift or c	ontribution	from any	of the follo	owing pers	sons?					
		(i) A persor	n who directly or inc	lirectly controls, either al	lone or tog	ether with	persons o	lescribed	ın (ii) and (i	ııı) below	, Yes No				
		the gove	erning body of the s	upported organization?							11g(i)				
		(ii) A famıly	member of a perso	n described in (i) above?	,						11g(iı)				
		(iii) A 35% d	controlled entity of a	person described in (i)	or (II) above	e?					11g(iiı)				
h		Provide the fo	ollowing information	about the supported or	ganization	(s)									
(i) Na	me (	of supported	(ir) EIN	(iii) Type of	(iv) Is the c	organization	(v) Did yo	ı notify the	(vi) Is		(vii) Amount of				
		nization	(,	organization (described on lines 1-9		sted in your			organizátio (i) organiz	ed in the	support				
				above or IRC section	governing	document?	(i) of you	r support?	U.S	.?					
				(see instructions))	Yes	No	Yes	No	Yes	No					
						İ									
					ļ <u>.</u>										
			·												
					1										
					<u> </u>										
					ļ	ļ					<u> </u>				
									]						

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

Schedule A (Form 990 or 990-EZ) 2010

Schedule A (Form 990 or 990-EZ) 2010 COUNCIL-OPERATING

39-0806342 Page 2

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 (d) 2009 Calendar year (or fiscal year beginning in) (a) 2006 (b) 2007 (c) 2008(e) 2010 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 1084821. 691,932. 458,569. 585,311. 3855038. include any "unusual grants.") 1034405. 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 1034405. 1084821. 691,932. 458,569. 585,311. 4 Total, Add lines 1 through 3 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, 64,593. column (f) 3790445. 6 Public support. Subtract line 5 from line **Section B. Total Support** (e) 2010 (d) 2009 (f) Total Calendar year (or fiscal year beginning in) (a) 2006 (b) 2007 (c) 20083855038. 1084821 691,932. 458,569. 585,311 7 Amounts from line 4 1034405. 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties 39,845. 59,886. 60.212. 33,333. 31,843. 225,119. and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of capital 16,801 17.391 46,043. 46.586. 63,371. 190,192. assets (Explain in Part IV) 4270349. 11 Total support. Add lines 7 through 10 4,764,203. 12 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 88.76 % 14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) . 14 15 Public support percentage from 2009 Schedule A, Part II, line 14 90.00 15 16a 33 1/3% support test - 2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **▶** X stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the

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

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.

# Schedule A (Forth 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.)

Se	ction A. Public Support	now, piedoe con	pioto i dit ii j		_		
Cale	endar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7:	Amounts included on lines 1, 2, and 3 received from disqualified persons						
ì	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						
(	Add lines 7a and 7b						
_8	Public support (Subtract line 7c from line 6)						
Se	ction B. Total Support			·			<del></del>
Cale	endar year (or fiscal year beginning in) 🖊	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9	Amounts from line 6						
10	a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
1	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						J7-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
	Total support (Add lines 9, 10c, 11, and 12)	Ab = a = = = = + + + +	lo freet or	 		======================================	
14	First five years. If the Form 990 is for	ure organization	is iirst, secona, thi	ia, iouπn, or tiπn t	ax year as a secti	on out (c)(s) organiz	ation,
50	check this box and stop here ction C. Computation of Publi	c Support P	ercentage				
		<u> </u>		aduma (fl)		145	%
	Public support percentage for 2010 (li Public support percentage from 2009		•	column (I))		15	
<u>16</u> Se	ction D. Computation of Inves					110	
	Investment income percentage for 20					17	%
17	Investment income percentage from 2			rie 10, column (i))		18	·%
18	a 33 1/3% support tests - 2010. If the			on line 14, and line	e 15 is more than		
196	more than 33 1/3%, check this box ar						
1	33 1/3% support tests - 2009. If the	organization did	not check a box or	n line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%,	. —
	line 18 is not more than 33 1/3%, che			•		=	▶⊨
20	Private foundation. If the organization	n did not check a	a box on line 14, 19	a, or 19b, check to	his box and see in	structions	

### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

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

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

➤ Attach to Form 990. ➤ See separate instructions.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

BOY SCOUTS OF AMERICA, POTAWATOMI AREA COUNCIL-OPERATING

Employer identification number 39-0806342

Par	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line	e 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 advis	sed funds
	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor a	_	used only
	for charitable purposes and not for the benefit of the donor of		-
	impermissible private benefit?		Yes No
Par	t II Conservation Easements. Complete if the org	ganization answered "Yes" to Form 990, I	
1	Purpose(s) of conservation easements held by the organizati	· · ·	
	Preservation of land for public use (e.g., recreation or e		storically important land area
	Protection of natural habitat		tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied 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
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired	• •	ure
	listed in the National Register	·	2d
3	Number of conservation easements modified, transferred, rel	leased, extinguished, or terminated by th	e organization during the tax
	year >	,	ŭ ŭ
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the per		
	violations, and enforcement of the conservation easements r		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation easements of	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		
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIV, describe how the organization reports conservati	ion easements in its revenue and expens	e statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization		
	conservation easements		
Par	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or C	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 (AS	SC 958), not to report in its revenue state	ment and balance sheet works of art,
	historical treasures, or other similar assets held for public ext	hibition, education, or research in furthera	ance of public service, provide, in Part XIV,
	the text of the footnote to its financial statements that descri	bes these items.	
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statemen	t and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	• •	
	relating to these items	•	•
	(i) Revenues included in Form 990, Part VIII, line 1		<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X		► \$
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financia	al gain, provide
_	the following amounts required to be reported under SFAS 1		• • • • • • • • • • • • • • • • • • • •
а	Revenues included in Form 990, Part VIII, line 1	, ,	<b>&gt;</b> \$
	Assets included in Form 990, Part X	•	<b>&gt;</b> \$
		•	

Sche	dule D (Form 990) 2010 COUNCIL	-OPERATING						<u> 39-08</u>	06342	Page 2
Pa	rt III Organizations Maintaining C	Collections of A	rt, Hist	torical <u>Tr</u>	easures, d	or Othe	r Simil	ar Asse	<b>ts</b> (contin	ued)
3	Using the organization's acquisition, access	on, and other record	ds, checl	k any of the	following tha	it are a sig	gnıficant	use of its	collection	items
	(check all that apply)									
а	Public exhibition	c	. <u> </u>	Loan or exc	hange progra	ams				
b	Scholarly research	e	. []	Other						
С	Preservation for future generations									
4	Provide a description of the organization's continuous	ollections and explai	n how th	ney further t	he organızatı	on's exen	npt purp	ose in Par	t XIV.	
5	During the year, did the organization solicit of	or receive donations	of art, hi	istorical trea	sures, or oth	er sımılar	assets		_	
	to be sold to raise funds rather than to be m								Yes	No_
Pa	rt IV Escrow and Custodial Arran		ete if the	e organizatio	n answered	"Yes" to f	orm 990	), Part IV, I	line 9, or	
	reported an amount on Form 990, Pa	rt X, line 21.								
1a	Is the organization an agent, trustee, custod	an or other intermed	diary for	contribution	ns or other as	sets not i	ncluded	_	_	
	on Form 990, Part X?								Yes	└─ No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	llowing	table						
									Amount	
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on F	orm 990, Part X, line	217					L	Yes	U No
	If "Yes," explain the arrangement in Part XIV									
Pa	rt V Endowment Funds. Complete	f the organization ar	swered	"Yes" to Fo	rm 990, Part	IV, line 10	0.			
		(a) Current year	(b) P	Prior year	(c) Two year	rs back (	d) Three	years back	(e) Four y	ears back_
1a	Beginning of year balance	<del></del>	ļ		ļ <u>-</u> .					
b	Contributions		ļ							
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
_	and programs		<del></del>							<del> </del>
f	Administrative expenses									
9	End of year balance				!					
2	Provide the estimated percentage of the year	ir end balance held a								
a	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
C		%								
за	Are there endowment funds not in the posse	ession of the organiz	ation tha	at are neid a	ina aaministe	erea tor tn	ie organi	zation	[.	
	by									es No
	(i) unrelated organizations								3a(ı)	
_	(ii) related organizations	- 144	- Caba	4I. DO					3a(ii)	<del></del>
	If "Yes" to 3a(ii), are the related organization:	•							_3b	
Par	nt VI Land, Buildings, and Equipm				<del></del>	-				
_ <u> </u>				1	or other	(a) Aa	a. m. dat		(d) Dook	
	Description of investment	(a) Cost or o		1	or other (other)		cumulate reciation		(d) Book	value
	Land	54515 (1114651)	110111,		5,575.		-	<del>'</del>	25	,575.
1a b	Land Buildings				3,339.	6	95,9	38	$\frac{23}{1.777}$	
	Leasehold improvements			4,41	J, JJJ 6	- 0	,,,,	50.	<u> </u>	, <del>2</del> 01•
ن	Equipment		-	36	1,544.	2	08,0	59	152	,485.
	Other				8,768.		57,9			,839.
	I. Add lines 1a through 1e (Column (d) must e	oual Form 990. Part	X. colun	_		· -	<u> </u>	<u>~</u>	$\frac{20}{1,977}$	

Schedule D (Form 990) 2010

1.	(a) Description of liability	(b) Amount
(1)	Federal income taxes	
(2)	OTHER CURRENT LIABILITIES	922.
(3)	CUSTODIAL ACCOUNTS	50,633.
(4)		·
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
(11)		

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

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 2. FIN 48 (ASC 740)

Sche	dule D (Form 990) 2010 COUNCIL-OPERATING			<u> 39-0</u>	<u>806342</u>	Page 4
Par	t XI Reconciliation of Change in Net Assets from Form 990 to A	Audited Fina	ncial St	atements	<u> </u>	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		_1		1,796,	774.
2	Total expenses (Form 990, Part IX, column (A), line 25)		2		1,709,	
3	Excess or (deficit) for the year Subtract line 2 from line 1		3			361.
4	Net unrealized gains (losses) on investments		4			
5	Donated services and use of facilities		5			
			6			
6	Investment expenses	•	7			
7	Prior period adjustments	•			10	365.
8	Other (Describe in Part XIV.)		8			
9	Total adjustments (net) Add lines 4 through 8	_	9			365.
10 Dos	Excess or (deficit) for the year per audited financial statements Combine lines 3 and t XII Reconciliation of Revenue per Audited Financial Statement		10	r Poturn		726.
		II2 MILLI LEM	silue pe		1 706	774
1	Total revenue, gains, and other support per audited financial statements			1	1,796,	//4.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	1 1				
а	Net unrealized gains on investments	2a				
b	Donated services and use of facilities	2b				
С	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIV)	2d				
е	Add lines 2a through 2d			2e		0.
3	Subtract line 2e from line 1			3	1,796	774.
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				
b	Other (Describe in Part XIV )	4b		_		
C	Add lines 4a and 4b	70	_	4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			5	1,796	774
	rt XIII Reconciliation of Expenses per Audited Financial Stateme	nts With Exc	enses i			, , , , , ,
		THO WILL EXP	, 00000 p	1	1,709	113
1	Total expenses and losses per audited financial statements				<u> </u>	<del></del>
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	ا ما				
a	Donated services and use of facilities	2a		_		
þ	Prior year adjustments	2b		$\dashv$ !		
С	Other losses	2c				
d	Other (Describe in Part XIV.)	2d				•
е	Add lines 2a through 2d			2e	4 700	0.
3	Subtract line 2e from line 1			3	1,709	<u>,413.</u>
4	Amounts included on Form 990, Part IX, line 25, but not on line 1.	1 1				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIV)	4b				
С	Add lines 4a and 4b			4c		<u> </u>
	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	1,709	<u>,413.</u>
Pai	rt XIV Supplemental Information				<u></u>	
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III,	lines 1a and 4, f	Part IV, line	es 1b and 2b	o; Part V, line	4, Part
X, line	e 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also comple	ete this part to p	rovide any	additional ii	nformation	
SCI	H D PART XI LINE 8 - \$10,365 REPRESENTS A T	RANSFER	FROM	THE BO	Y SCOU!	rs
				<u> </u>		
OF	AMERICA, POTAWATOMI AREA COUNIL-TRUST FUND	TO THE	OPERA	TING F	UND.	
		-				
EFE	FECTIVE JANUARY 1, 2009 THE COUNCIL HAS IMP	LEMENTED	ACCO	UNTING	FOR	
UNC	CERTAINTY IN INCOME TAXES IN ACCORDANCE WIT	H ACCOUN	TING	PRINCI	PLES	
<u> </u>	701111111 111 11100111 1111110 111 11000111100 W				<del>====</del>	
GEN	NERALLY ACCEPTED IN THE UNITED STATES OF AM	ERTCA.	THIS	STANDA	RD	
<u> </u>	ABRABBI ACCELIED IN THE CHILD DIVIDE OF THE	DICT CIT.	11110	<u>D 11111D11</u>	<u> </u>	
סיבת	SCRIBES A RECOGNITION THRESHOLD AND MEASURE	:MENT Δጥጥ	RTRIIM	ਧ∩ਬ ਤਾ	FINANC	ΓΑΤ.
נינע	CAIDED A RECOGNITION THRESHOLD AND MEASURE	WINT BIT	TI DO I	<u> </u>	· LUMIC.	
STZ	ATEMENT RECOGNITION AND MEASUREMENT OF A TA	X POSTTT	ON TA	KEN OR	EXPEC	red
<u>~ + r</u>			<u> </u>			
тΩ	DE TAKEN IN A TAY DETIEN AND ALCO DECUTES	CHIDANC	F ON	MARTOII	C PRIA	משי

Schedule D (Form 990) 2010

# BOY SCOUTS OF AMERICA, POTAWATOMI AREA Schedule D (Form 990) 2010 COUNCIL-OPERATING 39-0806342 Page 5 Part XIV Supplemental Information (continued) MATTERS SUCH AS DERECOGNIZING, INTEREST, PENALTIES AND DISCLOSURE REQUIRED. MANAGEMENT OF THE COUNCIL EVALUATES THE UNCERTAIN TAX POSITIONS TAKEN, IF ANY, AND CONSULTS WITH OUTSIDE COUNSEL AS DEEMED NECESSARY. THE COUNCIL RECOGNIZES INTEREST AND PENALTIES, IF ANY, RELATED TO UNRECOGNIZED TAX LIABILITIES IN INCOME TAX EXPENSE.

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

Department of the Treasury

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. ➤ See separate instructions.

2010

Open To Public Inspection

Name of the organization

BOY SCOUTS OF AMERICA, POTAWATOMI AREA COUNCIL-OPERATING

Employer identification number 39-0806342

Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17 Form 990-EZ filers are not Part I required to complete this part Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations Solicitation of non-government grants а Internet and email solicitations Solicitation of government grants b Special fundraising events Phone solicitations C In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or \_ No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes 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 (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col (i) Yes No Total 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.

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

Schedule G (Form 990 or 990-EZ) 2010

## BOY SCOUTS OF AMERICA, POTAWATOMI AREA Schedule G (Form 990 or 990-EZ) 2010 COUNCIL-OPERATING

		edule G (Foi'm 990 or 990-EZ) 2010 COUNCIL-OPERATING 39-0806342 Page 2 Int 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 gr	_		•								
	<u> </u>	or land along event contributions and gr	(a) Event #1	(b) Event #2	(c) Other events								
			(a) Evolue III	LEADERSHIP	(c) carer oromo	(d) Total events							
			GALA	BREAKFAST	3	(add col (a) through							
			(event type)	(event type)	(total number)	col (c))							
J.			(0.000.0)	(2.2.2.3)	(11111)								
Revenue	1	Gross receipts	80,791.	60,565.	99,756.	241,112.							
	2	Less Charitable contributions				<del></del>							
	3	Gross income (line 1 minus line 2)	80,791.	60,565.	99,756.	241,112.							
	4	Cash prizes											
ses	5	Noncash prizes											
Direct Expenses	6	Rent/facility costs											
Direct	7	Food and beverages											
	8	Entertainment											
	9	Other direct expenses	24,488.	30,187.	33,809.	88,484.							
	10	•			<b>D</b>	( 88,484)							
	10 Direct expense summary. Add lines 4 through 9 in column (d)  11 Net income summary. Combine line 3, column (d), and line 10												
Pa				1990, Part IV, line 19, or i	reported more than	152,628.							
		\$15,000 on Form 990-EZ, line 6a		<del> </del>									
Φ			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add							
Revenue			(-) 3	bingo/progressive bingo	(3) 3 3	col (a) through col. (c))							
æ													
	1	Gross revenue											
ses	2	Cash prizes											
Expenses	3	Noncash prizes											
Direct 8	4	Rent/facility costs											
u													
	5	Other direct expenses											
	6	Volunteer labor	Yes %  No	Yes %  No	Yes %  No	<u> </u>							
	7	Direct expense summary Add lines 2 through	n 5 ın column (d)		•	(							
	8	Net gaming income summary Combine line	, column d, and line 7										
	_												
		er the state(s) in which the organization opera	-										
		he organization licensed to operate gaming ac	ctivities in each of these	states?		└── Yes └── No							
b	If "	No," explain											
	_												
40.	\A/-	ro any of the organization's service lives	wokod sussandada 4	propagated altrace at a s		Yes No							
		re any of the organization's gaming licenses re			yeai '	L Yes L No							
D		Yes," explain		<del> </del>									
	_		-		,								
	_					<u> </u>							
0320	32 O	-13-11			Schedule G (For	m 990 or 990-EZ) 2010							

## BOY SCOUTS OF AMERICA, POTAWATOMI AREA Schedulle G (Form 990 or 990-EZ) 2010 COUNCIL-OPERATING 39-080<u>6342</u> 11 Does the organization operate gaming activities with nonmembers? 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 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: Address > Yes No 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? 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 > Gaming manager information: Gaming manager compensation ▶ \$ Description of services provided Director/officer Independent contractor 17 Mandatory distributions a Is the organization required under state law to make charitable distributions from the gaming proceeds to Yes No retain the state gaming license? 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. Complete this part to 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 L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

### **Transactions With Interested Persons**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

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

2010 2010

Open To Public Inspection

	C0	UNCIL-O	PERAT	ING		'AWATOMI ARI			mployer 39-08		ication n	umber
Part I				• • •	-	n 501(c)(4) organizatio		<b>7</b> 5.4	14 1 40			
1	Complete if the org	anization answ	verea "Ye	s" on ⊦orm	990, Part IV,	line 25a or 25b, or Fo	rm 990-E	<u>z, Paπ</u>	v, iine 40	D	(c) Corr	ected?
1	(a) Name of d	isqualified pers	on			(b) Description	of transa	iction			Yes	No
											1.05	
						<u> </u>						
	4b							<u> </u>				
	the amount of tax impon 4958	posed on the d	organizatio	n manager	s or disqualiti	ed persons during the	e year un	aer	▶ ¢			
	the amount of tax, if a	any on line 2:	above rei	mhursed hy	the organiza	ation			<b>▶</b> \$			
<b>C L</b> o.		u.,,, o.,o <u>_</u> , .	25010,10	mbarood b,	, ino organiza							
Part II	Loans to and/	or From Int	erested	Persons	S.							
	Complete if the org	janization answ	vered "Ye	s" on Form	990, Part IV,	line 26, or Form 990-E	Z, Part \	/, line 3			_	
	ame of interested	(b) Loan t		(c) Origi	nal principal mount	(d) Balance due	(e) In default?		(f) Approved by board or		(g) W agreer	ritten
person and purpose		the organ		_  a'	nount			Γ		uttee?_		
		То	From				Yes	No	Yes	No	Yes	No
			-	-	<del></del>							
	<del></del>											
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,									1			
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				-				<u> </u>	ļ			
								<u> </u>				
Total Part III	Grants or Assi	stance Ber	efiting	Intereste	ed Person				<u> </u>		<u> </u>	
	Complete if the org		_									
	(a) Name of interested		10.			een interested person	and		(c) Am	ount an	d type of	 {
<u> </u>		'		(-,		ganization			(-,	assistar	ıce´	
	· <del>-</del> · · ·											
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2010

Schedule L (Form 990 or 990 EZ) 2010

Page 2

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	òrganız	aring of zation's nues?
			h= / =	Yes	No
JEFFRY BRIGMAN	SERVES ON THE BOARD SERVES ON THE BOARD		N/A N/A	X	<del> </del>
SCOTT PRIEBE KEITH CHRISTIANSEN	SERVES ON THE BOARD SERVES ON THE BOARD		N/A	X	<u> </u>
RICHARD RANEY, JR.	SERVES ON THE BOARD		N/A	$\frac{\mathbf{x}}{\mathbf{x}}$	-
VILLIAM GOLDAMMER	SERVES ON THE BOARD		N/A	X	
DAVID VELDHUIZEN	SERVES ON THE BOARD	0.	N/A	X	
PATRICK SCHERER	SCOUT EXECUTIVE OF		N/A	X	
DON WILSON	SERVES ON THE BOARD		N/A	X	-
WILLIAM OTTO	SERVES ON THE BOARD		N/A N/A	X	-
DAVID KLANN Part V   Supplemental Informatio	SERVES ON THE BOARD	<u> </u>	M/A		
SERVES ON THE BOARD OF  (C) AMOUNT OF TRANSACTI  (D) DESCRIPTION OF TRAN			-	rust	i
(A) NAME OF PERSON: SCO	TT PRIEBE				
(B) RELATIONSHIP BETWEE	N INTERESTED PERSON AN	D ORGANIZAT	CION:		
SERVES ON THE BOARD OF			REA COUN. 1	rust	1
	ON \$ (D) DESCRIPTION O				
(D) DESCRIPTION OF TRAN	SACTION: N/A				
(E) SHARING OF ORGANIZA	TION REVENUES? = YES				
(A) NAME OF PERSON: KEI	TH CHRISTIANSEN				
(B) RELATIONSHIP BETWEE	N INTERESTED PERSON AN	D ORGANIZAT	CION:		
SERVES ON THE BOARD OF	THE RELATED EXEMPT ORG	BSA-POT. A	REA COUN.	TRUST	l 
(C) AMOUNT OF TRANSACTI	ON \$ (D) DESCRIPTION O				
(D) DESCRIPTION OF TRAN	SACTION: N/A				
032132		S	chedule L (Form 990	or 990-l	=Z) 20

Schedule L (Form 990 or 990 EZ) 2010 COUNCIL-OPERATING	39-0806342 Page 2
Part V Supplemental Information	A
Complete this part to provide additional information for responses to questions on Schedule L (see instruc	tions)
(E) SHARING OF ORGANIZATION REVENUES? = YES	-
(A) NAME OF DEDGON, DIGUADO DANEY ID	
(A) NAME OF PERSON: RICHARD RANEY, JR.	
(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION	:
SERVES ON THE BOARD OF THE RELATED EXEMPT ORG BSA-POT. AREA	COUN. TRUST
(C) AMOINE OF EDANGACETON & (D) DESCRIPTION O	
(C) AMOUNT OF TRANSACTION \$ (D) DESCRIPTION O	
(D) DESCRIPTION OF TRANSACTION: N/A	<u></u>
(E) SHARING OF ORGANIZATION REVENUES? = YES	
(A) NAME OF PERSON: WILLIAM GOLDAMMER	
(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION	<u>:</u>
SERVES ON THE BOARD OF THE RELATED EXEMPT ORG BSA-POT. AREA	COUN. TRUST
(C) AMOUNT OF TRANSACTION \$ (D) DESCRIPTION O	
(D) DESCRIPTION OF TRANSACTION: N/A	
(E) SHARING OF ORGANIZATION REVENUES? = YES	
(A) NAME OF PERSON: DAVID VELDHUIZEN	<u> </u>
(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION	<u>:</u>
SERVES ON THE BOARD OF THE RELATED EXEMPT ORG BSA-POT. AREA	COUN. TRUST
(C) AMOUNT OF TRANSACTION \$ (D) DESCRIPTION O	
(D) DESCRIPTION OF TRANSACTION: N/A	
(E) SHARING OF ORGANIZATION REVENUES? = YES	
(A) NAME OF PERSON: PATRICK SCHERER	
(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION	<u>:</u>
SCOUT EXECUTIVE OF THE RELATED EXEMPT ORG. BSA-POT.AREA COU	NCTI,-TRIISTRIIND
<del>-</del>	
(C) AMOUNT OF TRANSACTION \$ (D) DESCRIPTION O	<del>_</del>
(D) DESCRIPTION OF TRANSACTION: N/A	
09-23-10 Schedul	le L (Form 990 or 990-EZ) 2010

Schedule L (Form 990 or 990 EZ) 2010 COUNCIL-OPERATING	39-0806342 Page 2
Part V Supplemental Information	
Complete this part to provide additional information for responses to questions on Schedule L (see ins	structions).
(E) SHARING OF ORGANIZATION REVENUES? = YES	
(A) NAME OF PERSON: DON WILSON	
(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATI	ON:
SERVES ON THE BOARD OF THE RELATED EXEMPT ORG BSA-POT. AR	EA COUN. TRUST
(C) AMOUNT OF TRANSACTION \$ (D) DESCRIPTION O	
(D) DESCRIPTION OF TRANSACTION: N/A	<u></u>
(E) SHARING OF ORGANIZATION REVENUES? = YES	
(A) NAME OF PERSON: WILLIAM OTTO	
(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATI	ON:
SERVES ON THE BOARD OF THE RELATED EXEMPT ORG BSA-POT. AR	EA COUN. TRUST
(C) AMOUNT OF TRANSACTION \$ (D) DESCRIPTION O	
(D) DESCRIPTION OF TRANSACTION: N/A	
(E) SHARING OF ORGANIZATION REVENUES? = YES	
(A) NAME OF PERSON: DAVID KLANN	
(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATI	ON:
SERVES ON THE BOARD OF THE RELATED EXEMPT ORG BSA-POT. AR	EA COUN. TRUST
(C) AMOUNT OF TRANSACTION \$ (D) DESCRIPTION O	
(D) DESCRIPTION OF TRANSACTION: N/A	
(E) SHARING OF ORGANIZATION REVENUES? = YES	

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

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.

2010
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

BOY SCOUTS OF AMERICA, POTAWATOMI AREA

Employer identification number 39-0806342

COUNCIL-OPERATING	39-0806342
FORM 990, PART VI, SECTION A, LINE 2: SEE NOTES ON SCH L	RELATED TO
BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS.	
FORM 990, PART VI, SECTION A, LINE 6: THE ORGANIZATION EX	TENDS CHARTERS
TO COMMUNITY ORGANIZATIONS TO PROVIDE THE SCOUTING PROGRA	M TO THEIR YOUTH.
EACH ORGANIZATION THAT CHARTERS ONE OR MORE UNITS HAS A C	HARTER
ORGANIZATION REPRESENTATIVE (MEMBER) THAT IS A VOTING MEM	BER OF THE
COUNCIL.	
FORM 990, PART VI, SECTION A, LINE 7A: THE CHARTER ORGANI	ZATION
REPRESENTATIVE (MEMBER) ARE INVITED TO THE ANNUAL MEETING	TO ELECT THE
BOARD OF DIRECTORS AND OFFICERS.	
FORM 990, PART VI, SECTION A, LINE 7B: THE CHARTER ORGANI	ZATION
REPRESENTATIVE (MEMBER) ARE INVITED TO THE ANNUAL MEETING	TO ELECT AND
APPROVE THE BOARD OF DIRECTORS AND OFFICERS.	
	<u></u>
FORM 990, PART VI, SECTION B, LINE 11: A COPY OF THE 990	IS PRESENTED TO
KEY OFFICERS AND BOARD MEMBERS FOR APPROVAL PRIOR TO FILE	ING.
<del></del>	- <del>-</del> .
FORM 990, PART VI, SECTION B, LINE 12C: ALL VENDORS NEED	TO BE PREAPPROVED
AND EXPENSES ARE APPROVED BY THE APPROPRIATE STAFF PERSON	AND ARE REVIEWED
BY THE ASSISTANT SCOUT AND THE SCOUT EXECUTIVE. EXPENSE	ACCOUNTS ARE ALL
APPROVED	

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

Name of the organization

# Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. See separate instructions. ▶ Attach to Form 990.

2010 Open to Public Inspection

OMB No 1545-0047

Employer identification number 39-0806342

COUNCIL-OPERATING Part 1

BOY SCOUTS OF AMERICA, POTAWATOMI AREA

Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33)

Direct controlling entity End-of-year assets **e** Total income € Legal domicile (state or foreign country) Primary activity Name, address, and EIN of disregarded entity

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

ממל אמו סונה להווים מתווים מוס מא לממל ל							
(a)	(q)	(၁)	<del>(</del> 0		(J)	(g) Section 512(b)(13)	133
Name, address, and EIN	Primary activity	Legal domicile (state or	_	Public charity	Direc	controllec	î S D
of related organization		foreign country)	section	status (if section	entity	entity?	į
				501(c)(3))		Yes	No
BOY SCOUTS OF AMERICA, POTOWATOMI AREA	TRUST FUND OF THE BOY						
COUNCIL - TRUST FUND - 39-0806342, 804	SCOUTS OF AMERICA,						
BLUEMOUND ROAD, WAUKESHA, WI 53188	POTOWATOMI AREA COUNCIL	WISCONSIN	501(C)(3)	I I	4/A	×	
							:

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

Schedule R (Form 990) 2010

Schedule R (Form 990) 2010 COUNCIL-OPERATING

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

Page 2 . √

39-0806342

General or Percentage
( managing ownership
) pariner?
( Pes No Percentage ownership Schedule R (Form 990) 2010 Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year) 3 Ξ Share of end-of-year assets <u>6</u> Code V.UBI amount in box 20 of Schedule K-1 (Form 1065) Share of total income ε Disproportionate allocations? Yes No Ξ Type of entity (C corp, S corp, or trust) (g) Share of end-of-year assets e (d)
( Direct controlling entity Share of total income Predominant income (related, unrelated, excluded from tax under sections 512-514) Legal domicile (state or foreign country) છ 39 Primary activity (d)
| Direct controlling | entity (c)
Legal
domicile
(state or
foreign Primary activity <u>@</u> Name, address, and EIN of related organization Name, address, and EIN of related organization 032162 12-21-10 Part IV

Page 3

39-0806342

Schedule R (Form 990) 2010 COUNCIL-OPERATING

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

				;	$\vdash$
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule				Yes	2
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Fairs into a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	ns with one of more re	iated organizations listed i	n Parts II-1V	ta X	1
					×
				5	×
				1d	×
				<b>1</b>	×
f Sale of assets to other organization(s)				<b>*</b>	×
g Purchase of assets from other organization(s)				19	×
h Exchange of assets				ŧ	×
i Lease of facilities, equipment, or other assets to other organization(s)				=	×
j Lease of facilities, equipment, or other assets from other organization(s)				į	×
k Performance of services or membership or fundraising solicitations for other organization(s)	nization(s)			*	×
I Performance of services or membership or fundraising solicitations by other organization(s)	ızatıon(s)			= .	×Þ
				티,	<b>d</b> >
n Sharing of paid employees				Ē	< _
<ul> <li>Reimbursement paid to other organization for expenses</li> </ul>				9	×
p Reimbursement paid by other organization for expenses				đ	×
<ul> <li>q Other transfer of cash or property to other organization(s)</li> <li>r Other transfer of cash or property from other organization(s)</li> </ul>				14 X	×
ns for infor	who must complete the	ns line, including covered i	mation on who must complete this line, including covered relationships and transaction thresholds		
(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved		
BOY SCOUTS OF AMERICA, POTOWATOMI AREA	ĸ	10,365.			
BOY SCOUTS COUNCIL -	Ą	31,461.			
(6)				:	!
(4)					
(5)	į				
(9)					
032163 12-21-10	40		Schedu	Schedule R (Form 990) 2010	) 2010

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39-0806342

COUNCIL-OPERATING

Schedule R (Form 990) 2010

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37)

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

(a)	(9)	(0)	(p)	(e)	£	(6)	3
				7 - F		(a) (b)	
name, address, and Ein of entity	Primary activity	Legal domicile (state or foreign	section 501(c)(3)	Snare of end-or- year assets	tionate allocations?	amount in box 20	managing
		country)	Yes No			(Form 1065)	1 1
							_
							-
							_
	,						
	-				_		
							_

Schedule R (Form 990) 2010