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Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047 2010

Open to Public Inspection

benefit trust or private foundation)
 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 WINNEBAGO COUNCIL BOY SCOUTS OF AMERICA Address change #173 Name change 42-0985053 Doing Business As Initial Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Termin-2929 AIRPORT BLVD. 319-234-2867 3,244,309. City or town, state or country, and ZIP + 4 G Gross receipts \$ Applica-tion pending WATERLOO, IA 50703 H(a) Is this a group return F Name and address of principal officer TODD A. WORDEL Yes X No for affiliates? 2929 AIRPORT BLVD. WATERLOO, IA 50703 H(b) Are all affiliates included? Yes No)◀ (insert no.) L 4947(a)(1) or If "No," attach a list. (see instructions) J Website: ► N/A **H(c)** Group exemption number ▶ K Form of organization: X Corporation Association Other > L Year of formation: 1971 M State of legal domicile: IA Part I Summary Briefly describe the organization's mission or most significant activities. PROMOTING THE BOY SCOUTS OF Governance AMERICA PROGRAM IN 17 COUNTIES WITHIN THE STATE OF IOWA. Check this box I if the organization discontinued its operations or disposed of more than 25% of its net assets 74 3 Number of voting members of the governing body (Part VI, line 1a) 60 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 Activities & 5 Total number of individuals employed in calendar year 2010 (Part V, line 2a) 5 94 2042 6 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 0. 7a b Net unrelated business taxable income from Form 990 T, line 84 F 0. **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) 416,035. 563,932. Revenue IRS-OSC MAY 09 2011 421,220. 828,783. Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and Path 10 1.055. <u>54,301.</u> 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c 10c 248,545 257,077. 12 Total revenue - add lines 8 through 11 (must equal Part VIII) 086,855. 704,093. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 23,838 5,092. Benefits paid to or for members (Part IX, column (A), line 4) 0 0. 659,404 723,591. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) 11,5 15 109,273. **b** Total fundraising expenses (Part IX, column (D), line 25) 490,362 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 841,000. 1,173,604 ,569,683. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -86,749. Revenue less expenses Subtract line 18 from line 12 134,410. 58 **Beginning of Current Year End of Year** 2,715,110. 20 Total assets (Part X, line 16) 2,840,466. 21 Total liabilities (Part X, line 26) 549,020 202,055. 22 Net assets or fund balances. Subtract line 21 from line 20 2,291,446. 2,513,055. | Part II | Signature Block Under penalties of perjury, I declare that I have examined this rejurn, 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 dotte 1 Signature of officer **⊂S**ign TODD A. WORDEL SCOUT EXECUTIVE Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature ≷Paid 550 STEVE SCHWEIZER .. self-employed Preparer Firm's name DENMAN & COMPANY, LLP Firm's EIN ⇔se Only Firm's address 1601 22ND STREET, SUITE 400 Phone no. (515)225-8400WEST DES MOINES, IA 50266-1453 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No

LHA For Paperwork Reduction Act Notice, see the separate instructions.

WINNEBAGO COUNCIL BOY SCOUTS OF AMERICA

_	n 990 (2010) #1/3 42-098505	3	Page 2
Ра	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response to any question in this Part III		X
1	Briefly describe the organization's mission	0.1	
	PROVIDING SERVICE TO YOUNG MEN AGES 7-21 AND YOUNG WOMEN AGES 14-		
	WITHIN 17 COUNTIES OF THE STATE OF IOWA, BY PROMOTING THE ABILITY		
	YOUNG MEN AND WOMEN TO DO THINGS FOR THEMSELVES AND OTHERS, TRAIN	TING	
	THEM IN SCOUTCRAFT AND TEACHING THEM PATRIOTISM, COURAGE,		
2	Did the organization undertake any significant program services during the year which were not listed on the pnor Form 990 or 990-EZ?	Yes [⊽]
	If "Yes," describe these new services on Schedule O	res ∟	Δ. NO
3	·	Yes [V N.
3	If "Yes," describe these changes on Schedule O	tes L	ON LA
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses		
7	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.		
 4а	(Code:) (Expenses \$1, 271, 110. including grants of \$) (Revenue \$1, 08	15 A	60. \
	SCOUTING: THE COUNCIL PROVIDES VARIOUS SCOUTING ACTIVITIES TO OVE		<u>, , , , , , , , , , , , , , , , , , , </u>
	11,000 PEOPLE IN 17 COUNTIES IN NORTH CENTRAL IOWA.	111	
4b	(Code) (Expenses \$ including grants of \$) (Revenue \$		
4c	(Code) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services. (Describe in Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)		
<u>4e</u>	Total program service expenses ► 1,271,110.		
03200	For	m 990	(2010)

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#173 Part IV | Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
_	If "Yes," complete Schedule A	1_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I			v
		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			x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	4_		Λ.
3	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to	3_		-
Ü	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space.			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	:		
	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	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
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	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? 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			
	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	
T	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	444		v
100	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		<u>X</u>
128	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	100	x	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	12a	Λ	
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		Х
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		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, 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		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		1	
	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		<u>X</u>
	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		<u>X</u>
þ	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note . Some Form 990 filers that			
	operate one or more hospitals must attach audited financial statements (see instructions)	20b	000	0045
		Form	990 (2010)

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Pa	rt IV Checklist of Required Schedules (continued)		· · · · · · · · · · · · · · · · · · ·	
			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	<u> </u>	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	<u> </u>	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		
đ	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
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	ļ		
	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		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			
	Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV		**************************************	:5 E.
	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	- C	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations?	<u> </u>		
•	If "Yes." complete Schedule N. Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	10.		
	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		<u> </u>	
-	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?	- 50		_
٠.	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		х
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	20		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		<u> </u>
J,	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	27		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	37		<u> </u>
50	Note. All Form 990 filers are required to complete Schedule O	20	x	
	Note, Air orn 555 nes required to complete somedule O	38	44	1

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Par				
	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	,	,3°,35°a	*
	Enter the number of Forms W-2G included in line 1a Enter -0 if not applicable 1b 0		-25.	
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		,5,	Ι.
	(gambling) winnings to prize winners?	1c	4 53	
	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 94			
	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)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	dhim	X
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
	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		Х
	If "Yes," enter the name of the foreign country:	عَدَّةً لُمْ دَ	- 1957 -	41
-	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	Jr.43.44564	X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	-		$\overline{}$
-	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		
7	Organizations that may receive deductible contributions under section 170(c).	176	ş ^{rv}	
	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?	7a	********	Х
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		Х
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		
	Ī		11 32 54 54 54 54 54 54 54 54 54 54 54 54 54	
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter	1144		
а	Initiation fees and capital contributions included on Part VIII, line 12	4 5 43, 1		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			1
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against	一顿	#	
	amounts due or received from them.)	17.	A STATE	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		<u> </u>
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	35,15	THE PER	ag, gh
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		は経済	130 h
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O	# 148 P		
b	Enter the amount of reserves the organization is required to maintain by the states in which the	*******	1	123
	organization is licensed to issue qualified health plans	150 150		4
С	Enter the amount of reserves on hand	维排	1	a}, ,

X

13c

c Enter the amount of reserves on hand

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

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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			X
Sec	tion A. Governing Body and Management			
	tion A. Governing Body and Management		Yes	No
12	Enter the number of voting members of the governing body at the end of the tax year 1a 74	-	163	140_
b	Enter the number of voting members included in line 1a, above, who are independent 1b 60			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
_	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	~		
3	of officers, directors or trustees, or key employees to a management company or other person?	3		Х
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 assets?	5		X
_	Does the organization have members or stockholders?	6		X
6 72	Does the organization have members of stockholders, or other persons who may elect one or more members of the	0		
7a		70		х
_	governing body?	7a 7b		X
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	, 10	1,538,	<u>, A</u>
8	by the following.		, 25' \$ Lk	1
_	•	 0a	ىئىلىد X	`'
a	The governing body? Each committee with authority to act on behalf of the governing body?	8a	X	
	, , , , , , , , , , , , , , , , , , , ,	8b	Δ	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	_		X
500	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)		Vaa	Na.
10-	Does the organization have local chapters, branches, or affiliates?	10-	Yes	No
		10a		
D	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,	40L	х	
444	and branches to ensure their operations are consistent with those of the organization?	10b	X	
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filling the form?	11a	4	**************************************
10a	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		X	343
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Λ	
D	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise	40L		v
	to conflicts?	12b		<u>X</u>
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	10-		X
42		12c	Х	
13	Does the organization have a written whistleblower policy?	13	X	
14	Does the organization have a written document retention and destruction policy?	14	A Party	'. i
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	,	rš£.	` .
_		45-	X	
a	The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization	15a	X	
b	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions)	15b		_
16-	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			· ř
юа	taxable entity during the year?	40-		
_	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation	16a	علق رد	Bet
D	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's	~	13	-5-
	exempt status with respect to such arrangements?	 46h		·
Sec	tion C. Disclosure	16b		
17	List the states with which a copy of this Form 990 is required to be filed NONE			
		for		
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available public inspection. Indicate how you make these available Check all that apply.	·UI		
	Own website Another's website X Upon request			
10	·	d fina	neiel	
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, ar statements available to the public.	u iiia	iicial	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organizate	ıon: Þ		
20	TODD A. WORDEL - 319-234-2867	IUI 🏴		
	2929 AIRPORT BLVD., WATERLOO, IA 50703			
	4)4) AIRLORI DUVD+, MAIERDOO, IA 30/03	Form	990	2010)

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

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

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

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

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

Check this box if neither the organizat (A)	(B)	orga	ai IIZč		COI C)	преі	ısal	(D)	(E)	(F)	
Name and Title	Average			ر Pos		1		Reportable	Reportable	(F) Estimated	
Name and This	hours per	(cl	(check all that apply)				ly)	compensation	compensation	amount of	
	week (describe hours for related organizations	ustee or director	Institutional trustee			Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related	
	ın Schedule O)	individu	Institutio	Officer	Key employee	Highest	Former			organizations	
SEE ATTACHED SCHEDULE		x						0.	0.	0	
TODD WORDEL											
SCOUT EXECUTIVE	40.00			X				87,188.	0.	16,102	
									,,		
				_					- ,,		
				_							
		_									
								,	- !		

Par	t VII Section A. Officers, Directors, Tru	ıstees, Key Er	nplo	yee	s, a	nd l	High	est	Compensated Employ	ees (continued)		
	(A)	(B)				C)			(D)	(E)		(F)
	Name and title	Average Position							Reportable	Reportable		Estimated
		hours per	(cl	heck	all :	that	app	ly)	compensation	compensation	า	amount of
		week (describe	į						from	from related		other .
		hours for	individual trustee or director	ŀ			eg		the organization	organizations (W-2/1099-MIS		compensation from the
		related	stee or	institutional trustee			Highest compensated employee		(W-2/1099-MISC)	(***2 1035 1010	1	organization
		organizations	a tus	nal tr		loyee	comp		(=,			and related
		in Schedule	npiai	stituti	Officer	Key employee	ghest	Former			(organizations
	· · · · · · · · · · · · · · · · · · ·	O)	Ē	프	ŏ	2	포팅	<u>ج</u>				
			_									
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	Sub-total Sub-total			لـــــا		·	┰		87,188.		0.	16,102.
	Total from continuation sheets to Part VI	I. Section A	•	•			•		0.		0.	0.
	Total (add lines 1b and 1c)	.,	٠.	•			•		87,188.		0.	16,102.
2	Total number of individuals (including but n	ot limited to th	ose	liste	d al	DOVE	e) wh	o re		,000 in reportable	'	
	compensation from the organization											0
												Yes No
3	Did the organization list any former officer,	director or true	stee	, key	em /	plo	yee,	or h	nighest compensated en	nployee on	1	økt by
	line 1a? If "Yes," complete Schedule J for s	uch individual										3 X
4	For any individual listed on line 1a, is the su	m of reportabl	le co	mpe	ensa	ation	and	otl	her compensation from	the organization	1 4 4 5 4 5 4 5 5 5 5 5 5 5 5 5 5 5 5 5	
	and related organizations greater than \$150),000? If "Yes,	co.	mple	ete S	Sche	dule) J	for such individual			4 X
5	Did any person listed on line 1a receive or a					•		elat	ed organization or indivi	dual for services		
	rendered to the organization? If "Yes, " com	<u>plete Schedule</u>	e J f	or su	ıch j	pers	on		· · · · · · · · · · · · · · · · · · ·		!	5 X
	tion B. Independent Contractors											
1	Complete this table for your five highest co	mpensated inc	iepe	ende	nt c	ontr	acto	rs t	hat received more than	\$100,000 of com	pensation	on from
	the organization.											
	(A) Name and business	addrass							(B) Description of s	00,4000	Com	(C)
								4				npensation
	SCOUTS OF AMERICA NAT		Λ.	- ^ -	•				SITE & FACIL			220 500
<u>PU</u>	BOX 910505, DALLAS, TX	(/5391-	<u> U:</u>	005	<u> </u>			╣	RENTAL; ADMI	NISTRATI		<u> 229,599.</u>
								\dashv				
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								- [
								1				

Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 in compensation from the organization

#173

Page 9

#173 Part IX Statement of Functional Expenses

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

	All other organizations must con	(3) and 501(c)(4) organiza nolete column (A) but are			(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	5,092.	5,092.		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the US				,'
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members				7 79 74
5	Compensation of current officers, directors,				
	trustees, and key employees	87,188.	77,397.	7,507.	2,284.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	450 440	225 222	00.066	
7	Other salaries and wages	478,148.	335,880.	93,866.	48,402.
8	Pension plan contributions (include section 401(k)				
_	and section 403(b) employer contributions)	00 051	71 016	10 150	0 570
9	Other employee benefits	99,951.	71,216. 42,595.	<u>19,156.</u>	9,579. 5,236.
10	Payroll taxes	58,304.	44,595.	10,473.	3,230.
11	Fees for services (non-employees) Management		:		
	Legal				
	Accounting				
	Lobbying				
u e	Professional fundraising services. See Part IV, line 17		+c 3853.45(.25) - +c 3853.45(.25)	- 150	
f	Investment management fees				
g	•				
12	Advertising and promotion				
13	Office expenses	256,615.	250,110.	2,645.	3,860.
14	Information technology		•		
15	Royalties				
16	Occupancy	243,896.	236,232.	5,099.	2,565.
17	Travel	110,343.	98,709.	7,723.	3,911.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	10.100	40.000		
19	Conferences, conventions, and meetings	12,486.	10,802.	962.	722.
20	Interest	632.	404.	152.	76.
21	Payments to affiliates	66 150	42 220	15 007	7 (4)
22	Depreciation, depletion, and amortization	66,158. 24,582.	43,228. 18,465.	15,287. 4,078.	7,643. 2,039.
23	Insurance Other expenses, Itemize expenses not covered	24,302.	10,403.	4,0/0.	2,039.
24	above. (List miscellaneous expenses in line 24f. If line			**	T North
	24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	The state of		
а	OTHER EXPENSES	20,340.	14,221.	4,079.	2,040.
b	CHARTER FEES	18,896.	18,896.	2,0,50	270100
c	AWARDS	18,432.	5,466.	100.	12,866.
ď	RENT & MAINTENANCE OF E	17,245.	12,019.	3,484.	1,742.
e	PRINTING & PUBLICATION	15,452.	10,369.	512.	4,571.
f	All other expenses	35,923.	20,009.	14,177.	1,737.
25	Total functional expenses. Add lines 1 through 24f	1,569,683.	1,271,110.	189,300.	109,273.
26	Joint costs. Check here If following SOP				
	98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising				
	solicitation .	Ll			- 000 (as ta)

42-0985053 Page 11

Pai	rt X	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	520,067.	1_	289,548.
	2	Savings and temporary cash investments	57,049.	2	57,049.
	3	Pledges and grants receivable, net	32,267.	3	73,610.
	4	Accounts receivable, net	10,396.	4	36,548.
	5	Receivables from current and former officers, directors, trustees, key			
	İ	employees, and highest compensated employees Complete Part II	, ,,,,]	
	ļ	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		Tr.	Asset 14 Mars OF 1
		employers and sponsoring organizations of section 501(c)(9) voluntary	In the state with well we		The state of the s
"		employees' beneficiary organizations (see instructions)		6	
Assets	7	Notes and loans receivable, net		7	
Asi	8	Inventones for sale or use	30,256.	8	19,720.
	9	Prepaid expenses and deferred charges	213,889.	9	34,540.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 2,493,244.			
	b	Less. accumulated depreciation 10b 1,681,737.	808,182.	10c	811,507.
	11	Investments - publicly traded securities	4 4 5 2 2 5 2	11	1 221 121
	12	Investments - other securities See Part IV, line 11	1,168,360.	12	1,224,484.
	13	Investments - program-related See Part IV, line 11		13	
	14	Intangible assets		14	160 104
	15	Other assets See Part IV, line 11	0.	15	168,104.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	2,840,466.	16	2,715,110.
	17	Accounts payable and accrued expenses	149,356.	17	36,670.
	18	Grants payable Deferred revenue	321,351.	18	40,570.
	19 20		321,331.	19	40,570.
	21	Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of Schedule D		20 21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees,		21	
iliq	22	highest compensated employees, and disqualified persons. Complete Part II			
Lis		of Schedule L		22	ARRESTS AND ARREST
	23	Secured mortgages and notes payable to unrelated third parties	14,035.	23	8,651.
	24	Unsecured notes and loans payable to unrelated third parties		24	7,0020
	25	Other liabilities. Complete Part X of Schedule D	64,278.	25	116,164.
	26	Total liabilities. Add lines 17 through 25	549,020.	26	202,055.
		Organizations that follow SFAS 117, check here X and complete			1200
S		lines 27 through 29, and lines 33 and 34.			
Ü	27	Unrestricted net assets	1,599,041.	27	1,667,435.
Fund Balances	28	Temporanly restricted net assets	132,533.	28	283,817.
βE	29	Permanently restricted net assets	559,872.	29	561,803.
Ē		Organizations that do not follow SFAS 117, check here and			
P		complete lines 30 through 34.			
Net Assets or	30	Capital stock or trust principal, or current funds		30	
Ass	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
et,	32	Retained earnings, endowment, accumulated income, or other funds		32	
~	33	Total net assets or fund balances	2,291,446.	33	2,513,055.
	34	Total liabilities and net assets/fund balances	2,840,466.	34	2,715,110.

WINNEBAGO COUNCIL BOY SCOUTS OF AMERICA

Form	1 990 (2010) # L 7 3	<u>42-098</u>	<u>5053</u>	Pag	ge 12
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)		<u>1,704</u>		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,569		
3	Revenue less expenses. Subtract line 2 from line 1	3			<u>10.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	<u>2,291</u>		
5	Other changes in net assets or fund balances (explain in Schedule O)	5	87	,19	99.
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	<u>2,513</u>	, 0!	55.
Pa	rt XIII 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		A 13580		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.	200		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u>X</u>
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 the	e audīt,			
	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.		乃則	
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		.	7.24
	separate basis, consolidated basis, or both		100 A	. :1	13.00
	X Separate basis Consolidated basis Both consolidated and separate basis		, 56, 1986 		4.4 g 125-145-251
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		<u>X</u>
b	If "Yes," did the organization undergo the required audit or audits? 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.		3b		

Form **990** (2010)

032012 12-21-10

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2010

Open to Public

Inspection

Name of the organization

WINNEBAGO COUNCIL BOY SCOUTS OF AMERICA #173

Employer identification number 42-0985053

Part I	Reason	for Public Cha	rity Status (All organiz	zations mu	st complet	e this par	t) See inst	tructions			-	
The organ	ization is not a	private foundation	because it is (For lines	1 through	11, check	only one b	oox)					
1 🔲	A church, co	nvention of churche	es, or association of chur	ches desc	ribed in se	ction 170	(b)(1)(A)(i)).				
2 🔲	A school des	cribed in section 1	70(b)(1)(A)(ii). (Attach Sc	hedule E.)								
з 🔲			ital service organization		n section	170(b)(1)	(A)(iii).					
4	A medical res	search organization	operated in conjunction	with a hos	prtal descr	nbed in se	ction 170	(b)(1)(A)(ii	ii). Enter th	e hospital	's name	е,
	city, and stat		,							·		
5 🔲	-		benefit of a college or u	niversity ov	wned or op	erated by	a governi	mental uni	t described	d in		
	_	(b)(1)(A)(iv). (Comp	-	•	•	•	·					
6			nent or governmental uni	t described	d in sectio	n 170(b)(1)(A)(v).					
7 X		·	ceives a substantial part					or from the	general pu	ıblıc desc	nbed in	1
•	_	b)(1)(A)(vi). (Comple	•	о. но оорр		901011	orrical dirine c		gonora, pr	JD.110 G000		•
8 🗌			section 170(b)(1)(A)(vi).	(Complete	Part II \							
9 🗔			ceives (1) more than 33			rom contr	ihiitione m	namharchi	n fees and	l arnee rad	cointe f	rom
•	_		inctions - subject to certa							_		
			taxable income (less sect							_		
		509(a)(2). (Complet		liononia	x) 110111 Du	311103303	acquired b	y the orga	unzanoman	ter durie d	0, 137	,
10 🔲			perated exclusively to te	et for nubl	ıc səfəty S	Soo contin	n 500(a)(/	4\				
11	_	•	perated exclusively for the	•	•			•	v out the n	urnoses o	f one o	ır
	_	_	ations described in secti		-				•	-		"
			organization and compl				_,. Occ 3c (, (ioii 505)	and, onec	K the box	triat	
	a Type		–		e III - Func		hatenat		ا ل ا	Type III - C	Other	
е 🗔			at the organization is not			-	_	r more die		• •		,
•			than one or more publicl									•
f		•	tten determination from		•				J(a)(1) 01 30	2011011 000	(α)(Σ).	
•		rganization, check t			ж н	pe i, Type	in, or Type	5 III				
		-	organization accepted ar	· · · · · · · · · · · · · · · · · · ·	ontabution	from any	of the follo	OWING DON	cone?			
g	_		directly controls, either al			•		•			Yes	No
			supported organization?	one or tog	CUICI WILL	persons	zescribeu i	iii (ii) aiiu (iii) Delow,	11g(i)	163	NU
	_		n described in (i) above?	1					•	11g(ii)		
			a person described in (i) (2					1		
ь	• •	•								11g(iii)	LL	
h	Flovide the i	onowing information	about the supported or	yanızanom	(5).							
		4m 51M	(iii) Type of	(iv) Ic the c	rganization	(v) Did vo	u notify the	(vi) Is	the			
	of supported	(ii) EIN	organization		sted in your		tion in col.	Torganization	on in col.		nount of	
Ulya	anization		(described on lines 1-9 above or IRC section		document?		r support?	(i) organiz U.S	.?	Sup	port	
			(see instructions))	Yes	No	Yes	No	Yes	No			
			(1			1					
			İ									
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				<u> </u>			•					
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	13 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2				5, 5, 14, 14, 14, 14, 14, 14, 14, 14, 14, 14	¥(*,*,			
					100	150°	1		15.45			

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

Schedule A (Form 990 or 990-EZ) 2010

Part II	Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
	(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization
	fails to qualify under the tests listed below, please complete Part III)

Sec	ection A. Public Support									
Cale	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received (Do not									
	include any "unusual grants ")	387,944.	523,088.	354.042.	416,035.	563,932.	2245041.			
2	Tax revenues levied for the organ-									
	ization's benefit and either paid to									
	or expended on its behalf									
3	The value of services or facilities		-1							
	furnished by a governmental unit to									
	the organization without charge									
4	Total. Add lines 1 through 3	387,944.	523,088.	354,042.	416,035.	563,932.	2245041.			
	The portion of total contributions	-				ar.				
•	by each person (other than a	4 13 4	1.11	-\$ 156 1.54 1.54	- 55 45 L ²	i				
	governmental unit or publicly	3-3 > ·		+Q ² , 1	ī, ī	st demonstrates - soft-				
	supported organization) included	مرافع - دور عام مرافع - دور عام مرافع - دور عام	در ا در این	162452g - 7542 - 75	. S. B. S. J.	1999				
	on line 1 that exceeds 2% of the	4	1 1 1 1	1 , 3,54	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	3947A				
	amount shown on line 11,			٠,						
	column (f)	1	,	, as ,,,,		, , ,	1,426.			
6	Public support. Subtract line 5 from line 4				· · ·		2243615.			
	Section B. Total Support									
	alendar year (or fiscal year beginning in) ► (a) 2006 (b) 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total									
	Amounts from line 4	387,944.	523,088.	354,042.	416,035.	563,932.	2245041.			
-	Gross income from interest,	307,344.	323,000.	334,042.	410,033.	303,332.	2243041.			
٠	dividends, payments received on									
	securities loans, rents, royalties									
	and income from similar sources	18,214.	110,095.		1,055.	54,301.	183,665.			
۵	Net income from unrelated business	10,214.	110,000.		1,055.	34,301.	103,003.			
9	activities, whether or not the					·				
	·									
40	business is regularly carned on Other income Do not include gain			·-·						
10	or loss from the sale of capital									
	assets (Explain in Part IV.)									
44	Total support. Add lines 7 through 10	5 - (E 3840	483°5	, , , , , , , , , , , , , , , , , , , ,	og tertige,∰grant	· ~	2428706.			
	Gross receipts from related activities,	ata /aaa inatriistis		<u> </u>	11 2 70%		,550,712.			
	First five years. If the Form 990 is for	•	•	d fourth or Efth to			,550,712.			
13			inst, second, tilif	a, lourin, or illin ta	x year as a section	1 50 1(0)(3)	▶ [
Sec	organization, check this box and stop ction C. Computation of Publi	ic Support Per	rcentage	······································						
	Public support percentage for 2010 (I			olumo (fl)		14	92.38 %			
	Public support percentage from 2009	, ,,	•	Olumin (1))		15				
	33 1/3% support test - 2010. If the or	•	•	line 12 and line 1	4 in 22 1/20/ nr m					
iva					4 15 33 1/376 01 111	ore, check this box	× and ►X			
.	stop here. The organization qualifies a		•		ino 15 io 22 1/20/					
U	33 1/3% support test - 2009. If the or	=			IIIE 13 IS 33 1/376	or more, check this	S DOX			
17-	and stop here. The organization quali				12 16c oz 10b =	nd line 14 is 100/ :	▶ ∟			
11 d	10% -facts-and-circumstances test									
	and if the organization meets the "fact					t iv now the organ	ization			
L.	meets the "facts-and-circumstances"	-			~		₽∟			
Ö	10% -facts-and-circumstances test									
	more, and if the organization meets the									
40	organization meets the "facts-and-circ		-	•						
ΙØ	Private foundation. If the organization	n dia not check a l	DOX OF LINE 13, 168	1, 100, 1/a, or 1/b		nd see instructions				

Schedule A (Form 990 or 990-EZ) 2010 Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II If the organization fails to

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and	(2, 233	15/ = 00.	(6) 2.555	(0/2000	(0) 2010	(i) Total
membership fees received (Do not						
include any "unusual grants ")						
2 Gross receipts from admissions,			ļ		-	-
merchandise sold or services per-				i		
formed, or facilities furnished in						
any activity that is related to the						
organization's tax-exempt purpose						
3 Gross receipts from activities that					i	
are not an unrelated trade or bus-						
iness under section 513						,
4 Tax revenues levied for the organ-						
ization's benefit and either paid to				Ì		
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						
7a Amounts included on lines 1, 2, and			 			····
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received			-			
from other than disqualified persons that						
exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year						
c Add lines 7a and 7b	mind a second) i = 270 4	interior is and a con-	mest de modest de	3.250	
8 Public support (Subtract line 7c from line 6)	98888	1 . 4 270, 4	1. 1445 1. S. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	fe 1, I gradety 1'	, 46° g'	
Section B. Total Support					ı	
alendar year (or fiscal year beginning in) 🕨	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on						
securities loans, rents, royalties						
and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business						
activities not included in line 10b,						
	1		 			
whether or not the business is						
whether or not the business is regularly carned on						
whether or not the business is						
whether or not the business is regularly carned on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
whether or not the business is regularly carned on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 13 Total support (Add lines 9, 10c, 11, and 12)						
whether or not the business is regularly carned on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 13 Total support (Add lines 9, 10c, 11, and 12)	r the organization's	first, second, thi	rd, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organız	ation,
whether or not the business is regularly carned on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 13 Total support (Add lines 9, 10c, 11, and 12.) 14 First five years. If the Form 990 is for check this box and stop here			rd, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organız.	ation, ▶□
whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 13 Total support (Add lines 9, 10c, 11, and 12) 14 First five years. If the Form 990 is for check this box and stop here Section C. Computation of Pub	lic Support Per	centage		ax year as a sectio	n 501(c)(3) organiz	ation, ▶□
whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 13 Total support (Add lines 9, 10c, 11, and 12) 14 First five years. If the Form 990 is for check this box and stop here Section C. Computation of Published Section C. Computation 10 (2010)	lic Support Per	rcentage vided by line 13,		ax year as a sectio	n 501(c)(3) organiz	ation, ▶□
whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 13 Total support (Add lines 9, 10c, 11, and 12) 14 First five years. If the Form 990 is for check this box and stop here Section C. Computation of Public Support percentage for 2010 (Public support percentage from 2009)	lic Support Per (line 8, column (f) dr 9 Schedule A, Part	rcentage vided by line 13, III, line 15	column (f))	ax year as a sectio		>
whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 13 Total support (Add lines 9, 10c, 11, and 12) 14 First five years. If the Form 990 is for check this box and stop here Section C. Computation of Public Support percentage for 2010 (Public support percentage from 2009)	lic Support Per (line 8, column (f) dr 9 Schedule A, Part	rcentage vided by line 13, III, line 15	column (f))	ax year as a sectio	15	.
whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 13 Total support (Add lines 9, 10c, 11, and 12.) 14 First five years. If the Form 990 is for check this box and stop here 15 Public support percentage for 2010 (16 Public support percentage from 2005) 16 Public support percentage from 2005 17 Section D. Computation of Investments	lic Support Per (line 8, column (f) dr 9 Schedule A, Part stment Income	rcentage vided by line 13, III, line 15 e Percentage	column (f))	ax year as a sectio	15	.
whether or not the business is regularly carned on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 13 Total support (Add lines 9, 10c, 11, and 12.) 14 First five years. If the Form 990 is for	lic Support Per (line 8, column (f) dr 9 Schedule A, Part stment Income 010 (line 10c, colum	rcentage vided by line 13, III, line 15 Percentage in (f) divided by li	column (f))	ax year as a sectio	15 16	•
whether or not the business is regularly carned on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 13 Total support (Add lines 9, 10c, 11, and 12) 14 First five years. If the Form 990 is for check this box and stop here Section C. Computation of Public Support percentage for 2010 (Public support percentage from 2005) Section D. Computation of Invel 17 Investment income percentage from 2018 Investment income percentage from	lic Support Per (line 8, column (f) dr 9 Schedule A, Part estment Income 010 (line 10c, colum 2009 Schedule A, f	rcentage vided by line 13, Ill, line 15 Percentage in (f) divided by li	column (f)) ne 13, column (f))		15 16 17 18	>
whether or not the business is regularly carned on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 13 Total support (Add lines 9, 10c, 11, and 12.) 14 First five years. If the Form 990 is for check this box and stop here Section C. Computation of Public Support percentage for 2010 (16 Public support percentage from 2005 Section D. Computation of Invel 17 Investment income percentage from 18 Investment income percentage from 19a 33 1/3% support tests - 2010. If the	lic Support Per (line 8, column (f) dr 9 Schedule A, Part 15 Stment Income 10 (line 10c, colum 2009 Schedule A, f 10 organization did no	rcentage vided by line 13, Ill, line 15 e Percentage in (f) divided by li Part III, line 17 ot check the box	column (f)) ne 13, column (f)) on line 14, and line	e 15 is more than 3	15 16 17 18 3 1/3%, and line 1	>
whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 13 Total support (Add lines 9, 10c, 11, and 12.) 14 First five years. If the Form 990 is for check this box and stop here Section C. Computation of Public support percentage for 2010 (16 Public support percentage from 2005 Section D. Computation of Inventional Investment income percentage from 2018 Investment income percentage from 19a 33 1/3% support tests - 2010. If the more than 33 1/3%, check this box as	lic Support Per (line 8, column (f) dr 9 Schedule A, Part 19 Stment Income 10 (line 10c, column 2009 Schedule A, for 19 organization did no 19 and 19 organization drand 19 orga	rcentage vided by line 13, III, line 15 e Percentage on (f) divided by line Part III, line 17 ot check the box organization qua	column (f)) ne 13, column (f)) on line 14, and line	e 15 is more than 3 supported organiz	15 16 17 18 13 1/3%, and line 1 ation	7 is not
whether or not the business is regularly carned on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 13 Total support (Add lines 9, 10c, 11, and 12.) 14 First five years. If the Form 990 is for check this box and stop here Section C. Computation of Public Support percentage for 2010 (16 Public support percentage from 2005 Section D. Computation of Invel 17 Investment income percentage from 18 Investment income percentage from 19a 33 1/3% support tests - 2010. If the	lic Support Per (line 8, column (f) dr 9 Schedule A, Part stment Income 010 (line 10c, colum 2009 Schedule A, Se e organization did no and stop here. The e organization did no	rcentage vided by line 13, Ill, line 15 e Percentage in (f) divided by line Part III, line 17 ot check the box organization qua ot check a box o	column (f)) ne 13, column (f)) on line 14, and line lifies as a publicly	e 15 is more than 3 supported organiz a, and line 16 is mo	15 16 17 18 133 1/3%, and line 1 ation ore than 33 1/3%, a	7 is not

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.

Open to Public "

OMB No 1545-0047

Inspection

WINNEBAGO COUNCIL BOY SCOUTS OF AMERICA Name of the organization #173

Employer identification number 42-0985053

Pa	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds or	Accounts. Complete if the					
	organization answered "Yes" to Form 990, Part IV, lin	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 advised fi	ınds					
-	are the organization's property, subject to the organization's		Yes No					
6	Did the organization inform all grantees, donors, and donor a	- · · · · · · · · · · · · · · · · · · ·						
•	for charitable purposes and not for the benefit of the donor of		-					
	impermissible private benefit?		Yes No					
Pai		ganization answered "Yes" to Form 990. Part IV						
1	Purpose(s) of conservation easements held by the organization							
•	Preservation of land for public use (e.g., recreation or e		ally important land area					
	Protection of natural habitat	Preservation of a certified	• •					
	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					
c	Number of conservation easements on a certified historic str	ucture included in (a)	2c					
d	d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure							
_	listed in the National Register		2d					
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the organic	h- window					
	year >	, , ,	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	nodic monitoring, inspection, handling of						
	violations, and enforcement of the conservation easements in	t holds?	Yes No					
6	Staff and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation easements during	the year >					
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements during the y	year ▶ \$					
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h)(4)	(B)(i)					
	and section 170(h)(4)(B)(ii)?		Yes No					
9	In Part XIV, describe how the organization reports conservati	on easements in its revenue and expense stat	ement, and balance sheet, and					
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes the o	organization's accounting for					
	conservation easements							
Pai	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or Other	r 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 statement	and balance sheet works of art,					
	historical treasures, or other similar assets held for public ext	hibition, education, or research in furtherance o	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 statement and	balance sheet works of art, historical					
	treasures, or other similar assets held for public exhibition, ea	ducation, or research in furtherance of public s	ervice, provide the following amounts					
	relating to these items:							
	(i) Revenues included in Form 990, Part VIII, line 1		. • \$					
	(ii) Assets included in Form 990, Part X		> \$					
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financial gair						
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:						
а	Revenues included in Form 990, Part VIII, line 1		> \$					
b	Assets included in Form 990, Part X		▶ \$					

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 032051 12-20-10

Schedule D (Form 990) 2010

WINNEBAGO COUNCIL BOY SCOUTS OF AMERICA

_	chedule D (Form 990) 2010 #173 42 – 0985053 Pag										
Par	t III Organizations Maintaining C	Collections of Ar	t, Hist	orical Tre	easures,	or Oth	er Simil	ar Asse	ts (conti	nued)	
3	Using the organization's acquisition, access	on, and other record	s, check	any of the	following tha	at are a s	ignificant	use of its	collection	rtems	s
	(check all that apply)										
а											
b	Scholarly research	е		Other							
С	Preservation for future generations										
4	Provide a description of the organization's c	ollections and explair	n how the	ey further th	ne organizat	ion's exe	mpt purpo	ose ın Par	t XIV		
5	During the year, did the organization solicit of	or receive donations of	of art, his	stoncal treas	sures, or oth	er sımıla	rassets				
	to be sold to raise funds rather than to be m	aintained as part of t	he organ	nization's co	llection?				Yes		No
Par	t IV Escrow and Custodial Arran	gements. Comple	ete if the	organizatio	n answered	"Yes" to	Form 990	, Part IV,	ine 9, or		
	reported an amount on Form 990, Pa	rt X, line 21.									
1a	Is the organization an agent, trustee, custod	ian or other intermed	lary for c	contribution	s or other as	sets not	ıncluded				
	on Form 990, Part X?								Yes		No
ь	b If "Yes," explain the arrangement in Part XIV and complete the following table:										
С	c Beginning balance										
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance		·				1f				
2a	, ,								Yes		No
	b If "Yes," explain the arrangement in Part XIV.										
Par	Part: V.1.* Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.										
	· · · · · · · · · · · · · · · · · · ·	(a) Current year		nor year	(c) Two yea		(d) Three y	ears back	(e) Four	years I	back
1a	Beginning of year balance	1,385,151.		381,002.		0.203.	11 12 1	المارة أوالم	7,		
b	Contributions	170,035.		3,936.	•		122	- 3		11.	2.12
c	Net investment earnings, gains, and losses	36,045.		190,319.		2,866.				Mary 1	
d	Grants or scholarships									75	
e	Other expenditures for facilities									#341	
•	nd programs 190,106, 91,112,						12 12 12 12 12 12 12 12 12 12 12 12 12 1				4 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
f	Administrative expenses					480.	3602 615 116 25 4602 615 116 25		299628 SSSC00		
a	End of year balance	1,591,231.	1	385 151	1 38						
2	g End of year balance 1,591,231, 1,385,151, 1,381,002, 2 Provide the estimated percentage of the year end balance held as:								00-300-0100	000000000	
_ a	Board designated or quasi-endowment		%								
b	Permanent endowment ▶	%									
c		 %									
3a	Are there endowment funds not in the posse		ation that	t are held ar	nd administe	ered for t	he organiz	zation			
	by								[-	Yes	No
	(i) unrelated organizations								3a(i)		X
	(ii) related organizations								3a(ii)		X
b	If "Yes" to 3a(ii), are the related organization:	s listed as required o	n Sched	ule R?				-	3b		
4	Describe in Part XIV the intended uses of the	•					•	•	<u> </u>		
Par	t VI Land, Buildings, and Equipm								•		
<u> </u>	Description of investment	(a) Cost or of		(b) Cost	or other	(c) A	ccumulate	ed	(d) Book	value	
	P	basis (investri	1	basis (oreciation	I	(4)		
1a	Land		-		2,959.				252	2,95	59.
	Buildings	_ , , , , , , , , , , , , , , , , , , ,			$\frac{2,333}{1,181}$		261,9			2.	
c	Leasehold improvements				0,855.		54,1		36	5,72	$\overline{21}$.
d	Equipment				$\frac{1,448}{1}$		28 4 ,9		76	5,4	75.
	Other				$\frac{6,801}{6}$	<u> </u>	80,7			5,09	
	. Add lines 1a through 1e (Column (d) must e	equal Form 990. Part	X, colum					D		L,50	

Schedule D (Form 990) 2010

(a) Description	(b) Book value
(1) BENEFICIAL INTEREST IN TRUST	168,104.
(2)	
(3)	
(4)	
<u>(5)</u>	
(6)	
(7)	
(8)	
(9)	
(10)	
Total (Column (b) must equal Form 990, Part X, col (R) line 15.)	▶ 168.104.

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

(a) Description of liability	(b) Amount	ત્રાદાનાનું કે, ભારત કે કિ. બિલ્પિક પ્રતિ કર્યા કે તે નિર્દાણ તે તામ કર્યા માના એક લાગ વેલા છે કે છે છે. કે કિ માના માના કે કે કે કે કે કે કે કે કે કે કે કે કે
(1) Federal income taxes	, sp	ئىد ئىرگىنى ئىلىدۇ يورۇنىڭ ئارىكى ئىلىنىڭ ئىلىنىڭ ئىلىدىن ئىلىنىڭ ئىلىنىڭ ئىلىنىڭ ئىلىنىڭ ئىلىنىڭ ئىلىنىڭ ئىلى ئايدىلىنىڭ ئىلىنىڭ ئىلىنىڭ ئىلىنىڭ ئىلىنىڭ ئىلىنىڭ ئىلىنىڭ ئىلىنىڭ ئىلىنىڭ ئىلىنىڭ ئارلىنىڭ ئىلىنىڭ ئىلىنىڭ ئى
(2) CUSTODIAN ACCOUNTS	116,164.	and the state of t
(3)	T.	
(4)		
(5)		1119 and a state of the state o
(6)		
(7)		
(8)		
(9)		
(10)	\$ 1	
(11)	i i	
otal. (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 organizatio	116,164.	

FIN 48 (ASC 740)

Schedule D (Form 990) 2010

032053 12-20-10

Schedule D (Form 990) 2010

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, ► Attach to Form 990. WINNEBAGO COUNCIL BOY SCOUTS OF AMERICA Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE 1 (Form 990)

OMB No 1545-0047	2010	Open to Public

2

Employer identification number 42-0985053 X Yes Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection Part 11 General Information on Grants and Assistance criteria used to award the grants or assistance?

2. Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States [IPart II '] Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any	ocedures for mon Governments an	itoring the use of grant id Organizations in the	tunds in the United • United States. C	d States complete if the orga	anization answered "	res" to Form 990, Part I	V, line 21, for any
recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000 Part II can be duplicated if additional space is needed	\$5,000. Check thi	is box if no one recipier	nt received more th	an \$5,000 Part II	can be duplicated if	additional space is need	▲ pel
1 (a) Name and address of organization or government	(p) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, EMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
							·
2 Enter total number of section 501(c)(3) and government organizations3 Enter total number of other organizations	and government or	rganizations					
_ ا	, see the Instruct	tions for Form 990.					Schedule I (Form 990) (2010)

Schedule I (Form 990) (2010)

Page 2

42-0985053 Schedule I (Form 990) (2010) #173
| Fart III | Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22
| Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
WINNEBAGO COUNCIL BOY SCOUTS OF AMERICA PAYS REGISTRATION DUES FOR MEMBERS WITH A FINANCIAL NEED WHO APPLY FOR ASSISTANCE.	194	0	5 0 28	SET MEMBERSHIP AND CAMP FEES CHARGED TO OTHER MEMBERS	REDUCTION OR ELIMINATION OF REGISTRATION FEES FOR MEMBERSHIP/CAMP/OTHER PROGRAMS REQUIRED FOR PARTICIPATION IN
 Part IV! Supplemental Information. Complete this part to provide the in		required in Part I,	i line 2, and any other	nformation required in Part I, line 2, and any other additional information	
(F) DESCRIPTION OF NON-CASH ASSISTANCE: REDUCTION OR ELIMINATION OF	ANCE: REI	OUCTION OR	ELIMINATI	ON OF	
REGISTRATION FEES FOR MEMBERSHIP/CAMP	\sim	R PROGRAMS	OTHER PROGRAMS REQUIRED	FOR	
PARTICIPATION IN BOY SCOUTS PROGRAMS		THROUGH THE COUNCIL.	NCIL.		

032102 01-13-11

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

2010 Open to Public Inspection

Name of the organization

WINNEBAGO COUNCIL BOY SCOUTS OF AMERICA #173

Employer identification number 42-0985053

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
SELF-RELIANCE, AND TO PREPARE THEM TO MAKE ETHICAL CHOICES OVER THEIR
LIFETIME AND ACHIEVE THEIR FULL POTENTIAL USING THE METHODS WHICH ARE
NOW IN COMMON USE BY THE BOY SCOUTS OF AMERICA.
FORM 990, PART VI, SECTION B, LINE 11: THE 990 WAS REVIEWED AT A BOARD
MEETING WITH THE EXECUTIVE BOARD AND VOTED ON TO APPROVE BEFORE FILING.
FORM 990, PART VI, SECTION B, LINE 15: THE EXECUTIVE BOARD USES SALARY
GUIDELINES FROM THE NATIONAL BOY SCOUT COUNCIL TO SET AND APPROVE THE SCOUT
EXECUTIVE'S SALARY.
FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION'S GOVERNING
DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE
AVAILABLE TO THE PUBLIC UPON REQUEST, AT THE COUNCIL OFFICE.
FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:
NET UNREALIZED GAINS ON INVESTMENTS: 87,199.
THE ORGANIZATION DOES HAVE A COMMITTEE THAT ASSUMES RESPONSIBILITY FOR
OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND SELECTION OF AN
INDEPENDENT ACCOUNTANT AND THIS PROCESS HAS NOT CHANGED FROM THE PRIOR
YEAR.

ame			Address		Title	Votine	Average Hours Devoted Per Week	W-2	Accoun
nthony		Thompson	2929 Airport Blvd.	Waterloo, IA 50703	Council President	Voting X	Per Week	Comp.	Other
esey		McLaughlin	2929 Airport Blvd	Waterloo, IA 50703	Past Council President	x	-	-	
an .		King	2929 Airport Blvd	Waterloo, IA 50703	Council Commissioner	X	-	-	
aryt	L	Foelske	2929 Airport Blvd	Waterloo, IA 50703	Council Asst. Commissioner	Х	-	_	
in		Kahler	2929 Airport Blvd	Waterloo, IA 50703	Council Treasurer	X	-		
even	С	McFarlane	2929 Airport Blvd	Waterloo, IA 50703	VP District Operations	Х	-	-	
J		Gallagher III	2929 Airport Blvd	Waterloo, IA 50703	VP Endowment/Legal	X	-		
ret		Spaulding	2929 Airport Blvd.	Waterloo, IA 50703	VP of COOP	Х		-	
chard	L	Adolfs	2929 Airport Blvd	Waterloo, IA 50703	VP of Council Solutions	Х	•		
chard	L.	Pump	2929 Airport Blvd.	Waterloo, IA 50703	VP of Finance	Х	-	-	
alter	A.	Senchina	2929 Airport Blvd	Waterloo, IA 50703	VP of Fundraising	Х	-	_	
hnstie		Kangas	2929 Airport Blvd.		VP of Membership/Relationships	X	_		
nomas		Jennings	2929 Airport Blvd	Waterloo, IA 50703	VP of Multicultural Markets	X	-	-	
hn	L	Winter	2929 Airport Blvd.	Waterloo, IA 50703	VP of Venturing	X	-		
у		Nelson	2929 Airport Blvd.	Waterloo, IA 50703	VP Program Administration	Х	_	-	
ากก		Joerger	2929 Airport Blvd.	Waterloo, IA 50703	District Chair of Sun Rivers	Х	-	-	
enneth	R	Allbaugh	2929 Airport Blvd.	Waterloo, IA 50703	Board Member	X	-	-	
mes	D	Amold	2929 Airport Blvd.	Waterloo, IA 50703	Board Member	Х	_	-	
ark		Buffington	2929 Airport Blvd	Waterloo, IA 50703	Board Member	×	-	-	
erry		Buffington	2929 Airport Blvd.	Waterloo, IA 50703	Board Member	×	-	-	
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