

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



### **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

OMB No 1545-0047

Application pending   F   Name and address of principal officer   Patrick D. Bridges   H(a)   Is this a group return for affiliates \(^1\) \( \) yes mare as above   H(b)   Are all affiliates included? \(^1\) yes same as above   H(b)   Are all affiliates included? \(^1\) yes   Yes   M(b)   M(b)		vice		ay have to use a copy o	1 11110 1010111 10 00	- otato rop	orang roqu	iii Oi ii Oi ii O	Inspection
Address change   Name change   Inhaliar return   Section   Sect	A For the 20	)8 calendar	year, or tax year b	peginning	, 2008,	and ending			, 20
Address change   Name chang	B Check if applica		C Name of organizati	on LaSalle Council, l	Inc., Boy Scou	ts of Americ	a #165	D Employe	er identification numb
Initial return   Septembro   1340 South Bend Ave.   (574 ) 289-0337	Address char	use IRS ge label or						35	6034215
Install return   See   Septemble   South Bend Ave.   (574 ) 289-0337	☐ Name change		Number and street (or	PO box if mail is not delivered	d to street address)	Room/suite		E Telephor	ne number
Termination   Amended return   F Name and address of principal officer   Patrick D. Bridges   Help Are all affidiates included?   Yes   Hib Are all aff	Initial return	See	1340 South Ber	nd Ave.				(574)	289-0337
Partition Particle Particle Particle Particle D. Bridges   H(a) is the a group return for affiliates   Tyes   Same as above   H(b) Are all affiliates included?   Tyes   Tax-exempt status   Solic (3)	☐ Termination		City or town, state	or country, and ZIP + 4					
Tax-exempt status	Amended ret	rn						G Gross rece	eipts \$ 1,841,76
Same as above   H(b) Are all affiliates included?   Yes   Tax-exempt status   501(c) (3)   (insert no.)   4947(a)(1) or   527   H(b) Are all affiliates included?   Yes   1761   Yes   1764   H(c) Group exemption number   1761   Yes   176	Application per	ing F Nam	ne and address of prin	ncipal officer Patrick D	). Bridges		H(a) Is this	a group return fo	or affiliates? Yes
Tax-exempt status		same	as above						
Type of organization   Corporation   Zinust   Association   Other   L. Year of formation   1974   M. State of legal domicite   IN	1 Tax-exempt	status 📝 5	01(c) ( 3 ) ◀ (insert r	10.) 4947(a)(1) or	<u>527</u>		1		
Briefly describe the organization's mission or most significant activities: To provide the Council (LaSalle Council, Boy Scouts of America #165 EIN: 35-0867966) with increasing financial support for both the operating budget and for capital needs. See Schedule O for the mission of the Council.  Check this box I if the organization discontinued its operations or disposed of more than 25% of its assets.  Number of voting members of the governing body (Part VI, line 1a).  Number of independent voting members of the governing body (Part VI, line 1b).  Number of independent voting members of the governing body (Part VI, line 1b).  Total number of employees (Part V, line 2a).  Total qure unrelated business revenue from Part VIII, line 12, column (C).  Net unrelated business taxable income from Form 990-T, line 34.  Current Year  Current							H(c) Group e	exemption numb	ber ▶ 1761
1 Briefly describe the organization's mission or most significant activities: To provide the Council (LaSalle Council. Boy, Scouts of America #165, EIN: 35-9867966) with increasing financial support for both the operating budget and for capital needs. See Schedule O for the mission of the Council.  2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its assets.  3 Number of voting members of the governing body (Part VI, line 1a).  4 Number of independent voting members of the governing body (Part VI, line 1b).  5 Total number of employees (Part V, line 2a).  6 Total number of volunteers (estimate if necessary)  7a Total gross unrelated business revenue from Part VIII, line 12, column (C).  7a Total gross unrelated business revenue from Part VIII, line 12, column (C).  7a Net unrelated business taxable income from Form 990-T, line 34.  Prior Year  Current Year  8 Contributions and grants (Part VIII, column (A), lines 3, 4, and 7d).  10 Investment income (Part VIII, column (A), lines 3, 4, and 7d).  11 Other revenue—Part VIII, column (A), lines 3, 4, and 7d).  12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12).  13 Grants and similar amounts paid (Part IX, column (A), lines 1–3).  14 Benefits paid to end in impress (Part IX, column (A), line 4).  15 Salaries, other somewhatsation, employee the lefts (Part IX, column (A), line 4).  16 Professional fundraising teas (Part IX, column (A), line 11).  16 Professional fundraising teas (Part IX, column (A), line 11).  17 Other expenses (Part IX, column (A), line 25).  18 Benefits paid to end if the mission of the part is part of the par	K Type of organi	ation Corpor	ration 🗹 Trust 🗌 Asso	ociation Other >	L Ye	ear of formation	1974	M State of I	legal domicile IN
Boy, Scouts of America #165. EIN: 35-9867966) with increasing financial support for both the operating budget and for capital needs. See Schedule O for the mission of the Council.  2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its assets.  3 Number of voting members of the governing body (Part VI, line 1a).  4 Number of independent voting members of the governing body (Part VI, line 1b).  5 Total number of employees (Part V, line 2a).  6 Total number of volunteers (estimate if necessary).  7a Total gross unrelated business revenue from Part VIII, line 12, column (C).  7a Total gross unrelated business taxable income from Form 990-T, line 34.  Prior Year Current Year  8 Contributions and grants (Part VIII, line 1h).  9 Program service revenue (Part VIII, column (A), lines 3, 4, and 7d).  10 Investment income (Part VIII, column (A), lines 3, 4, and 7d).  11 Other revenue—Part VIII, column (A), lines 3, 4, and 7d).  12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12).  13 Grants and similar amounts paid (Part VX, column (A), lines 1–3).  14 Benefits paid to end in members (Part VX, column (A), line 4).  15 Salaries, other some and paid (Part VX, column (A), line 4).  16 Professional fundrating teas (Part IX, column (A), line 4).  17 Other expenses (Part IX, column (A), line 25).  18 Total undersing expenses (Part IX, column (A), line 25).  19 Total fundrating expenses (Part IX, column (A), line 25).  10 Total expenses (Part IX, column (A), line 25).  11 Total expenses (Part IX, column (A), line 25).  12 Total liabilities (Part X, line 16).  13 Grants and similar amounts paid (Part IX, column (A), line 25).  14 Beginning of Year.  15 End of Year.  16 Beginning of Year.  17 End of Year.  18 End of Year.  19 End of Year.  19 End of Year.  20 Total liabilities (Part X, line 26).  21 Total liabilities (Part X, line 26).  22 Net assets or fund balances. Subtract line 21 from line 20.  23 End of Year.  24 End of Year.  25 End of Year.	Part I Su	mmary						_	
7a Total gross unrelated business revenue from Part VIII, line 12, column (C). b Net unrelated business taxable income from Form 990-T, line 34.  7b  Prior Year  8 Contributions and grants (Part VIII, line 1h)  9 Program service revenue (Part VIII, line 2g)  10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)  11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)  13 Grants and similar amounts had (Part IX, column (A), lines 1-3)  14 Benefits paid to program service (Part IX, column (A), line 4)  15 Salaries, other seminantion, employee benefits (Part IX, column (A), lines 5-10)  16a Professional fundraising ease (Part IX, column (A), line 11e)  b Total fundraising expenses (Part IX, column (A), line 11e)  b Total sexpenses (Part IX, column (A), line 25)  17 Other expenses (Part IX, column (A), line 25)  18 Total expenses Add lines (34) Yourst equal Part IX, column (A), line 25)  19 Revenue less expenses (Part IX, line 16)  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 26)  Net assets or fund balances. Subtract line 21 from line 20  22 Net assets or fund balances. Subtract line 21 from line 20  24 Set 20  25 Net assets or fund balances. Subtract line 21 from line 20  26 Set 20  27 Set 20  28 Set 20  29 Set 20  20 Net assets or fund balances. Subtract line 21 from line 20  20 Set 20  20	Boy	Scouts of	America #165 E	IN: 35-0867966) with	h increasing fir	nancial supp	ide the C	ouncil (La oth the op	Salle Council, In erating budget
7a Total gross unrelated business revenue from Part VIII, line 12, column (C). b Net unrelated business taxable income from Form 990-T, line 34.  7b  Prior Year  8 Contributions and grants (Part VIII, line 1h)  9 Program service revenue (Part VIII, line 2g)  10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)  11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)  13 Grants and similar amounts had (Part IX, column (A), lines 1-3)  14 Benefits paid to program service (Part IX, column (A), line 4)  15 Salaries, other seminantion, employee benefits (Part IX, column (A), lines 5-10)  16a Professional fundraising ease (Part IX, column (A), line 11e)  b Total fundraising expenses (Part IX, column (A), line 11e)  b Total sexpenses (Part IX, column (A), line 25)  17 Other expenses (Part IX, column (A), line 25)  18 Total expenses Add lines (34) Yourst equal Part IX, column (A), line 25)  19 Revenue less expenses (Part IX, line 16)  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 26)  Net assets or fund balances. Subtract line 21 from line 20  22 Net assets or fund balances. Subtract line 21 from line 20  24 Set 20  25 Net assets or fund balances. Subtract line 21 from line 20  26 Set 20  27 Set 20  28 Set 20  29 Set 20  20 Net assets or fund balances. Subtract line 21 from line 20  20 Set 20  20	2 Chec	this box ▶ [	if the organization	on discontinued its operat	tions or disposed r	of more than 2	5% of its as	sets.	
7a Total gross unrelated business revenue from Part VIII, line 12, column (C). b Net unrelated business taxable income from Form 990-T, line 34.  7b  Prior Year  8 Contributions and grants (Part VIII, line 1h)  9 Program service revenue (Part VIII, line 2g)  10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)  11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)  13 Grants and similar amounts had (Part IX, column (A), lines 1-3)  14 Benefits paid to program service (Part IX, column (A), line 4)  15 Salaries, other seminantion, employee benefits (Part IX, column (A), lines 5-10)  16a Professional fundraising ease (Part IX, column (A), line 11e)  b Total fundraising expenses (Part IX, column (A), line 11e)  b Total sexpenses (Part IX, column (A), line 25)  17 Other expenses (Part IX, column (A), line 25)  18 Total expenses Add lines (34) Yourst equal Part IX, column (A), line 25)  19 Revenue less expenses (Part IX, line 16)  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 26)  Net assets or fund balances. Subtract line 21 from line 20  22 Net assets or fund balances. Subtract line 21 from line 20  24 Set 20  25 Net assets or fund balances. Subtract line 21 from line 20  26 Set 20  27 Set 20  28 Set 20  29 Set 20  20 Net assets or fund balances. Subtract line 21 from line 20  20 Set 20  20	3 Num			· ·	•			1 2 1	
7a Total gross unrelated business revenue from Part VIII, line 12, column (C). b Net unrelated business taxable income from Form 990-T, line 34.  7b  Prior Year  8 Contributions and grants (Part VIII, line 1h)  9 Program service revenue (Part VIII, line 2g)  10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)  11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)  13 Grants and similar amounts had (Part IX, column (A), lines 1-3)  14 Benefits paid to program service (Part IX, column (A), line 4)  15 Salaries, other seminantion, employee benefits (Part IX, column (A), lines 5-10)  16a Professional fundraising ease (Part IX, column (A), line 11e)  b Total fundraising expenses (Part IX, column (A), line 11e)  b Total sexpenses (Part IX, column (A), line 25)  17 Other expenses (Part IX, column (A), line 25)  18 Total expenses Add lines (34) Yourst equal Part IX, column (A), line 25)  19 Revenue less expenses (Part IX, line 16)  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 26)  Net assets or fund balances. Subtract line 21 from line 20  22 Net assets or fund balances. Subtract line 21 from line 20  24 Set 20  25 Net assets or fund balances. Subtract line 21 from line 20  26 Set 20  27 Set 20  28 Set 20  29 Set 20  20 Net assets or fund balances. Subtract line 21 from line 20  20 Set 20  20	8 4 Num								
7a Total gross unrelated business revenue from Part VIII, line 12, column (C). b Net unrelated business taxable income from Form 990-T, line 34.  7b  Prior Year  8 Contributions and grants (Part VIII, line 1h)  9 Program service revenue (Part VIII, line 2g)  10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)  11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)  13 Grants and similar amounts had (Part IX, column (A), lines 1-3)  14 Benefits paid to program service (Part IX, column (A), line 4)  15 Salaries, other seminantion, employee benefits (Part IX, column (A), lines 5-10)  16a Professional fundraising ease (Part IX, column (A), line 11e)  b Total fundraising expenses (Part IX, column (A), line 11e)  b Total sexpenses (Part IX, column (A), line 25)  17 Other expenses (Part IX, column (A), line 25)  18 Total expenses Add lines (34) Yourst equal Part IX, column (A), line 25)  19 Revenue less expenses (Part IX, line 16)  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 26)  Net assets or fund balances. Subtract line 21 from line 20  22 Net assets or fund balances. Subtract line 21 from line 20  24 Set 20  25 Net assets or fund balances. Subtract line 21 from line 20  26 Set 20  27 Set 20  28 Set 20  29 Set 20  20 Net assets or fund balances. Subtract line 21 from line 20  20 Set 20  20	5 Tota								
7a Total gross unrelated business revenue from Part VIII, line 12, column (C). b Net unrelated business taxable income from Form 990-T, line 34.  7b  7c  7c  7c  7c  7c  7c  7c  7c  7c	6 Tota							6	
b Net unrelated business taxable income from Form 990-T, line 34.  Prior Year  Current Year  8 Contributions and grants (Part VIII, line 1h)  9 Program service revenue (Part VIII, column (A), lines 3, 4, and 7d)  10 Investment income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  11 Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12)  13 Grants and similar amediate paid (Part IX, column (A), lines 1–3)  14 Benefits paid to enter interest (Part IX, column (A), lines 1–3)  15 Salaries, other sombehisation, employee identitis (Part IX, column (A), lines 5–10)  16a Professional fundraising fees (Part IX, column (A), line 11e)  b Total fundraising expenses (Part IX, column (A), line 11e)  b Total fundraising expenses (Part IX, column (A), line 25)  17 Other expenses Add lines (A) Infust equal Part IX, column (A), line 25)  18 Total expenses Add lines (A) Infust equal Part IX, column (A), line 25)  19 Revenue less expenses (Part X, line 16)  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 26)  Net assets or fund balances. Subtract line 21 from line 20  2 (693,541)  1938						 n (C)	• •	7a	
8 Contributions and grants (Part VIII, line 1h)								7b	
9 Program service revenue (Part VIII, line 2g) . 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)							Prior Ye	ar	Current Year
9 Program service revenue (Part VIII, line 2g) . 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	8 Con	ributions ar	nd grants (Part VI	III, line 1h)				32,417	93,2
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 14 Benefits paid to or for inemisers (Part IX, column (A), lines 1–3) 15 Salaries, other someonsation, employee therefits (Part IX, column (A), lines 5–10) 16a Professional fundraising feas (Part IX, column (A), line 11e) 17 Other expenses (Part IX, column (A), line 25) 18 Total fundraising expenses (Part IX, column (A), line 25) 19 Revenue less expenses (Part IX, column (A), line 12) 19 Revenue less expenses (Part IX, column line 12) 10 Total assets (Part X, line 16) 20 Total assets (Part X, line 26) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 2 1,938	9 Pro		-	·					
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 14 Benefits paid to or for inemisers (Part IX column (A), line 4) 15 Salaries, other someonsation, employee therefits (Part IX, column (A), lines 5–10) 16a Professional fundraising ease (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A)) lines 11a–11d, 11f–24f) 18 Total expenses Add lines (24) Y (must equal Part IX, column (A), line 25) 19 Revenue less expenses (Aubitact line 18 from line 12 10 Total assets (Part X, line 16) 20 Total assets (Part X, line 26) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 23 1,938	\$ 10 Inve							259,976	(206,25
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)  13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)  14 Benefits paid to exter interplaces (Part IX, column (A), line 4)  15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)  16a Professional fundraising eas (Part IX, column (A), line 11e)  b Total fundraising expenses (Part IX, column (D), line 25)  17 Other expenses (Part IX, column (A), line 25)  18 Total expenses Add lines (2-1) (must equal Part IX, column (A), line 25)  19 Revenue less expenses (Part X, line 18 from line 12)  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 26)  22 Net assets or fund balances. Subtract line 21 from line 20  23 Salaries, other compenses (Part IX, column (A), lines 5–10)  19 Revenue less expenses (Part IX, column (A), line 25)  19 Revenue less expenses (Part X, line 16)  27 Total liabilities (Part X, line 26)  28 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)  19 Revenue less expenses (Part IX, column (A), line 25)  10 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)  10 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)  10 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)  10 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)  10 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)  10 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)  10 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)  11 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)  12 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)  16 Part IX, column (A), lines 5–10  19 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)  19 Salaries, other compensation, employee be	11 Oth							1,090	6,9
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	12 Tota	revenue—à	idd lines 8 through	11 (must equal Part V	/III, column (A), I	ine 12)			(106,01
14 Benefits paid to exter inembers (Part IX column (A), line 4)  15 Salaries, other sombensation, employee benefits (Part IX, column (A), lines 5–10)  16a Professional fundraising feas (Part IX, column (A), line 11e)  b Total fundraising expenses (Part IX, column (D), line 25)  17 Other expenses (Part IX, column (A), line 11d, 11f–24f)  18 Total expenses Add lines (2-1) must equal Part IX, column (A), line 25)  19 Revenue less expenses substact line 18 from line 12  10 Total assets (Part X, line 16)  20 Total assets (Part X, line 26)  21 Total liabilities (Part X, line 26)  22 Net assets or fund balances. Subtract line 21 from line 20  23 1,938	13 Gra	ts and simi	ilar amedats paid	(Part\IX. column (A).	lines 1–3)			124,000	124,4
15 Salaries, other compensation, employee Benefits (Part IX, column (A), lines 5–10) 16a Professional fundraising fees (Part IX, column (A), line 11e)  b Total fundraising expenses (Part IX, column (D), line 25)  17 Other expenses (Part IX, column (A) lines 11a–11d, 11f–24f)  18 Total expenses Add lines (24) Ymust equal Part IX, column (A), line 25)  19 Revenue less expenses Subtract line 18 from line 12  10 Total assets (Part X, line 16)  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 26)  Net assets or fund balances. Subtract line 21 from line 20  26 Subtract line 21 from line 20  27 Subtract line 21 from line 20  28 Subtract line 21 from line 20  29 Subtract line 21 from line 20  20 Subtract line 21 from line 20  20 Subtract line 21 from line 20  20 Subtract line 21 from line 20  21 Subtract line 21 from line 20  22 Subtract line 21 from line 20  23 Subtract line 21 from line 20  24 Subtract line 21 from line 20  25 Subtract line 21 from line 20  26 Subtract line 21 from line 20  27 Subtract line 21 from line 20  28 Subtract line 21 from line 20  29 Subtract line 21 from line 20  20 Subtract line 21 from line 20									
17 Other expenses (Part IX, column (A) lines 11a-11d, 11f-24f)	% 15 Sala					s 5–10)			
17 Other expenses (Part IX, column (A) lines 11a–11d, 11f–24f)	16a Prof	essional fun	draising fees Par	t IX. column (A). line 1	1e)	· · · · · · · · · · · · · · · · · · ·			
17 Other expenses (Part IX, column (A) lines 11a-11d, 11f-24f)	b Tota							٠,	
18   Total expenses   Add lines (3-1) must equal Part IX, column (A), line 25)   143,744   141   19   Revenue less expenses   Subtract line 18 from line 12   149,739   (247, Beginning of Year   20   Total assets (Part X, line 16)   2,702,417   1,965   21   Total liabilities (Part X, line 26)   26   22   Net assets or fund balances. Subtract line 21 from line 20   2,693,541   1,938   1,								19,744	16,6
Beginning of Year   End of Year   20   Total assets (Part X, line 16)	1 17 Oth							440 -44	141 4
Beginning of Year   End of Year   20   Total assets (Part X, line 16)	17 Oth	expenses	Add lines (3-1)	Xmust equal Part IX.	column (A). line	e 25)		143,744	141,1
20   Total assets (Part X, line 16)	18 Tota 19 Reve	l expenses	Add lines (3-11)	'Xmust equal Part IX, line 18 from line 12 .	column (A), line	∋ 25) 			
21 Total liabilities (Part X, line 26)	18 Tota 19 Reve	l expenses	Add lines (341) penses Subtract I	Amust equal Part IX, line 18 from line 12 .	column (A), line	€ 25) 		149,739	(247,12
25 22 Net assets or fund balances. Subtract line 21 from line 20	18 Tota 19 Reve	l expenses nue less ex	Add lines (3-11) penses Subtract I	Amust equal Part IX, line 18 from line 12 .	column (A), line	≥ 25)	Beginning (	149,739 of Year	(247,12 End of Year
	18 Tota 19 Reve 19 Reve 20 Tota	l expenses nue less exp l assets (Pa	Add lines (241) penses Subtract I art X, line 16)	Amust equal Part IX, line 18 from line 12	column (A), line	25)	Beginning (	149,739 of Year 702,417	(247,12 End of Year 1,965,1
Fait II Signature block	18 Tota 19 Reve 5 5 5 6 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	l expenses nue less ex l assets (Pa l liabilities (I	Add lines (241) penses: Subtract I art X, line 16) Part X, line 26) .		column (A), line	25)	Beginning o	149,739 of Year 702,417 8,876	(247, End of Year 1,965
	18 Tota 19 Reve 20 Tota 21 Tota 22 Net Part II Un	I expenses I assets (Pa I liabilities (I assets or fu Signature der penalties of	Add lines (2) penses. Subtract I penses. Subtract I pent X, line 16) Part X, line 26) und balances. Subtraction in the	btract line 21 from lin	column (A), line	anying schedule	Beginning (2,	149,739 of Year 702,417 8,876 693,541	(247,1 End of Year 1,965, 26, 1,938,
and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any know	18 Tota 19 Revo	I expenses I assets (Pa I liabilities (I assets or fu Signature der penalties of	Add lines (2) penses. Subtract I penses. Subtract I pent X, line 16) Part X, line 26) und balances. Subtraction in the	btract line 21 from lin	column (A), line	anying schedule	Beginning (2,	149,739 of Year 702,417 8,876 693,541	(247,1) End of Year 1,965,1 26,2 1,938,8 the best of my knowle parer has any knowle
Sign / aluf / Ludge 10/14/10	18 Total 19 Revolution 19 Revo	I expenses anue less expenses (Pa I lassets (Pa I lassets or fu Bignature der penalties of I belief, it is tru	Add lines (2-1) penses. Subitact I penses. Subitact I pert X, line 16) Part X, line 26) und balances. Sul Block fleriby, I declare that ue, corpect, and complete.	btract line 21 from lin	column (A), line	anying schedule	Beginning of 2,	149,739 of Year 702,417 8,876 693,541 enents, and to of which pre	(247,1) End of Year 1,965,1 26,2 1,938,8 the best of my knowle parer has any knowle
Sign Here Order Of Officer Date	18 Total 19 Revolution 19 Revo	I expenses e	Add lines (2-1) penses. Subitact I  art X, line 16) Part X, line 26) und balances. Sul  Block f perjuly, I declare that ue, corpect, and completely officer	btract line 21 from line I have examined this return lete Declaration of prepare	n, including accompar (other than officer)	anying schedule ) is based on all	Beginning of 2,	149,739 of Year 702,417 8,876 693,541 enents, and to of which pre	(247,1) End of Year 1,965,1 26,2 1,938,8 the best of my knowle
Sign Here Production Date Date Date Date Date Date Date Date	18 Tota 19 Revo	I expenses anue less expenses	Add lines (all penses subject I per X, line 16). Part X, line 26) und balances. Sul Block f perjuly, I declare that us, carpet, and complete the complete that us are the complete that us are thad us are that us	btract line 21 from line I have examined this return lete Declaration of prepare	n, including accompar (other than officer)	anying schedule ) is based on all	Beginning of 2,	149,739 of Year 702,417 8,876 693,541 enents, and to of which pre	(247,1: End of Year 1,965,1 26,2 1,938,8 the best of my knowle
Sign Here  Sign Type or print name and title    Column	18 Total 19 Reverse 20 Total 22 Net Part II Sign	I expenses anue less expenses	Add lines (all penses subject I per X, line 16). Part X, line 26) und balances. Sul Block f perjuly, I declare that us, carpet, and complete the complete that us are the complete that us are thad us are that us	btract line 21 from line I have examined this return lete Declaration of prepare	n, including accompar (other than officer)	anying schedule is based on all	2, 2, s and statem information Date	149,739 of Year 702,417 8,876 693,541 enents, and to of which pre	(247,12 End of Year 1,965,1 26,2 1,938,8 the best of my knowle
Sign Here    Complete   Control   Co	18 Tota 19 Reve  19 Reve  20 Tota 21 Tota 22 Net  Part II Un and  Sign Here	I expenses anue less expenses	Add lines (all penses subject I per X, line 16). Part X, line 26) und balances. Sul Block f perjuly, I declare that us, carpet, and complete the complete that us are the complete that us are thad us are that us	btract line 21 from line I have examined this return lete Declaration of prepare	ne 20	anying schedule ) is based on all	2, 2, s and statem information Date	149,739 of Year 702,417 8,876 693,541 enents, and to of which pre	(247,12 End of Year 1,965,1 26,2 1,938,8 the best of my knowled parer has any knowled
Sign Here    Check if self-signature   Signature   Signature	18 Tota 19 Revo 19 Revo 20 Tota 21 Tota 22 Net Part II Und and Sign Here	I expenses anue less expenses	Add lines (all penses subject I per X, line 16). Part X, line 26) und balances. Sul Block f perjuly, I declare that us, carpet, and complete the complete that us are the complete that us are thad us are that us	btract line 21 from line I have examined this return lete Declaration of prepare	ne 20	anying schedule is based on all  Checked	Beginning a 2, 2, s and statem information Dat	149,739 of Year 702,417 8,876 693,541 enents, and to of which pre	End of Year 1,965,1 26,2 1,938,8 the best of my knowled parer has any knowled
Here    Sign	18 Total 19 Revolution of the Part III Sign Here	I expenses anue less expenses	Add lines (all penses subject I per X, line 16). Part X, line 26) und balances. Sul Block f perjuly, I declare that us, carpet, and complete the complete that us are the complete that us are thad us are that us	btract line 21 from line I have examined this return lete Declaration of prepare	ne 20	anying schedule is based on all  Checked	Beginning a 2, 2, s and statem information Dat	149,739 of Year 702,417 8,876 693,541 enents, and to of which pre	(247,12 End of Year 1,965,1 26,2 1,938,8 the best of my knowled parer has any knowled
Sign Here    Signature of officer   Date   Date	18 Total 19 Revolution of the property of the	I expenses anue less expenses	Add lines and penses substact I penses pe	btract line 21 from line I have examined this return lete Declaration of prepare	ne 20	anying schedule is based on all  Checked	Beginning 2, 2, s and statem information Date of the property	149,739 of Year 702,417 8,876 693,541 hents, and to of which pre	(247,12 End of Year 1,965,1 26,2 1,938,8 the best of my knowled parer has any knowled
Here    Sign	18 Total 19 Revolution 19 Revo	I expenses anue less expenses	Add lines (all penses subitact I penses subitact	btract line 21 from line I have examined this return lete Declaration of prepare	ne 20	anying schedule is based on all  Checked	Beginning 2, 2, s and statem information Date ck if loyed >	149,739 of Year 702,417 8,876 693,541 hents, and to of which pre	(247,12 End of Year 1,965,1 26,2 1,938,8 the best of my knowled parer has any knowled

Par	Statement of Program Service Accomplishments (see instructions)	
1	Briefly describe the organization's mission:  To provide the Council (LaSalle Council, Inc., Boy Scouts of America #165 EIN: 35-0867966) with incr financial support for both the operating budget and for capital needs. See Schedule O for the mission	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	☐ Yes ☑ No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	☐ Yes ☑ No
4	Describe these changes on Schedule O.  Describe the exempt purpose achievements for each of the organization's three largest program services. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amoun allocations to others, the total expenses, and revenue, if any, for each program service reported.	
4a	(Code: ) (Expenses \$ 124,428 including grants of \$ ) (Revenue \$	(199,266) )
	To provide the Council (LaSalle Council, Inc., Boy Scouts of America #165 EIN 35-0867966) with incressupport for both the operating budget and for capital needs.	
		-
4b	(Code. ) (Expenses \$ including grants of \$ ) (Revenue \$	
		•••••
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$	)
		***************************************
		***************************************
		••
	Other program services. (Describe in Schedule O.)	
- <del>-</del> -	(Expenses \$ including grants of \$ ) (Revenue \$ )	
4e	Total program service expenses ► \$ 124,428 (Must equal Part IX, Line 25, column (B).)	

Par	t V 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	✓	
2	Is the organization required to complete Schedule B, Schedule of Contributors?.	2	✓	
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		_<
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		<b>√</b>
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<b>√</b>
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	·	✓
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		✓
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		✓
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	<b>✓</b>	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VIII, IX, or X as applicable	11		1
12	Did the organization receive an audited financial statement for the year for which it is completing this return	40	,	
40	that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII .	12 13		1
13 14a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	14a		7
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			•
		14b		✓
15	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II.	15		✓
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, Part III	16		1
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		1
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		✓
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		✓
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	-	✓
21	Did the organization report more than \$5,000 on Part IX, column (A), line 19 If "Yes," complete Schedule I, Parts I and II	21	✓	ļ.,
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		✓
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23		1
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 questions 24b–24d and complete Schedule K. If "No," go to question 25.	24a		1
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	_	
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		1
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		1
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		1
27 	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		<b>/</b>

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

		_	Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee	7.7	, \$25. 	400
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L,	27.2	****	
	Part IV	28a		<b>✓</b>
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		1
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c	1	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		✓
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	_30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	_31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	✓	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		✓
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		1
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		

Form **990** (2008)

Pai	t V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of	***- ·		74.
	U.S Information Returns Enter -0- if not applicable		,* : : : : : : : : : : : : : : : : : : :	ا میکاند. ایندانته مو
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable		S CAN	- 7
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	3	5.4 8	* · · ·
	gaming (gambling) winnings to prize winners?	1c	✓	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	.*		11 / 18 2 - 12
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see	, -		
	instructions)	,	~ /~ *	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by		7.3	£ ,
	this return?	3a		<b>✓</b>
b	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		<b>√</b>
Þ	If "Yes," enter the name of the foreign country: ▶	3 AP.	· - :	7. A
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	ş.7	*	4-1
<b>E</b> -				1
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a 5b		<b>V</b>
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	30		
С	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
6a	Did the organization solicit any contributions that were not tax deductible?	6a	_	1
		- Ja		
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).		. ,	* * *
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than			مَيِّد
	\$75?	7a	-	<b>✓</b>
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7.		
ч	required to file Form 8282?	7c		<b>*</b> ~
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal	-		,
-	benefit contract?	7e		<u> </u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		1
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			_
	required?	7h	1	
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section		_	
	509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8_		✓
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.			
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			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
122	amounts due or received from them)	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	144		

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

Sec	tion A. Governing Body and Management			
			Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the	- 11.4 - 11.4	* * * *	2. 1
	circumstances, processes, or changes in Schedule O. See instructions.	- '2' E	£.**%.	1
1a	Enter the number of voting members of the governing body		,	- T
b	Enter the number of voting members that are independent	1,34,46		7,15,
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	, ,	~(.j.)	- 1 <sub>m</sub>
	any other officer, director, trustee, or key employee?	2		✓
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		✓
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		✓
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		✓
6	Does the organization have members or stockholders?	6	<b>✓</b>	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a_	_ ✓	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	✓	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during		海.	
	the year by the following.			*
а	The governing body?	8a	✓	
b	Each committee with authority to act on behalf of the governing body?	8b	✓	
9a	Does the organization have local chapters, branches, or affiliates?	9a		✓
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		,
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations			
	must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	✓_	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at			,
500	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		✓
000	tion b. Folicies		V	
120	Done the every institute have a synthesis and but of interest as the O. If (Ab., 1) and to be a do-	120	Yes	No
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	✓	
		120	•	-
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	1	
13	Does the organization have a written whistleblower policy?	13	1	
14	Does the organization have a written document retention and destruction policy?	14	1	_
15	Did the process for determining compensation of the following persons include a review and approval by	-	, à	· -
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:		2	
а	The organization's CEO, Executive Director, or top management official?	15a	<b>/</b>	
	Other officers or key employees of the organization?	15b	1	Ī
	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 arrangement		-	
	with a taxable entity during the year?	16a		1
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			l
	the organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶IN			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(or	c)(3)s	only)	
	available for public inspection. Indicate how you make these available. Check all that apply			
	☐ Own website ☐ Another's website ☑ Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict	of int	erest	
	policy, and financial statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and reco	rds o	f the	

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

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

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

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

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

Check this box if the organization did not co	mpensate	any c	offic	er,	dıre	ctor,	trus	tee, or key em	ployee.	
(A)	(B)			(0	C)			(D)	(D) (E)	
- Name and Title	Average	Positi	on (d	chec	k all	that ap		Reportable	Reportable	Estimated
·	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
David Niswonger President	.75			1				0	0	0
James Welborne VP Administration	.75			1				0	0	0
Max Plumhoff VP District Operations	.75			1				0	0	0
Donald Fischesser VP Finance	.75			<b>√</b>				0	0	0
Norman Riley VP Program	.75			/			\	0	0	0
Susan Barriball VP Membership	.75			/				0	0	0
Michael Flowers Treasurer	.75			<i>y</i>				0	0	0
David Cullers, CPA Asst. Treasurer	.75			<b>→</b>				0	0	0
David Menges Commissioner	.75			1				0	0	0
Margaret Soderberg Past President	.75			1				0	0	0
Patrick Bridges CEO/Secretary	.75			1				0	0	0
Thomas Alevizos Director	.75	1						О	0	0
Jay Asdell Director	.75	<b>✓</b>						0	0	0
E Donald Bengel Director	.75	1						0	0	0
Peter Braasch Director	.75	1					Ī	0	0	0
Chris Bryan Director	.75	1						0	0	0
John Callan Director	.75	<b>✓</b>						0	0	0

Par	t VII Section A. Officers, Directors, Tru	stees, Key	/ Emp	loy	ees.	an	d Hig	hest	Compensated	d Employees (co	ontinue		Page o
	(A)	(B)				C)			(D)	(E)		(F)	
	Name and title	Average	Positi	on (d			that ap	ply)	Reportable	Reportable	[	stimate	ed
		hours per week	익코	٦,	Q	줎	의 프	Б	compensation from	compensation from related	a	mount	
		WEEK	Individual trustee or director	Institutional	Officer	Key employee	ghe	Former	the	organizations	con	other pensa	
			S E	Į į	,	귷	yee c		organization (W-2/1099-MISC)	(W-2/1099-MISC)		rom th	-
			trus	3 1		yee	ğ		(**-2/1055-WIGC)			ganızat ıd relat	
			tee	trustee			Highest compensated employee				org	janızatı	ions
							ated			E			
	n Callan	.75							0	0			0
	ector		✓	_		_					<u> </u>		
	Clymer ctor	.75	_						o	o	,		0
	er Deputy		<b>/</b>	_	_	-		-			ļ		
	ector	.75	/						0	0			0
	Ellis		✓-		$\vdash$	$\vdash$				<del> </del>			
Dire	ector	.75	1						0	0			0
Gre	д накапеп		<u> </u>						_				
Dire	ector	.75	✓						0	0			0
	orge Horn	.75							0				
	ector	.73	✓		_					0			0
	ald Jordan	.75	,						o	o			0
	ector nes Krzyzewski		1				<del> </del>						
	ector	.75	,						0	O	)		0
	Layton		<b>✓</b>	-	<del> </del>	$\vdash$					<del> </del>		
	ector	.75	1		ļ	1			0	C	)		0
	Lewis .	-	<b>                                     </b>			$\vdash$							
Dire	ector	.75	1						0	C			0
Dav	e Loughlin	7.5	<del>- '-</del> -	1									
	ector	.75	1	L	<u> </u>				0	C			0
	n Manıgault	.75							o				0
_	ector ig Marsh	0	✓	ļ	ļ						<u> </u>		
	ector	.75	,						o	c	,		0
	Total		_ ✓	l		<u> </u>		<b>D</b> 0			0		
2	Total number of individuals (including thos	<u></u> e ın 1a) wh	no rec	elve	ed r	nor	e thar	n \$1		<u> </u>		from	
_	organization ► 0	· · · · · · · · · · · · · · · · · · ·						. • .	00,0000pc	masic compon	54		
												Yes	No
3	Did the organization list any former office	r. director	or tri	uste	e. I	cev	empl	ove	e. or highest c	compensated		-	~~ ti
	employee on line 1a? If "Yes," complete S										3		✓
4	For any individual listed on line 1a, is the s	sum of rep	ortabl	le c	omp	oens	sation	and	d other compe	nsation from	-	-	~
	the organization and related organizations	greater tha	an \$15	50,C	0007	If '	'Yes,'	' cor	mplete Schedu	le J for such			
_	individual	•									4	├	<b>│ ✓</b> ,
5	Did any person listed on line 1a receive services rendered to the organization? If "	or accrue Yes." comi	com <sub>l</sub>	pen Sch	satı ıedı.	on : ile	trom I for s	any such	unrelated org	anization for	5		1
Sec	ction B. Independent Contractors								,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	· · · · · · · · · · · · · · · · · · ·			1. •
1	Complete this table for your five highest co	ompensate	ed ind	epe	ende	ent o	contra	acto	rs that receive	d more than \$1	00,00	0 of	
	compensation from the organization												
	(A)	denon							(B)			C)	
	Name and business add	iress							Description of s	ervices	Compe	ensatio	n —
Noi	16							-					
		<del></del>						1					
•								1					
2	Total number of independent contractors	(including	those	ın	1) v	vho	recei	ved	more than \$1	00,000 in			
	compensation from the organization ▶ 0				-								,

Part	: VII	Statement of Re	venue					
	146,34	生で、これでので変しませる。 の4 要 感 変で ここの 。これで、私・権・3			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	b c d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contri All other contributions, gifts, g and similar amounts not inclu Noncash contributions include Total. Add lines 1a–1f	grants, ded above 1f	93,256	93,256			1000年間の大学の大学の大学の大学の大学の大学の大学の大学の大学の大学の大学の大学の大学の
	-"	Total / too lines fa 17	•	Business Code	33,230	3 1	* 3 % ·	* 0 7
Program Service Revenue	2a b c d e f	All other program service Total. Add lines 2a-2f					Rance de la companya del companya de la companya del companya de la companya de l	**************************************
	3	Investment income (inc	ludıng dividends	, interest, and				
	4 5	other similar amounts) Income from investment of Royalties	of tax-exempt bond	d proceeds	75,663	75,663		
	b	Gross Rents Less. rental expenses Rental income or (loss) Net rental income or (lo	(i) Real	(II) Personal				
	7a	Gross amount from sales of assets other than inventory	(i) Securities 1,665,859	(II) Other			1	·
	İ	Less cost or other basis and sales expenses .	1,947,778		, , , , , , , , , , , , , , , , , , ,	Sau in vu		5. 5.
	c d	Gain or (loss) Net gain or (loss)	. (281,919)	▶	(281,919)	(281,919)		
r Revenue	8a	Gross income from events (not including \$ of contributions reported See Part IV, line 18.			**		,	
Other		Less. direct expenses Net income or (loss) fro	<b>b</b>	vents ▶				<u> </u>
		Gross income from garr See Part IV, line 19	. а			٠		-
		Less: direct expenses, Net income or (loss) fro					<u>.                                    </u>	
	Ь	Gross sales of inverteurns and allowances Less: cost of goods so Net income or (loss) from	a id , <b>b</b>				,	
		Miscellaneous Revi		Business Code				
	I							
	d	All other revenue			6,990	6,990		
	е	Total. Add lines 11a-1	1d		6,990			
	12	Total Revenue. Add In 9c, 10c, and 11e	nes 1h, 2g, 3, 4,	5, 6d, 7d, 8c, ▶	(106,010)	(199,266)		

### Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) orga

Section Sur(c)	3) and 501(c)(4) organizations	s must complete all columns.	
All other examinations must see		and another than the second and the	(D) (O

	All other organizations must complete col	umn (A) but are no	t required to com	plete columns (B),	(C), and (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	124,428	124,428		
2	Grants and other assistance to individuals in the U S See Part IV, line 22				4
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			114 4 4 5	
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	****			. ,,,,,,
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits			· · · · · · · · · · · · · · · · · · ·	
10	Payroll taxes				
11	Fees for services (non-employees).				
а	Management				
b	Legal				
С	Accounting ,				
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees .	16,685		16,685	
g	Other				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				- · · · · ·
17	Travel		- / / / /		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				7
а					
b			-		
C				-	<del></del>
d					
e			· <u></u>		
_	All other expenses		<del>-</del>		-
	Total functional expenses. Add lines 1 through 24f	141,113	124,428	16,685	-
26	Joint Costs. Check here ▶ ☐ If following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	,	-2.,,20	.5,535	-

Pa	rt X	Balance Sheet							_
			(A) Beginning of year		E	(B)	) year		
	1	Cash—non-interest-bearing	44,619	1			161	1,864	4
	2	Savings and temporary cash investments		2					
	3	Pledges and grants receivable, net	17,517	3			18	3,326	õ
	4	Accounts receivable, net	•	4		_			
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L.		5					
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L	\$3 24 25 26 26 26 26 26 26 26 26 26 26 26 26 26	6	17. 17. 17. 17. 17. 17. 17. 17. 17. 17.			Ž.	-
g	7	Notes and loans receivable, net		7					-
Assets	8	Inventories for sale or use	<u> </u>	8					-
As	9	Prepaid expenses and deferred charges		9					-
	10a	Land, buildings, and equipment cost basis 10a	87 C	35"	*,3*,	~ 4' 1	· *	X.4	
		Less. accumulated depreciation Complete			- I	*		P <sub>e</sub> 3	
	J	Part VI of Schedule D		10c					_
	11	Investments—publicly traded securities	2,640,281	11			1,784	1,934	4
	12	Investments—other securities See Part IV, line 11		12				<u></u>	
	13	Investments—program-related. See Part IV, line 11		13					
	14	Intangible assets		14					_
	15	Other assets. See Part IV, line 11	<u> </u>	15					_
	16	Total assets. Add lines 1 through 15 (must equal line 34)	2,702,417	16			1,965	<u>5,124</u>	1
	17	Accounts payable and accrued expenses		17					_
	18	Grants payable	0.000	18					_
	19	Deferred revenue	8,876	19			26	3,256	ò
<u>ر</u>	20	Tax-exempt bond liabilities		20					_
tie	21	Escrow account liability Complete Part IV of Schedule D	wo'. 'J's W. ' 'O.'.	21	1 1 1 2 m		, ,	v.80. n f	4.4
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified		22	72.	3,	4		_
	00	persons. Complete Part II of Schedule L		23					-
	23 24	Secured mortgages and notes payable to unrelated third parties  Unsecured notes and loans payable		24					-
	2 <del>4</del> 25	Other hebitises, Consolete Dark V of Coloratule D		25					-
	26	Total liabilities. Add lines 17 through 25	8,876	-			2F	3,256	_ 6
es		Organizations that follow SFAS 117, check here ▶ ✓ and complete lines 27 through 29, and lines 33 and 34.	2	20	<del></del>		<i>;</i> **	<u>,,250</u>	<u>-</u>
Balances	27	Unrestricted net assets	2,026,139	27			1,678	3.77(	0
Bal	28	Temporarily restricted net assets	· · · · · · · · · · · · · · · · · · ·	28					Ť
Þ	29	Permanently restricted net assets	667,402	29			260	0,098	B
or Fund		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.	Ĺ						_
ts	30	Capital stock or trust principal, or current funds		30			***************************************	· · · · · · · · · · · · · · · · · · ·	-
Net Assets	31	Paid-in or capital surplus, or land, building, or equipment fund		31					-
As	32	Retained earnings, endowment, accumulated income, or other funds		32					
<b>Jet</b>	33	Total net assets or fund balances	2,693,541	33			1,938	3,86	8
	34	Total liabilities and net assets/fund balances	2,702,417	34			1,965		
Pa	rt XI	Financial Statements and Reporting							_
					_		Yes	No	_
1	Acc	ounting method used to prepare the Form 990:   Cash  Accrual	I ☐ Other		_				
<b>2</b> a		e the organization's financial statements compiled or reviewed by an ind		t? .	.	2a	✓	<u> </u>	_
b		e the organization's financial statements audited by an independent acc			. <u>L</u>	2b	✓_	<u></u>	_
С		es" to lines 2a or 2b, does the organization have a committee that assumes	•	_					
		audit, review, or compilation of its financial statements and selection of an in				2c	✓_	<u> </u>	_
3a		a result of a federal award, was the organization required to undergo an Single Audit Act and OMB Circular A-133?		forth	in	_		,	
b		Single Audit Act and OMB Circular A-133?  'es." did the organization undergo the required audit or audits?			. }	3a		_	_

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

Department of the Treasury

Internal Revenue Service

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

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

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

OMB No 1545-0047 Open to Public

Inspection

Name of the organization Employer identification number LaSalle Council, Inc., Boy Scouts of America #165 Trust 35 6034215 Reason for Public Charity Status (All organizations must complete this part.) (see instructions) The organization is not a private foundation because it is. (Please check only one organization.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). ☐ A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) ☐ A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H) A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ..... ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) A An organization that normally receives. (1) more than 33\% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 33\% % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) ☐ An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions) 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. c Type III-Functionally integrated d ☐ Type III-Other e 🛮 By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 11g(i) 11g(ii) (ii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(in) Provide the following information about the organizations the organization supports. h (ii) EIN (iii) Type of organization (iv) Is the organization (i) Name of supported (v) Did you notify (vi) Is the (vii) Amount of in col (i) listed in your the organization in organization (described on lines 1-9 organization in col support above or IRC section governing document? col (i) of your (i) organized in the (see instructions)) US? support? Yes Yes Yes No No No LaSalle Council, Inc , 35-0867966 124,428 **Boy Scouts of** America #165

Total

Pa	Support Schedule for Org (Complete only if you chec	ganizations ( ked the box	Described in on line 5, 7, o	Sections 17 or 8 of Part I	O(b)(1)(A)(iv) .)	and 170(b)(1	I)(A)(vi)
Sec	tion A. Public Support	<u></u>					
Ca	llendar year (or fiscal year beginning in) 🕨	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf					-	
3	The value of services or facilities furnished by a governmental unit to the organization without charge			,,			
4	Total. Add lines 1-3	- 14					
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included	, (j mij),	* 4 ***		8 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	sign y	
	on line 1 that exceeds 2% of the amount shown on line 11, column (f)	**		79-	, , , , ,		
6_	Public support. Subtract line 5 from line 4.	· · · 🌣	~	· /	3 %	, ,	
Sec	tion B. Total Support						<u> </u>
Ca	lendar year (or fiscal year beginning in) 🕨	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7	Amounts from line 4			~			
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties 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 assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10 .	•	·				
12	Gross receipts from related activities, etc.	(see instruction	ons)			12	
13	First five years. If the Form 990 is for organization, check this box and stop he	the organization	on's first, secon		-		on 501(c)(3)
Sec	tion C. Computation of Public Su	pport Perce	ntage				
14	Public support percentage for 2008 (line	6, column (f) di	ivided by line 1°	i, column (f))		14	%
15	Public support percentage from 2007 Sc	hedule A, Part	IV-A, line 26f			15	%
16a	33% % support test—2008. If the organiand stop here. The organization qualifies				line 14 is 331/3 9	% or more, che	ck this box .► □
b	33% % support test—2007. If the organic box and stop here. The organization qua					33⅓ % or more 	, check this .► □
17a	10%-facts-and-circumstances test – 20 more, and if the organization meets the "forganization meets the "facts-and-circum	acts-and-circur	nstances" test,	check this box	and stop here.	Explain in Part	IV how the _
b	10%-facts-and-circumstances test—2007 more, and if the organization meets the "facts-and-circumstances" test—2007 more, and if the organization meets the "facts-and-circumstances" and the organization meets the organ	facts-and-circum ances" test The	nstances" test, o organization qua	check this box alifies as a publi	and <b>stop here</b> . cly supported or	Explain in Part ganization	
40	Drivate foundation If the example tion die	s not aback a ba	w on line 12 1C.	a 16h 17a ar	المنطف المصطما ما 17		A A

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

	(Complete only if you checke	ed the box o	n line 9 of Pa	irt I.)			
	tion A. Public Support	r	T				
Ca	llendar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(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 organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge .						
6	Total. Add lines 1-5		-			<del></del>	
	Amounts included on lines 1, 2, and 3 received from disqualified persons .				-		
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
С	Add lines 7a and 7b	_					
8	Public support (Subtract line 7c from line 6)	, * <u>"</u>		****** 4*	r }	<u></u>	]
Sec	tion B. Total Support				7		
	llendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	Amounts from line 6			(4, 4111	(=, ====	(0, 2000	(1) 10101
_	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						
11	Add lines 10a and 10b						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12)						-
14	First five years. If the Form 990 is for organization, check this box and stop	the organization	on's first, seco	nd, third, fourti	h, or fifth tax y	ear as a secti	on 501(c)(3)
Sec	tion C. Computation of Public Su	pport Perce	ntage				
15	Public support percentage for 2008 (lin				(f))	15	%
16	Public support percentage from 2007 S			7g		16	%
Sec	tion D. Computation of Investmen						
17	Investment income percentage for 200			-	olumn (f)) .	17	%%
18	Investment income percentage from 20					18	%
19a	33% % support tests – 2008. If the organism not more than 33% %, check this b	anization did r	ot check the b	ox on line 14, a	and line 15 is n	nore than 331/3	%, and line
b	33% % support tests—2007. If the organ line 18 is not more than 33% %, check this	ization did not	check a box or	line 14 or line	19a, and line 1	6 is more than	331/3 %, and
20	Private foundation. If the organization						

Schedule A (F	Page	: 4
Part IV	Supplemental Information. Complete this part to provide the explanation required by Part II, line 10 Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)	
		<b>-</b> - <b>-</b>
• • • • • • • • • • • • • • • • • • • •		
••••		
•••		
•		
• • • • • • • • • • • •		
	······································	

### SCHEDULE D (Form 990)

### **Supplemental Financial Statements**

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Name of the organization				Employer identification number		
LaS	LaSalle Council, Inc., Boy Scouts of America #165 Trust			35	6034215	
Pa	Organizations Maintaining Do the organization answered "Yes	nor Advised Funds or Other Similar " to Form 990, Part IV, line 6.	Fun	ds or A	ccounts. Complete if	
		(a) Donor advised funds		(b) Fund	ds 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 funds are the organization's property, subj	donor advisors in writing that the assets ect to the organization's exclusive legal of	held contro	in donor	advised Yes No	
6	Did the organization inform all grantees, di used only for charitable purposes and not impermissible private benefit?	for the benefit of the donor or donor adv	grant usor c	funds ma or other	· – –	
Pa		olete if the organization answered "Yes	" to F	orm 990	Part IV Juno 7	
				OHII 990	, rait iv, lille 7.	
1	Purpose(s) of conservation easements held  Preservation of land for public use (e g  Protection of natural habitat  Preservation of open space  Complete lines 2a–2d if the organization hel	., recreation or pleasure)	ion of tion o	f certified	cally important land area historic structure aservation easement	
	on the last day of the tax year.				Held at the End of the Year	
_	Total number of concentation accompate			2a	Held at the End of the Year	
a	Total number of conservation easements		•	2b	<del></del>	
b	Total acreage restricted by conservation e			. 20 2c		
C	Number of conservation easements on a c	, ,	•	. 20 2d		
d	Number of conservation easements includ	• • •	•			
3	Number of conservation easements modified the taxable year ▶			-	the organization during	
4	Number of states where property subject to	o conservation easement is located >				
5	Does the organization have a written polic enforcement of the conservation easemen				ns, and 	
6	Staff or volunteer hours devoted to monitor					
7	Amount of expenses incurred in monitoring	g, inspecting, and enforcing easements d	uring	the year	<b>\$</b>	
8	Does each conservation easement reporte 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .		ents o	f section	🔲 Yes 🗌 No	
9	In Part XIV, describe how the organization balance sheet, and include, if applicable, t the organization's accounting for conserva	he text of the footnote to the organizatio	venue n's fir	and exp	ense statement, and attements that describes	
Pa		ections of Art, Historical Treasures, overed "Yes" to Form 990, Part IV, line 8		her Simi	lar Assets.	
1a	If the organization elected, as permitted ur art, historical treasures, or other similar assi provide, in Part XIV, the text of the footnot	ets held for public exhibition, education, or	resea	arch in fur	nd balance sheet works of therance of public service,	
b	If the organization elected, as permitted un historical treasures, or other similar assets provide the following amounts relating to the provide the following amounts relating to the provided in Form 990, Part X (ii) Assets included in Form 990, Part X	held for public exhibition, education, or hese items.  /III, line 1	reseai	rch in furt	herance of public service,	
2	If the organization received or held works following amounts required to be reported	of art, historical treasures, or other simi	lar as		financial gain, provide the	
а	Revenues included in Form 990, Part VIII,	line 1		•	<b>\$</b>	
b	Assets included in Form 990, Part X					

	d do D (5 000) 0000					
_	dule D (Form 990) 2008  rt III Organizations Maintain	ng Collections	of Art. Historica	Treasures, or	Other Similar As	Page 2
3	Using the organization's accession items (check all that apply):					
а	Public exhibition		( )	oan or exchange		
b	Scholarly research		e 📙 O	ther		
C	Preservation for future genera					
4	Provide a description of the organize Part XIV	ation's collection	s and explain how	they further the	organization's exe	mpt purpose in
5	During the year, did the organization assets to be sold to raise funds rathe	r than to be maint	ained as part of the	e organization's co	Ilection?	Yes No
aı	rt IV Trust, Escrow and Cust Part IV, line 9, or reported	odial Arrangem d an amount on	ents. Complete if Form 990, Part X	organization and, Ine 21.	swered "Yes" to	Form 990,
1a	Is the organization an agent, truste included on Form 990, Part X?	e, custodian or o		or contributions o	or other assets not	t Yes No
b	If "Yes," explain the arrangement in	Part XIV and co	mplete the followir	ng table <sup>.</sup>		···
					Am	nount
	Beginning balance			<u>1</u>	V	
	Additions during the year			<u>1</u> 0	d	
е	Distributions during the year .			· · · · <u>1</u>		
	Ending balance ,				<u> </u>	
2a	Did the organization include an am	ount on Form 990	), Part X, line 21?			∐ Yes ∐ No
	If "Yes," explain the arrangement in rt V Endowment Funds. Co		Tation analysis	l "Vaa" ta Farra	000 Dort IV to	- 10
СI	rt V Endowment Funds. Co	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	
	0	2,693,541	(b) Filor year	C) Two years back	(d) Three years back	(e) Four years back
la	Beginning of year balance	100,246	0.5		· · · · · · · · · · · · · · · · · · ·	
b	Contributions	100,240	1	Garage Same	2 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	# 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
_		(713 806)	25 T - 1		\$	
	Investment earnings or losses .	(713,806) (124,428)		4, , ,		1. 19.
d	Investment earnings or losses . Grants or scholarships	(713,806) (124,428)			\$ 1	
d	Investment earnings or losses . Grants or scholarships Other expenditures for facilities		*, no re wash, 2 mg - 2 m			
d e	Investment earnings or losses . Grants or scholarships Other expenditures for facilities and programs	(124,428)		4, , ,		1. 19.
d e f	Investment earnings or losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses	(124,428)	Special region and a last	d's second secon		
d e f g	Investment earnings or losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance	(124,428) (16,685) 1,938,868	1			
d e f g	Investment earnings or losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of	(124,428) (16,685) 1,938,868 If the year end ba	alance held as:	d's second secon		
d e f g 2 a	Investment earnings or losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of Board designated or quasi-endown	(124,428) (16,685) 1,938,868 If the year end batter to the sent ► 86.6	alance held as:	d's second secon		
d e f g 2 a b	Investment earnings or losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of Board designated or quasi-endown Permanent endowment  13.4	(124,428) (16,685) 1,938,868 If the year end battent ► 86.6 %	alance held as:	d's second secon		
d e f g 2 a b c	Investment earnings or losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of Board designated or quasi-endown Permanent endowment  13.4 Term endowment	(124,428) (16,685) 1,938,868 If the year end batent ► 86.6	alance held as:	d's simmat's sim	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
d e f g 2 a b c	Investment earnings or losses . Grants or scholarships Other expenditures for facilities and programs	(124,428) (16,685) 1,938,868 If the year end batent ► 86.6	alance held as:	d's simmat's sim	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Yes No
d e f g 2 a b c	Investment earnings or losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of Board designated or quasi-endown Permanent endowment ▶ 13.4 Term endowment ▶ 9 Are there endowment funds not in the organization by:  (i) unrelated organizations	(124,428) (16,685) 1,938,868 If the year end batent ► 86.6	alance held as:	d's simmat's sim	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Yes No
d e f g 2 a b c 3a	Investment earnings or losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of Board designated or quasi-endown Permanent endowment ▶ 13.4 Term endowment ▶ 9 Are there endowment funds not in the organization by:  (i) unrelated organizations  (ii) related organizations	(124,428)  (16,685)  1,938,868  If the year end batent ► 86.6 %  be possession of t	alance held as:%  the organization that	at are held and add	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Yes No 3a(i) ✓ 3a(ii) ✓
d e f g 2 a b c 3a b	Investment earnings or losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of Board designated or quasi-endown Permanent endowment ▶ 13.4 Term endowment ▶ 9 Are there endowment funds not in the organization by:  (i) unrelated organizations (ii) related organizations If "Yes" to 3a(ii), are the related organization or scholarship in the related organization or scholarship in the related organizations  (iii) related organizations  If "Yes" to 3a(ii), are the related organization or scholarship in the related organization	(124,428)  (16,685)  1,938,868  If the year end batent ► 86.6  e possession of t	alance held as:%  the organization that	at are held and add	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Yes No
d e f g 2 a b c 3a b 4	Investment earnings or losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of Board designated or quasi-endown Permanent endowment ▶ 13.4 Term endowment ▶ 9 Are there endowment funds not in the organization by:  (i) unrelated organizations (ii) related organizations If "Yes" to 3a(ii), are the related organization by the intended under the organization or the o	(124,428)  (16,685) 1,938,868 If the year end batent ▶ 86.6% If the year end batent ▶ 86.6	alance held as:%  the organization that	at are held and add	ministered for the	Yes No 3a(i) ✓ 3a(ii) ✓
d e f g 2 a b c 3a b 4	Investment earnings or losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of Board designated or quasi-endown Permanent endowment ▶ 13.4 Term endowment ▶ 9 Are there endowment funds not in the organization by:  (i) unrelated organizations (ii) related organizations If "Yes" to 3a(ii), are the related organization or scholarship in the related organization or scholarship in the related organizations  (iii) related organizations  If "Yes" to 3a(ii), are the related organization or scholarship in the related organization	(124,428)  (16,685) 1,938,868 If the year end batent ▶ 86.6% If the year end batent ▶ 86.6	alance held as:%  the organization that	at are held and add	ministered for the	Yes No 3a(i) ✓ 3a(ii) ✓

Part		gs. and Equipment		Part X. line 10.	
	Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
	and				
c L	easehold improvements			-	
	quipment				
	Add lines 1a-1e (Column (d) should equal	Form 990, Part X, colun	nn (B), line 10(c) )		

Part VII	Investments - Other Securitie	s. See Form 990, Part X	(, line 12	_ <del></del>
(a) D	lescription of security or category (including name of security)	(b) Book value	(c) Method of val Cost or end-of-year m	
Fınancıal deri	vatives and other financial products			
	l equity interests			
				·
• • • • • • • • • • • • • • • • • • • •	*			
Total (Column (t	should equal Form 990, Part X, col (B) line 12 )		* `	
Part VIII	Investments – Program Relate	od See Form 990 Part )	/ line 13	, , , , , , , , ,
(a)	Description of investment type	(b) Book value	(c) Method of val Cost or end-of-year m	
				<del></del>
			<del>                                     </del>	
			<del> </del>	
<del></del>				
		<del></del>		
		<del>-</del>		
Total, (Column (t	o) should equal Form 990, Part X, col (B) line 13)		- · , } ** · ·	, ;
Part IX	Other Assets. See Form 990, Pa	art X. line 15.	<u></u>	······································
		(a) Description		(b) Book value
		***		
<del></del> .				
				<u> </u>
		· · <del>- ·</del> · · ·		<del> </del>
	#1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	. (0)		
Part X	mn (b) should equal Form 990, Part X, co		<u> </u>	<del></del>
Part A	Other Liabilities. See Form 990			
Federal inco	(a) Description of liability	(b) Amount		
rederal inco	Jine taxes		0	
			<del> </del>	
		<u> </u>	-	
		<del></del>		
			-	
		<del></del>		
		† · · · · · · · · · · · · · · · · · · ·		
				•
Total. (Column (	b) should equal Form 990, Part X, col (B) line 25)		0	

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

Page	4

Par	Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	ıts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	(106,010)
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	141,113
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	(247,123)
4	Net unrealized gains (losses) on investments	4	(507,550)
5	Donated services and use of facilities	_5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	(93,999)
9	Total adjustments (net). Add lines 4–8	9	(601,549)
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	(848,672)
Par	rt XII Reconciliation of Revenue per Audited Financial Statements With Revenue	ue per	Return
1	Total revenue, gains, and other support per audited financial statements	. 1	(831,987)
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	* ,	
а	Net unrealized gains on investments	<u>0)</u>	~.
b	Donated services and use of facilities	┙.	\$
С	Recoveries of prior year grants		
d	Other (Describe in Part XIV)	9)	4
е	Add lines 2a through 2d	2e	(601,549)
3	Subtract line 2e from line 1	. 3	(230,438)
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	3	r
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a 4a	1	,
b	Other (Describe in Part XIV)	28 🔼	
С	Add lines 4a and 4b	. 4c	124,428
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	(106,010)
Pai	rt XIII Reconciliation of Expenses per Audited Financial Statements With Exper	ises p	
1	Total expenses and losses per audited financial statements	. 1	16,685
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		**************************************
а			φ <sup>2</sup>
b		- 1	\$
С			\$
d		<u></u>	
е	• • • • • • • • • • • • • • • • • • • •	. 2e	
3	Subtract line 2e from line 1	. 3	16,685
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а			Ŷ
b	· · · · · · · · · · · · · · · · · · ·		404400
c		4c	· <del> </del>
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.) rt XIV Supplemental Information	5	141,113
	<del></del>		D + 0/ 1' 41
	nplete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a 2b; Part V, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b		Part IV, lines 15
anu	20, Fait V, line 4, Fait A, Fait Ai, line 6, Fait Ali, lines 20 and 40, and Fait Alii, lines 20 and 40	7.	
Pa	rt V, Line 4 - Intended Uses of Endowment Fund: To provide financial support for LaSalle C	ouncil,	, Inc., Boy
Sc	outs of America #165, a 501(c)(3) organization.		
Pai	rt X - FIN 48 footnote in consolidated financial statements:		
Co	ouncil 165 is exempt from federal income taxes under Section 501(c)(3) of the Internal Reven	ue Cor	de as a charitable
org	ganization whereby only unrelated business income, as defined by Section 509(a)(1) of the 0	Code, i	s subject to
fec	deral income tax. Council 165 currently has no unrelated business income. Accordingly, no	provi:	sion for income
tax	xes has been recorded.		

_	_
Page	- 0

Part XIV Supplemental Information (continued)	
Part XI, Line 8 Part XII, Line 2d - Other Revenue	
The Endowment Fund for LaSalle Council, Inc., Boy Scouts of America #165 consists of the Trust, reported in this	
Form 990, and Beneficial Interests in several community foundations. Those Beneficial Interests are not part of the	
Trust reporting. The amount shown on Part XI, Line 8 and Part XII, Line 2d is the gain on those Beneficial Interests for	
the year ended 12/31/2008.	
Part XII, Line 4b - Other Revenue and Part XIII, Line 4b - Other Expense	
The audited financial statements are compiled for LaSalle Council, Inc., Boy Scouts of America #165 (the Council) on a	
consolidated basis. The Trust reported in this Form 990 is included in that consolidation. Funds from the Trust	
distributed to the other two funds in the Council (Operating Fund and Capital Fund) are recorded as a decrease in	
investment income to the Trust and an increase in investment income to the other funds to allow proper consolidated	
net result of 0. In order to isolate the Trust activity, that distribution must be added back to the Trust investment	
income line item. Likewise, the expense to the Trust for that distribution must be included in the Trust reporting.	
	•
	•••

### **SCHEDULE 1** (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the U.S.

OMB No. 1545-0047

► Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.

▶ Attach to Form 990.

2008	Open to Public Inspection
------	------------------------------

ŝ (h) Purpose of grant or assistance  $\square$ Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed Employer identification number 6034215 See Part IV □ Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (g) Description of non-cash assistance 35 (f) Method of valuation (book, FMV, appraisal, other) Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (e) Amount of non-cash assistance (d) Amount of cash grant 124,428 Enter total number of section 501(c)(3) and government organizations (c) IRC section if applicable the selection criteria used to award the grants or assistance? Part I General Information on Grants and Assistance 501(c)(3) LaSalle Council, Inc., Boy Scouts of America #165 Trust 35-0867966 (b) EIN Enter total number of other organizations LaSalle Council, Inc., Boy..... 1 (a) Name and address of organization Scouts.of.America #165...... or government Name of the organization Part II

Schedule I (Form 990) 2008

Cat. No. 50055P

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

**Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed. Schedule I (Form 990) 2008

Part III Grants a

(f) Description of non-cash assistance				part to provide the information required in Part I, line 2, and any other additional information.	Il promote, within the territory	e Boy Scouts of America and in accordance with the Congressional Charter, Bylaws, and Rules and	program of promoting the ability of boys and young men and women to do things for themselves and	ich are now in common use				
(e) Method of valuation (book, FMV, appraisal, other)				I, line 2, and any other	cil: The corporation sha	e Congressional Charter	g men and women to do	s, using the methods wh				
(d) Amount of non-cash assistance				ion required in Part	sion of LaSalle Counc	n accordance with th	lity of boys and youn	e, and kindred virtue				
(c) Amount of cash grant				rovide the informat	al support. The miss	outs of America and i	of promoting the abil	courage, self-relianc				
(b) Number of recipients					uncil with financi	it by the Boy Sco		them patriotism,				
(a) Type of grant or assistance (b) Number of recipients				Part IV Supplemental Information. Complete this	The mission of the Trust is to provide LaSalle Council with financial support. The mission of LaSalle Council: The corporation shall promote, within the territory	covered by the charter from time to time granted it by th	Regulations of the Boy Scouts of America, the Scouting	others, training them in Scoutcraft, and teaching them patriotism, courage, self-reliance, and kindred virtues, using the methods which are now in common use	by the Boy Scouts of America.			

Schedule I (Form 990) 2008

### SCHEDULE J-2 (Form 990)

### **Continuation Sheet for Form 990**

OMB No 1545-0047

ΠΩ

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

Open to Public Inspection

Name of the Organization

Employer Identification number

LaSalle Council, Inc., Boy Scouts of America #165 Trust

35 6034215

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

James Mauck Director .75  James Maurer Director .75  Robert Meacham Director .75  Elizabeth Mooney Director .75	Individual trustee	lnstitutional trustee	Officer	-	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related
James Mauck  Director .75  James Maurer  Director .75  Robert Meacham  Director .75  Elizabeth Mooney  Director .75	Individual trustee						compensation from the organization	compensation from related organizations	amount of other compensation from the organization and related
Director .75 ,  James Maurer Director .75 ,  Robert Meacham Director .75 ,  Elizabeth Mooney Director .75 ,	<b>/</b>								organizations
Director .75 , Robert Meacham Director .75 , Elizabeth Mooney Director .75 ,	,						0	0	0
Director .75 Elizabeth Mooney Director .75							0	0	0
Elizabeth Mooney Director .75	<b>√</b>		:				0	0	0
	<b>✓</b>						0	0	0
Dan Oakley Director .75	<b>V</b>						0	0	0
Kim Overmyer	<b>V</b>						0	0	0
Donald Parker							0	0	0
Richard E Rush Sr	<u>,</u>						0	0	. 0
Mike Schoeffler	1						0	0	0
Ken Sherry	<b>,</b>						0	0	0
Linda Lee Taylor	1				-		0	0	0
Will Wilson	/						0	0	0
Indiana Trust & Investment Mgmt Co Trustee .75		1					16,685	0	0

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

Transactions With Interested Persons

► Attach to Form 990 or Form 990-EZ.

► To be completed by organizations that 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.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

LaSalle	Council Inc., Boy Scouts of Ame	erica #16	55 Trust	t			3	5 ;		60	3421	5	
Part I	Excess Benefit Transactions To be completed by organizations								n 990	-EZ, F	art V,	line 4	—- 0b.
1	(a) Name of disqualified person				(b) [	Description of	transaction					(c) Cor	rected?
	(a) Name of disqualified person				(0)		transaction					Yes	No
		-			<u>, , , , , , , , , , , , , , , , , , , </u>								
												_	
unde	er the amount of tax imposed on er section 4958							-	-	<b>▶</b> \$			
3 Ente	er the amount of tax, if any, on lin	ne 2, abo	ve, rein	nbursed by	the orga	inization .		•		▶ \$			
Part II	Loans to and/or From Intere To be completed by organizations			es" on Forr	n 990, Par	rt IV, line 26	, or Form 9	90-E2	Z, Parl	V, lin	e 38a		
(a) Na	ame of interested person and purpose		to or from anization?	(c) Ori principal		(d) Balan	ce due	(e) In c	default?	by bo	proved lard or hittee?		/ritten ment?
		То	From					Yes	No	Yes	No	Yes	No
										<del></del>			
		_											
												ļ	
			ļ.——				-					-	- <del>-</del>
Total .		•		<u> </u>	. ▶ \$						, ~		**
Part III	Grants or Assistance Benefi To be completed by organizate				on Form	990, Part I	V, line 27.	•					
	(a) Name of interested person	( <b>b</b> ) Re	elationship	between inte organizat		son and the	(c) Am	nount o	of gran	t or typ	e of a	ssistano	ce
													_
						-							
													_
Part IV	Business Transactions Invol To be completed by organizat				on Form	990, Part I	V, line 28	a, 28	b, or	28c.			
(a)	Name of interested person	(b) R	lelationshi	p between son and the	(c) Ar	nount of saction	(d) Des				on	organı	anng of zation's nues?
					<u> </u>						_	Yes	No
See Sch	edule O				-								
												_	
					_							<u> </u>	
		1			1		1					!	1

### SCHEDULE O (Form 990)

### **Supplemental Information to Form 990**

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

OMB No 1545-0047

2008

Open to Public

6034215

Department of the Treasury Internal Revenue Service Name of the organization

LaSalle Council, Inc., Boy Scouts of America #165 Trust

Form 990 or to provide any additional information.

Inspection

Employer identification number

35

Form 990, Part I, Line 1 and Part III, Line 1 The mission of LaSalle Council, Inc., Boy Scouts of America #165: The corporation shall promote, within the territory covered by the charter from time to time granted it by the Boy Scouts of America and in accordance with the Congressional Charter, Bylaws, and Rules and Regulations of the Boy Scouts of America, the Scouting program of promoting the ability of boys and young men and women to do things for themselves and others, training them in Scoutcraft, and teaching them patriotism, courage, self-reliance, and kindred virtues, using the methods which are now in common use by the Boy Scouts of America. Form 990, Part VI, Line 6 - Explanation of Classes of Members Active members may elect the members of the governing body and approve significant decisions of the governing body. LaSalle Council, Inc., Boy Scouts of America # 165 Trust shares its governing body with LaSalle Council, Inc., Boy Scouts of America # 165, EIN 35-0867966. In addition, the Trust has an investment committee which makes recommendations to the governing body specific to the management of the Trust. Form 990, Part VI, Line 7a - How Members or Shareholders Elect Governing Body Active members may elect members at large, regular members of the executive board, and officers of the corporation other than the Scout Executive. Form 990, Part VI, Line 7b - Decisions of Governing Body Approved by Members or Shareholders Active members will vote at regular or special meetings to accept the recommendations of the governing body. Form 990, Part VI, Line 10 - Form 990 Review Process A complete copy of the Council's Form 990 and schedules is provided to the Audit Review Committee for review before presentation to the Executive Board. The means of delivery is via email to each member. The Executive Board, then, will approve the Form and schedules before it is filed with the IRS.

Schedule O (Form 990) 2008	Page 2
Name of the organization	Employer identification number
LaSalle Council, Inc., Boy Scouts of America #165 Trust	35 6034215
Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts	
The Trust shares its Conflict of Interest Policy with the Council with the understanding the	at any conflicts specific to the
Trust must be disclosed separately. Once a year, the Policy is distributed to officers, directly	ectors, and trustees. A
certification and disclosure form must be completed and signed. These are retained in the	ne Trust files and reviewed
annually. The Scout Executive is ultimately responsible for identifying potentially conflic	ted relationships and
responding per the Policy.	
Form 990, Part VI, Line 15a - Compensation Review & Approval Process for CEO, Executi	ve Director or Top Management
The Trust does not compensate any person as an employee. LaSalle Council, Inc., Boy S	Scouts of America #165 (the
Council) does compensate one member of the Trust, Patrick Bridges. His compensation	is reviewed and approved by
members of The Council.	
Form 990, Part VI, Line 15b - Compensation Review & Approval Process for Officers and	Key Employees
The Trust does not compensate any person as an employee.	
Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available	
Governing documents are made available to the public upon request.	
The following documents are available for public inspection at the Council's service cent	er located at
1340 South Bend Ave., South Bend, IN 46617: IRS Form 990, consolidated audited finance	cial statements, minutes
of Executive Board meetings.	
Part VII, Line 1b - Total Reportable Compensation from the Organization	
The only member of the Trust with compensation is the CEO/Secretary, Patrick Bridges.	He receives that compensation
from LaSalle Council, Inc., Boy Scouts of America #165 EIN: 35-0867966 (The Council).	The Council 990 reports that
compensation. The Trust does not have any employees with reportable wages.	
4.509.54.500.000.000.000.000.000	

Schedule O (Form 990) 2008	Page 2
Name of the organization	Employer identification number
LaSalle Council, Inc., Boy Scouts of America #165 Trust	35 6034215
Schedule L, Part IV - Business Transactions Involving Interested Persons	
The Trust reported in this Form 990 is part of LaSalle Council, Inc., Boy Scouts of America	a #165, EIN 35-0867966, a
501(c)(3) organization (The Council). The purpose of the Trust is to provide the Council w	rith financial support. The two
organizations share an executive board. In addition, the Trust has an investment commit	tee to provide
recommendations specific to the Trust	
Schedule R, Part II - Related Tax Exempt Organizations	
The primary activity of LaSalle Council: The corporation shall promote, within the territor	y covered by the charter from
time to time granted it by the Boy Scouts of America and in accordance with the Congres	sional Charter, Bylaws, and
Rules and Regulations of the Boy Scouts of America, the Scouting program of promoting	the ability of boys and young
men and women to do things for themselves and others, training them in Scoutcraft, and	teaching them patriotism,
courage, self-reliance, and kindred virtues, using the methods which are now in common	use by the Boy Scouts of
America.	
.,	•••••
	·····
,	•••••
,	

### SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

LaSalle Council, Inc., Boy Scouts of America #165 Trust

Identification of Disregarded Entities

Part I

Related Organizations and Unrelated Partnerships

OMB No 1545-0047 2008

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

See separate instructions.

Employer identification number Open to Public Inspection

6034215

35

Schedule R (Form 990) 2008 (F)
Direct controlling entity (F)
Direct controlling entity ۲ (E)
Public charity status
(if section 501(c)(3)) (E) End-of-year assets (**D)** Exempt Code section 501(c)(3) (D) Total income Cat No 50135Y (C)
Legal domicile (state or foreign country) Legal domicile (state or foreign country) Z Primary activity Primary activity See Sch O For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. -LaSalle-Council-Inc.; Boy-Seouts of America #165-35-0867966------Identification of Related Tax-Exempt Organizations (A) Name, address, and EIN of related organization (A)
Name, address, and EIN of disregarded entity Part II

1,

Schedule R (Form 990) 2008										Page 2
Part III Identification	Identification of Related Organizations Taxable as a Partnership	anizations	Taxable as a	Partnership						
(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign	(D) Direct controlling entity	(E) Predominant income (related, investment, unrelated)	(F) Share of total income		(G) Share of end-of-year assets	(H) Disproportionale allocations?	(n) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(J) General or managing partner?
								Yes No		Yes No
			:							
Part IV Identification	Identification of Related Organizations Taxable as a Corporation or Trust	ınizations	Taxable as a	Corporation or	Trust					
(A) Name, address, and EIN of related organization	of related organization		(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	псоте	(G) Share of end-of-year assets	(H) Percentage ownership
								:		
								_		
									Schedule R (Form 990) 2008	n 990) 2008

## Part V Transactions With Related Organizations

Note. Complete line 1 if any entity is listed in Parts II, III, or IV.	0/4 = 0#0Q si	Yes No
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity		1a ×
<b>b</b> Gift, grant, or capital contribution to other organization(s)		1p \
c Gift, grant, or capital contribution from other organization(s)		1c \
d Loans or loan quarantees to or for other organization(s)		, 1d .
		1e /
	•	
Sale of assets to other organization(s)		1f ×
	•	19 ~
		+
n Exchange of assets		
i Lease of facilities, equipment, or other assets to other organization(s)		>
		1
		> \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
k Performance of services or membership or fundraising solicitations for other organization(s)		¥ =
Performance of services or membership or fundralising solicitations by other organization(s)		- Tu
Sharing of racilities, equipment, malling lists, of other	•	- Tu
n sharing of paid employees		
o Beimbursement hard to other organization for expenses		1
		1p >
		7 / 1 / 2 / 2 / 2 / 2 / 2 / 2 / 2 / 2 / 2
<b>a</b> Other transfer of cash or property to other organization(s)		1g
1		1r /
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	relationships and transa	action thresholds.
(A) Name of other organization(s)	(B) Transaction	(C) Amount involved
	type (a−r)	
LaSalle Council Inc., Boy Scouts of America #165	Р	124,428
<u> </u>		
(3)		
(4)		
(5)		
	Schedule	Schedule R (Form 990) 2008

# Part VI Unrelated Organizations Taxable as a Partnership

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

Country   Coun	THE COLUMN TWO	(8)	(2)	Ē		٩	٩	9	3
Southern    Nome address and EIN of entity	Parmany activity	l edal domicile	Are all n	, duere	Share of	Dispersormonal		General	
Control   Cont	ואחופן מספססט, מוס בווא סי סיוניון	(100)	(state or foreign	sect 501(c		end-of-year	allocations?		managing
No			16 11000	organiza	tions?			(Form 1065)	
					ş		Yes No		Yes No
			:						
				,					

Schedule R (Form 990) 2008