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## <sub>=orm</sub> 990

Department of the Treasury

#### **Return of Organization Exempt From Income Tax**

2009

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

Open to Public Inspection

OMB No 1545-0047

▶ The organization may have to use a copy of this return to satisfy state reporting requirements Internal Revenue Service For the 2009 calendar year, or tax year beginning 2009, and ending 20 D Employer identification number C Name of organization LaSalle Council, Inc., Boy Scouts of America #165 B Check if applicable Please use IRS Doing Business As Trust 35 6034215 Address change label or Number and street (or P O box if mail is not delivered to street address) Telephone number print or Room/suite Name change type See 1340 South Bend Ave (574) 289-0337 Initial return Specific City or town, state or country, and ZIP + 4 ☐ Terminated Instructions South Bend, IN 46617-1424 423,428 Amended return G Gross receipts \$ F Name and address of principal officer Patrick D. Bridges Application pending H(a) Is this a group return for affiliates? Yes same as above H(b) Are all affiliates included? Yes No Tax-exempt status If "No," attach a list (see instructions) Website: ▶ H(c) Group exemption number ▶ 1761 K Form of organization ☐ Corporation ☐ Trust ☐ Association ☐ Other ► L Year of formation 1974 M State of legal domicile IN Part I Summary Briefly describe the organization's mission or most significant activities. To provide the Council (LaSalle Council, Inc. 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. 2 Check this box ► ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a). 4 40 Number of independent voting members of the governing body (Part VI, line 1b) 5 0 Total number of employees (Part V, line 2a) 6 0 6 Total number of volunteers (estimate if necessary) 7a 0 7a Total gross unrelated business revenue from Part VIII, column (C), line 12. b Net unrelated business taxable income from Form 990-T, line 34, 0 **Current Year** 93,256 132,961 8 Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g) (206, 256)63,553 10 Investment income (Part VIII, column (A), liges 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)
Total revenue—add lines 8 through 1 (inust equal Part VIII, column (A), line 12) 6,990 1,585 (106,010)198,099 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . 124,428 124,048 14 Benefits paid to or for members (Part IX) column (A), line 4) . . . 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 17 Other expenses (Part IX column (A) Clines 11a-11d, 11f-24f) .

18 Total expenses. Add lines 13 1/7 (Part IX, column (A), line 25)

19 Revenue less expenses Subtract line 18 from line 12 7,706 16,685 141,113 131,754 (247, 123)66,345 End of Year Beginning of Current Year 1,965,124 2,493,461 20 Total assets (Part X, line 16) . 26,256 35,272 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances Subtract line 21 from line 20 1,938,868 2,458,189 Signature Block Part II Under penalties of penury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief; it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Date Here ATRICK Type or print name and title Check if Preparer's identifying number Preparer's self-(see instructions) signature employed ▶ 🛄 Paid Preparer's Firm's name (or yours EIN if self-employed), address, and ZIP Use Only Phone no ► ( May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2009)

517

Par	Statement of Program Service Accomplishments
1	Briefly describe the organization's mission: To provide the Council (LaSalle Council, Inc., 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.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$124,048 including grants of \$) (Revenue \$65,138_) The Trust consists of investments, the proceeds of which are partially available for disbursement to LaSalle Council, Inc., Boy Scouts of America #165 for use in it's exempt purpose. The availability of funds is determined by the rules in the Statement of Investment Policy and Spending Policy for the Trust.
4b	(Code:) (Expenses \$including grants of \$) (Revenue \$)
4c	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )
	Other program services. (Describe in Schedule O)
	(Expenses \$ including grants of \$ ) (Revenue \$ )

Pai	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	<b>✓</b>	
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 similar funds or 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		<b>√</b>
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, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V.	10	✓	
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable	11	✓	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	\$ 44°\$;		and the second
•	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	~~ ~.	, , , , , , , , , , , , , , , , , , ,	* ·
•	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	4 1	4	, *
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	· -		·. 5
•	Did the organization report an amount for other liabilities in Part X, line 25° If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48° If "Yes," complete Schedule D, Part X	***		1 1 1 1
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12		
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?  If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	-		ž ,
13 14a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		1
b		14b		<b>√</b>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II.	15		1
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 a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III.	19		/
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		7

Pai	Checklist of Hequired Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	✓	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		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 lines 24b through 24d and complete Schedule K. If "No," go to line 25.	24a		1
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
	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		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
	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	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		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, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)	#		Target ye
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.  A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.	28a 28b		<b>√</b>
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	<b>√</b>	
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? If "Yes," complete Schedule M	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	1	
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		1
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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		1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	1	

Par	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	A Yearin	2.0	- 1
	U.S Information Returns Enter -0- if not applicable	1307	A	م الله م
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable . 1b 0	13, 4	* 4/	
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	3 - 3		
	gaming (gambling) winnings to prize winners?	1c	_ ✓	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	4	ب م بران	7
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0	- كَعَنْده		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	*	2007
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	, ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	74 8	in Afranti
За	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	* 5	1
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O .	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		<b>✓</b>
b	If "Yes," enter the name of the foreign country. ▶	ė,		3. 5
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts	2 8 2 2 4 2 2 4 2 4 4		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding			
_	Prohibited Tax Shelter Transaction?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a_		<b>✓</b>
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).	-	13.14	~ ^
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	ļ	٠, ١	
	and services provided to the payor?	7a		✓_
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		1
	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal		·	<i>-</i> -
_	benefit contract?	7e		1
Ť	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		1
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		├—
	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h	1	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a_		<u> </u>
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		<u> </u>
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12.	.	Ī	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities [10b]	{		
11	Section 501(c)(12) organizations. Enter:  Gross income from members or shareholders			1
a	and the second warm manifester of only only on the second		İ	1
b 122	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	10-	-	
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes." enter the amount of tax-exempt interest received or accrued during the year.	12a		<del> </del>

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

<u>Sec</u>	tion A. Governing Body and Management			
		]	Yes	No
1a	Enter the number of voting members of the governing body	- 1	****	- ÷
b	Enter the number of voting members that are independent	100	2, 22	73.78
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	a_*'	,	
	any other officer, director, trustee, or key employee?	2		<b>√</b>
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		1
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		1
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		7
6	Does the organization have members or stockholders?	6	1	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a	1	
h	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	<u> </u>	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during		3	1
Ū	the year by the following:		A)	'
а	The governing body?	8a	7	
	Each committee with authority to act on behalf of the governing body?	8b	1	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached	0.0		<del></del>
•	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9a		1
Sec	tion B. Policies (This Section B requests information about policies not required by the Inter-			<del></del>
	enue Code.)			
			Yes	No
<b>1</b> ∩a	Does the organization have local chapters, branches, or affiliates?	10a		1
	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?	10b		İ
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the	100	_	
• •	form?	11	1	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990	-	ś	
12a		12a	1	<u> </u>
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
_	rise to conflicts?	12b	1	
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	✓	
13	Does the organization have a written whistleblower policy?	13	✓	
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			_
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			]
а	The organization's CEO, Executive Director, or top management official	15a		✓
	Other officers or key employees of the organization	15b		1
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			لــــا
	with a taxable entity during the year?	16a	<u> </u>	<b>✓</b>
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
	the organization's exempt status with respect to such arrangements?	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(i	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	ords c	f the	
	organization: ▶ Patrick D. Bridges, 1340 South Bend Ave., South Bend, IN 46617 (574) 289-0337			

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

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

Check this box if the organization did not continued the continued of t	mpensate	any o	curr	<u>ent</u>	offi	cer, d	lirec	tor, or trustee		
(A)	(B)				C)			(D)	(E)	(F)
Name and Title	Average	Positi	Position (check all that apply)			ply)	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
James Welborne				<u> </u>	_	<u> </u>	H			
President	.75			1			ĺ			
David Menges	.75									
Commissioner	./3	<u> </u>		1						
Donald Fischesser	.75									<del></del>
VP Finance	.73	<u> </u>		✓			<u>L</u>			_
Donald Parker	.75	1								
VP Administration		<u> </u>		✓			<u> </u>			
Norman Riley	.75									
VP Program				✓			<u> </u>	<u> </u>		
Robert Lewis	.75			١.		1				
VP Membership	<del>                                     </del>		_	✓.	<u> </u>		<u> </u>			
Kim Overmyer	.75			١.						
VP District Operations	ļ	ļ	ļ	✓			<u> </u>			
Michael Flowers	.75			_ ا			1			
Treasurer		ļ	<u> </u>	✓	<u> </u>		├			
David Cullers	.75			١,						
Assistant Treasurer	<del></del>	-		1	<del> </del>	-	_			
Margaret Soderberg	.75			١,						
Past President		<del> </del>	├_	✓	<u> </u>	-	├			
David Niswonger	.75			١,						
Past President				✓	├		├			
Patrick Bridges	.75			١,						
CEO/Secretary Thomas Alevizos	-		├-	✓	┝		-		-	
	.75							]		
<u>Director</u> Jay Asdell		1			<del> </del>		-		-	
	.75	/								
<u>Director</u> Susan Barriball		<b>✓</b>	-		┢	<del> </del>	$\vdash$			
Director	.75	1								
E Donald Bengel	-	<del>                                     </del>	<del>                                     </del>	_	$\vdash$	<del> </del>	┢			
Director	.75	1						1		
Director		_₹_	<u> </u>		<u> </u>	1	<u> </u>	1	1	

Par	t VII	Section A. Officers, Directors, T	rustees, Key	Emp	loy	ees,	an	d Higi	hest	Compensate	Employees (co	intinued)
		(A)	(B)	ļ		•	C)			(D)	(E)	(F)
		Name and title	Average hours per week	ndividual trustee or director	c Institutional trustee	Officer	key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
Dire	er Braas ector	ch	.75	1								
	Brekke		.75									
	ctor		.75	1			ļ					
	is Bryan ector	 	.75	/								
Dire	n Callan		.75	1								
	ery Clyn	ner 	- <b>√</b> .75								ı	
	er Deput	V	<del> </del>	Y	┢	$\vdash$	╁─		├	<u> </u>		<del> </del>
Dire	ctor		75	1								
Dire	nes Ellis ector		75	1								
	g Hakan ector	en	.75	/								
Jan	nes Ham	mer	75	\ <u>`</u>							,,,,,	
	ector orge Hor	n	-	<b>✓</b>	-	┦—	1	<del> </del>	}			
	ector		.75	1								
	ald Jore	dan	.75									
	nes Krzy	zewski	<del></del>	<b>-</b> ✓	$\vdash$	+	┼	-	╁			
	ector		.75	1								
Dav	e Lough	ilin		<b> </b>	<u> </u>	$\vdash$	1		$\vdash$		<del></del>	
Dire	ector		.75	✓			1					
1b	Total								<b>&gt;</b>	See Sch O	0	0
2		umber of individuals (including buble compensation from the organi		to th	ose	list	ed a	above	e) wl	no received m	ore than \$100,0	
3		e organization list any former offi ree on line 1a? If "Yes," complete							oye	e, or highest o	compensated	Yes No
4		<ul> <li>individual listed on line 1a, is the anization and related organization</li> </ul>										4
5	Did an	y person listed on line 1a received rendered to the organization? If	e or accrue "Yes," com	com plete	pen Sch	sati nedu	on ule	from I for s	any such	unrelated org	janization for	5 🗸
Sec		Independent Contractors								·		
1		ete this table for your five highest nsation from the organization.	compensate	ed inc	lepe	ende	ent	contra	acto	rs that receive	d more than \$1	00,000 of
		(A) Name and business a	address							(B) Description of s	services	(C) Compensation
No	ne											
									+			
		<del></del>							+-			<del></del>
									$\dagger$			<del></del>
2		umber of independent contractors han \$100,000 in compensation from					d to	those	list	ed above) who	received	

Par	t VIII		Statement of Revenue					
	يمني				(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, gand similar amounts not include Noncash contributions include	lbutions). 1e grants, ded above 1f	132,961				
<u>5 g</u>	h	Total. Add lines 1a-1f		<u> ▶</u>	132,961	* * * *	- 1	, 2 //
Program Service Revenue	2a b c d e f	All other program servi		Business Code			A. J. C.	· · · · · · · · · · · · · · · · · · ·
	3	Investment income (incother similar amounts) Income from investment of	_	<b>&gt;</b>	62,754	62,754		* (C
	5 6a b	Royalties	(i) Real	(ii) Personal	The second of th	· · · · · · · · · · · · · · · · · · ·	A CALL	
	l	Net rental income or (lo Gross amount from sales of assets other than inventory	(i) Securities 226,128	(ii) Other	* * **		* * * * * * * * * * * * * * * * * * *	: "
	င	Less. cost or other basis and sales expenses . Gain or (loss) . Net gain or (loss)	225,329 799	•	799	799		,
Other Revenue	b	Gross income from events (not including \$ of contributions reporter See Part IV, line 18. Less: direct expenses Net income or (loss) fro	d on line 1c) a b	vents				1
Ū		Gross income from garr	ning activities.	vents , P				
	b	See Part IV, line 19 . Less: direct expenses Net income or (loss) fro	b	ities . ►				
	ь	Gross sales of inverteurns and allowances Less: cost of goods so Net income or (loss) fron Miscellaneous Rev	ald . <b>b</b> sales of invento					·
	11a b			Business Code				
	d	All other revenue		900099	1,585	1,585		_
	ı	Total. Add lines 11a-1		>	1,585			
		Total revenue. See ins		<u> </u>	198,099			

					-
Part IX	Statement of Functional Expenses		<del></del>	· · ·	
	Section 501(c)(3) and 501(c)(	(4) organizations mu	st complete all o	olumns.	
All d	other organizations must complete column	n (A) but are not requ	uired to complete	e columns (B)	(C) and (D)

Do not include amounts reported on lines 6b, 16, 8b, 9b, and 10b of Part VIII.  1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 Grants and other assistance to individuals in the U.S. See Part IV, line 21 Grants and other assistance to individuals in the U.S. See Part IV, line 21 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, line 15 and 16  4 Benefits paid to or for members  5 Compensation of current officers, directors, trustees, and key employees  6 Compensation of current officers, directors, trustees, and key employees  7 Cother salanes and wages  8 Person plan contributions (include section 401(k) and section 403(k) employer contributions)  9 Other employee benefits  1 Peyrol Taxes  1 Peyrol Taxes  1 Peyrol Taxes  1 Peyrol Taxes  1 Person of services (non-employees):  Accounting  1 Lobbying  1 Provisional fundasing services. See Part IV, line 17  1 Investment management fees  9 Other  2 Advertising and promotion  3 Office expenses  1 Information technology  1 Royaltes  1 Cocupancy  1 Travel  1 Payments to affiliates  1 Depreciation, depletion, and amortization, and amortization, and services (non-depletion, depletion, and amortization).  2 Investment to an amortization, and included miscalineous may not exceed 5% of total expenses Add lines 1 through 24 and accounting of the control of the properties o		All other organizations must complete col	umn (A) but are no	t required to com	plete columns (B),	(C), and (D).
organizations in the U.S. See Part IV, line 21 2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 4 Benefits paid to or for members. 5 Compensation of current officers, directors, trustees, and key employees trustees, and key employees trustees, and key employees. 6 Compensation not included above, to disqualified persons (as defined under section 490(ft)) and persons described in section 495(ft)(ft) and section 490(ft) and section				Program service	Management and	Fundraising expenses
2 Grants and other assistance to individuals in the U.S. See Part IV, line 2.2 3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 4 Benefits paid to or for members. 5 Compensation of current officers, directors, trustees, and key employees. 6 Compensation not included above, to disqualified persons (as defined under section 4988)(1)I) and persons described in section 4988(I)(I) and section 408(I) employer contributions (include section 401(I)) and section 408(I) employer contributions. 9 Other employee benefits 1 Payroll taxes 1 Fees for services (non-employees): 2 Management 3 Legal 4 Coccurring 5 Legal 5 Caccurring 6 Lobbying 7,706	1		124,048	124,048	or and a second	
U.S. See Part IV, lines 15 and 16  4 Benefits paid to or for members  5 Compensation of current officers, directors, trustees, and key employees  6 Compensation not included above, to disqualifed persons las defined under section 4958(0(1)II) and persons described in section 4958(0(1)II) and persons described in section 4958(0(1)II) and persons described in section 4958(0(1)II) and persons described in section 4958(0(1)II) and persons described in section 4958(0(1)II) and persons described in section 4958(0(1)II) and persons described in section 4958(0(1)II) and persons described in section 4958(0(1)II) and persons described in section 4958(0(1)III)  and persons described in section 4958(0(1)IIII) and persons described in section 4958(0(1)IIII) and persons described in section 4958(0(1)IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	2					
5 Compensation of current officers, directors, trustees, and key employees of Compensation not included above, to disqualfied persons (as defined under section 4958(k)(8))  7 Other salanes and wages  8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)  9 Other employee benefits  1 Payroll taxes  10 Payroll taxes  11 Fees for services (non-employees):  a Management  b Legal  c Accounting  d Lobbyring  e Professional fundriasing services. See Part IV, line 17  I Investment management fees  g Other  20 Other semployee benefits  1 Payroll taxes  1 Payroll sepanses  1 Information technology  1 Royalites  1 Occupancy  1 Travel  1 Payroll stravel or entertainment expenses for any federal, state, or local public officials  1 Onfice expenses  1 Interest of travel or entertainment expenses for any federal, state, or local public officials  1 Openses Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)  a b C C Compenses  1 Total functional expenses shown on line 25 below.)  a C C C C C C C C C C C C C C C C C C	3	organizations, and individuals outside the		-		
5 Compensation of current officers, directors, trustees, and key employees 6 Compensation not included above, to disqualified persons (as defined under section 4958(p(i))) and persons described in section 4958(p(i))) and persons described in section 4958(p(i))) and persons described in section 4958(p(i))) and section 403(p) employer contributions).  9 Other employee benefits 10 Payroll taxes 11 Fees for services (non-employees): a Management b Legal c Accounting d Lobbyring e Polessional fundrains services. See Part IV, line 17 Investment management fees 9 Other 20 Other employee benefits 7,706 9 Other 10 Investment management fees 9 Other 11 Investment management fees 9 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 10 Conferences, conventions, and meetings 10 Interest of the properties	4	Benefits paid to or for members .			En in A,	k i i i
persons (as defined under section 4958(p)(1)) and persons described in section 4958(p)(3)(B)  7 Other salanes and wages  8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)  9 Other employee benefits  1 Payroll taxes  1 Payroll taxes  2 Accounting  d Lobbying  c Accounting  d Lobbying  d Vertical expenses and promotion  1 Professional fundraising services. See Part IV, line 17  f Investment management fees  9 Other  Advertising and promotion  10 Office expenses  11 Information technology  13 Payments of travel or entertainment expenses for any federal, state, or local public officials  19 Payments of travel or entertainment expenses for any federal, state, or local public officials  10 Conferences, conventions, and meetings  11 Interest  12 Payments to affiliates  13 Depreciation, depletion, and amortization  14 Insurance  15 Payments to affiliates  16 Occupancy  17 Travel  18 Payments to affiliates  19 Depreciation, depletion, and amortization  10 Insurance  10 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)  3 Insurance  10 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)  3 Insurance  4 All other expenses.  5 Total functional expenses. Add lines 1 through 24 Information of the original payment is a full functional expenses. Total groups of the original payment is a full other expenses.  5 Total functional expenses. Add lines 1 through 24 Information original payment is a full other expense in the original payment is a full other expenses. Total groups of the original payment is a full other expenses. Itemize original payment is a full other expense payment or expense full of following SOP 98-2. Complete this line only if the original payment is a full of the original payment is a full of the original payment in the payment is a full of	5					
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): a Management. b Legal. c Accounting. d Lobbying. e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other. 2 Advertising and promotion. 3 Office expenses. 1 Information technology. 1 Royalties. 6 Occupancy. 1 Travel 8 Payments of travel or entertainment expenses for any federal, state, or local public officials 9 Conferences, conventions, and meetings. 1 Interest. 2 Payments to affiliates. 2 Depreciation, depletion, and amortization. 2 Insurance. 4 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.) 5 Total functional expenses. 5 Total functional expenses. 5 Total functional expenses. Sold lines 1 through 24f. 5 Total functional expenses. 5 Total functional expenses. Sold lines 1 through 24f. 5 Total functional expenses. 5 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and		persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
and section 403(b) employer contributions)  9 Other employee benefits  10 Payroll taxes  11 Fees for services (non-employees):  a Management  b Legal  c Accounting  d Lobbying  e Professional fundrasing services. See Part IV, line 17  f Investment management fees  9 Other  Advertising and promotion  13 Office expenses  Information technology  Royalties  Cocupancy  17 Travel  18 Payments of travel or entertainment expenses for any federal, state, or local public officials  Conferences, conventions, and meetings interest  19 Payments to affiliates  20 Depreciation, depletion, and amortization insurance  10 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.)  a b  c Total functional expenses. Add lines 1 through 24f  131,754  124,048  7,706	7	Other salaries and wages		<u></u>		
10 Payroll taxes 11 Fees for services (non-employees): a Management b Legal c Accounting d Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other . 12 Advertising and promotion . 13 Office expenses 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.) a b c d e f All other expenses . Conferences, coheck here \( \bigcit{\text{in following}} \) of following SOP 98-2. Complete this line only if the organization reported in column (8) joint costs from a combined educational campain and		and section 403(b) employer contributions) .				
a Management b Legal c Accounting d Lobbying Professional fundraising services. See Part IV, line 17 f Investment management fees g Other Advertising and promotion Office expenses Information technology Fravel Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings Interest Payments to affiliates Depreciation, depletion, and amortization Insurance  4 Other expenses shown on line 25 below.)  a b c d d e f All other expenses. Add lines 1 through 24f Total functional expenses. Add lines 1 through 24f For joint costs. Check here ▶ ☐ if following SOP 98.2 Complete this line only if the organization reported in column (8) joint costs from a combined educational campian and	9	• •			<del></del>	
a Management b Legal . Accounting d Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other.  2 Advertising and promotion 3 Office expenses	10	•				
b Legal c Accounting d Lobbying	11	Fees for services (non-employees):				
b Legal c Accounting d Lobbying	а	Management				
d Lobbying e Professional fundrasing services. See Part IV, line 17 f Investment management fees g Other 3 Office expenses 13 Office expenses 14 Information technology 15 Royalties 6 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 10 Interest 11 Payments to affiliates 12 Depreciation, depletion, and amortization 13 Insurance 14 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.) 18 Description of the profit of the original forms of the profit of						
d Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees 7,706 7,	С	Accounting				
e Professional fundraising services. See Part IV, line 17 f Investment management fees 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 101 Interest 11 Payments to affiliates 12 Depreciation, depletion, and amortization 1 Insurance 12 Other expenses. Itemize expenses not coovered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.) 18 a 19 b 19 Conferences, conventions, and meetings 10 Insurance 11 Payments to affiliates 12 Depreciation, depletion, and amortization 13 Insurance 14 Other expenses. Itemize expenses not coovered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.) 24 Insurance 25 Total functional expenses. Add lines 1 through 24f 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 a campaign and						
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g Other.  Advertising and promotion  Office expenses  Information technology  Royalties  Cocupancy  Travel  Payments of travel or entertainment expenses for any federal, state, or local public officials  Conferences, conventions, and meetings  Interest  Payments to affiliates  Depreciation, depletion, and amortization  Insurance  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.)  All other expenses.  All other expenses.  Total functional expenses. Add lines 1 through 24f  Joint costs. Check here		-	7.706	,	7 706	
Advertising and promotion Office expenses  Information technology  Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings Interest Payments to affiliates Depreciation, depletion, and amortization Insurance 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.)  A b C d D J J J J J J J J J J J J J J J J J J J		0.1			.,,	
13 Office expenses	_					
Information technology Royalties Cocupancy Travel Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings Interest Payments to affiliates Depreciation, depletion, and amortization Insurance  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.)  a b  f All other expenses  f All other expenses  Insurance  Insurance  24 Other expenses shown on line 25 below.)  a b c f All other expenses  Total functional expenses, Add lines 1 through 24f 25 Total functional expenses, Add lines 1 through 24f 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 expension and		- '				
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.)  a			· · · · · · · · · · · · · · · · · · ·		···	
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.) 2						
17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 10 Interest 11 Payments to affiliates 12 Depreciation, depletion, and amortization 12 Insurance 13 Insurance 14 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.) 18		• • • • • • • • • • • • • • • • • • • •		····································		<u> </u>
Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings. Interest		· · · · · ·			· · · · · · · · · · · · · · · · · · ·	- · · · · · · · · · · · · · · · · · · ·
for any federal, state, or local public officials Conferences, conventions, and meetings Interest Payments to affiliates Depreciation, depletion, and amortization Insurance 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.)  a b c d H All other expenses  f All other expenses. Add lines 1 through 24f 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						
Interest   Payments to affiliates   Payments to affiliate		for any federal, state, or local public officials				
Payments to affiliates Depreciation, depletion, and amortization Insurance  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.)  a b c d Hill other expenses  Total functional expenses. Add lines 1 through 24f  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		•				
Depreciation, depletion, and amortization Insurance  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.)  a b c d Holden Horizontal expenses  Total functional expenses. Add lines 1 through 24f  Joint costs. Check here Inf following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational expenseon and					·	
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.)  a				-		
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and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)  a b c d All other expenses Total functional expenses. Add lines 1 through 24f  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	24					,
b c d d e f All other expenses  Total functional expenses. Add lines 1 through 24f  Joint costs. Check here I if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and		and labeled miscellaneous may not exceed	~			
b c d d e f All other expenses  Total functional expenses. Add lines 1 through 24f  Joint costs. Check here I if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and	а					
d						
d	С	·				
f All other expenses  25 Total functional expenses. Add lines 1 through 24f  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	_					
f All other expenses  25 Total functional expenses. Add lines 1 through 24f  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					·. ··-	
Total functional expenses. Add lines 1 through 24f  Total functional expenses. Add lines 1 through 24f  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			· · · · · ·			
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	25	Total functional expenses. Add lines 1 through 24f	131,754	124.048	7.706	
		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	,.	,,	7,7.00	

Part X	Balance Sheet			
		(A) Beginning of year		(B) End of year
1	Cash—non-interest-bearing	161,864	1	186,098
2	Savings and temporary cash investments		2	
3	Pledges and grants receivable, net	18,326	3	14,046
4	Accounts receivable, net		4	
5	Receivables from current and former officers, directors, trustees, key	18 10 1 1 11/1	ŗs:	
i	employees, and highest compensated employees. Complete Part II of Schedule L		5	
6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L	And the second of the second o	6	
<b>\$</b> 7	Notes and loans receivable, net		7	
Assets 8	Inventories for sale or use		8	
و اتخ	Prepaid expenses and deferred charges		9	
10a				0
	Less accumulated depreciation 10b		10c	
11	Investments—publicly traded securities	1,784,934	11	2,293,317
12	Investments—other securities See Part IV, line 11		12	
13	Investments—program-related See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	1,965,124	16	2,493,461
17	Accounts payable and accrued expenses	.,,	17	2,100,101
18	Grants payable		18	· <del>-</del>
19	Deferred revenue	26,256	19	35,272
20	Tax-exempt bond liabilities		20	30,2/2
	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities 22	Payables to current and former officers, directors, trustees, key	*	٠	1 , -t .
ğ	employees, highest compensated employees, and disqualified	* * * * * * * * * * * * * * * * * * * *		- 4- 2 -
ןבֿי	persons Complete Part II of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties .	***	23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities. Complete Part X of Schedule D		25	
26	Total liabilities. Add lines 17 through 25	26,256	26	35,272
nces	Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.	1 208		2 x -
<u>E</u> 27	Unrestricted net assets	1,678,770	27	1,710,569
m 28	Temporarily restricted net assets	,,,	28	1,7.13,300
면 29	Permanently restricted net assets	260,098	29	747,620
Net Assets or Fund Bala 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.	,		
∯ 30	Capital stock or trust principal, or current funds		30	
ğ 31	Paid-in or capital surplus, or land, building, or equipment fund		31	<del>-</del>
¥ 32	Retained earnings, endowment, accumulated income, or other funds		32	
33 se	Total net assets or fund balances	1,938,868	33	2,458,189
2 34	Total liabilities and net assets/fund balances	1,965,124		2,493,461

Pai	t XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990:   Cash  Cash  Other			31112 3. 4.
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		-cho' - 4	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	✓	
	Were the organization's financial statements audited by an independent accountant?	2b	✓	
	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	✓	<del></del>
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O	ļ	1	- 90
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were	-	4.4	~
	issued on a consolidated basis, separate basis, or both:	~~ ,	33 8	-188 - 7
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		* :	3× 20
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in		:	
	the Single Audit Act and OMB Circular A-133?	<u>3a</u>		✓_
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		

Form **990** (2009)

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

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

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

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

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) ☐ A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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 5 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). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) ☐ An organization that normally receives: (1) more than 33⅓ % 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 331/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) ☐ An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 🗹 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the 11 purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. a 🗌 Type I **b I** Type II c Type III-Functionally integrated **d** Type ill-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? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No and (III) below, the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (III) Type of organization (iv) Is the organization (v) Did you notify (vi) Is the (vii) Amount of organization (described on lines 1-9 in col (i) listed in your the organization in organization in col support above or IRC section governing document? col (i) of your (i) organized in the (see instructions)) support? Yes No Yes No Yes No LaSalle Council, Inc. 35-0867966 124,048 **Boy Scouts of** America #165

124,048

Schedule A (Form 990 or 990-EZ) 2009 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 The portion of total contributions by each ~x }\*\* person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4. Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 7 Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . Net income from unrelated business activities, whether or not the business is regularly carried on . . . . Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) . . . . . Total support. Add lines 7 through 10 . 11 12 12 Gross receipts from related activities, etc. (see instructions). First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) % 14 15 15 Public support percentage from 2008 Schedule A, Part II, line 14 % 33% % support test-2009. If the organization did not check the box on line 13, and line 14 is 33% % or more, check this box and stop here. The organization qualifies as a publicly supported organization . . . ▶ □ 33% % support test-2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33% % or more, check this 17a 10%-facts-and-circumstances test-2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .▶ □

b 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.

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

## Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

Sec	tion A. Public Support	the box of	i iiie s oi ra	art 1.)			
	alendar year (or fiscal year beginning in) ▶	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include	(4) 2000	(8) 2000	(6) 2001	(0) 2000	(6) 2003	(i) Total
2	any "unusual grants.")  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	7					····
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 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)						
	tion B. Total Support		1				· -
Ca	alendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 10a	Amounts from line 6 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 .						
с 11	Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support. (Add lines 9, 10c, 11, and 12)						
14	First five years. If the Form 990 is for organization, check this box and stop	here		nd, third, fourt		ear as a section	n 501(c)(3) ► □
Sec	tion C. Computation of Public Su	pport Perce	ntage			· · · · · · · · · · · · · · · · · · ·	
15	Public support percentage for 2009 (lin				• • •	15	%_
16	Public support percentage from 2008				· · ·	16	%_
	tion D. Computation of Investme		<del></del>			I	<del></del>
17	Investment income percentage for 200					17	<u> %</u>
18	Investment income percentage from 20					18	%_
19a	33\% % support tests—2009. If the org 17 is not more than 33\% %, check this b						
b	33% % support tests – 2008. If the organ line 18 is not more than 33% %, check this	nization did not	check a box o	n line 14 or line	19a, and line 1	6 is more than	33⅓ %, and
20	Private foundation. If the organization						

Schedule A (F	form 990 or 990-EZ) 2009	Page 4
Part IV	Supplemental Information. Complete this Part II, line 17a or 17b; and Part III, line 12.	part to provide the explanations required by Part II, line 10; Provide any other additional information. See instructions.
•••••		
•		
••••		

#### SCHEDULE D (Form 990)

#### Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No 1545-0047 Open to Public

Department of the Treasury ▶ Attach to Form 990. ▶ See separate instructions. Inspection Internal Revenue Service Name of the organization Employer identification number LaSalle Council, Inc., Boy Scouts of America #165 Trust 35 6034215 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts, Complete if the organization answered "Yes" to Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts Total number at end of year . . . . Aggregate contributions to (during year) 3 Aggregate grants from (during year) . Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . . Yes No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area ☐ Protection of natural habitat ☐ Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2a Total number of conservation easements Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06 . . . . . 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ ..... Number of states where property subject to conservation easement is located ▶..... Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service. provide, in Part XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 . . . . (ii) Assets included in Form 990, Part X . . . If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X . . .

\$.....

Schedule	D /E	~~~ Of	101 1	2000

Page	2

Par	t    Organizations Maintain	ing Collections	of Art, Historica	l Treasures, c	or Other	Similar Ass	ets (contir	nued)
3	Using the organization's acquisition collection items (check all that appl	, accession, and o y):	ther records, che	ck any of the fo	ollowing	that are a sig	nificant use	of its
а	Public exhibition			oan or exchang				
b	Scholarly research		e 🗌 C	Other				
С	Preservation for future general	tions						
4	Provide a description of the organize Part XIV.	ation's collections	and explain how	they further th	e organı	zation's exen	npt purpose	) in
5	During the year, did the organization assets to be sold to raise funds rathe	solicit or receive do r than to be mainta	onations of art, his	torical treasures e organization's	, or other collection	sımılar 1? .	Yes [	No
Par	Escrow and Custodial A IV, line 9, or reported an				wered "	Yes" to Forn	n 990, Part	
	Is the organization an agent, truster included on Form 990, Part X?				s or othe	r assets not	Yes [	□No
b	If "Yes," explain the arrangement in	Part XIV and com	plete the following	ng table.				
						Am	ount	
С	Beginning balance				1c			
d	Additions during the year				1d			
е	Distributions during the year .				<u>1e</u>			
f	Ending balance . ,			l	1f			
2a b	Did the organization include an amif "Yes," explain the arrangement in	Part XIV.	·			•	└ Yes L	∐ No
Par	t V Endowment Funds. Co		anization answ	<del></del>				
		(a) Current year	(b) Prior year	(c) Two years ba	ck (d) Tr	ree years back	(e) Four years	s back
1a	Beginning of year balance .	1,938,868	2,693,541	*****	<u> </u>	5 F		
b	Contributions .	134,547	100,246	. 4.	٠ , ٠	नकी	<u> </u>	<u> </u>
С	Net investment earnings, gains, and losses	516,528	(713,806)					
d	Grants or scholarships			* * * * * * * * * * * * * * * * * * * *				, j =
е	Other expenditures for facilities and programs	(124,048)	(124,428)	, 3 di -		r Ži	~ , ,	~ ` .
f	Administrative expenses	(7,706)	(16,685)	*		¿		
g	End of year balance	2,458,189	1,938,868	y 4		4	-ta	i
2	Provide the estimated percentage of		lance held as:		•			<del></del>
а	Board designated or quasi-endown							
b	Permanent endowment ►3							
С	Term endowment ▶ 9							
За	Are there endowment funds not in the	e possession of th	e organization tha	at are held and :	administe	red for the		
	organization by						Yes	No
	(i) unrelated organizations .						3a(ı) ✓	
	(ii) related organizations						3a(ii)	$\overline{\ }$
b	If "Yes" to 3a(II), are the related org	anizations listed a	s required on Sch	nedule R? .			3b	
4	Describe in Part XIV the intended u							
Par	t VI Investments—Land, Bu	uildings, and Eq	uipment. See F	orm 990, Part	X, line	10.		
	Description of investment	(a) Cost or ot (investm		st or other s (other)	(c) Accum deprecia		(d) Book valu	ie
1a	Land							
b	Buildings							
С	Leasehold improvements							
d	Equipment							
e	Other							
Tota	I. Add lines 1a through 1e. (Column (d)	must equal Form 9	90, Part X, column	(B), line 10(c))		▶		

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

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

Sched	dule D (Form 990) 2009			Page 4
Par	t XI Reconciliation of Change in Net Assets from Form 990 to A	udited Financial St	atement	s
1	Total revenue (Form 990, Part VIII, column (A), line 12)	[	1	198,099
2	Total expenses (Form 990, Part IX, column (A), line 25)		2	131,754
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3	66,345
4	Net unrealized gains (losses) on investments		4	452,975
5	Donated services and use of facilities		5	
6	Investment expenses		6	
7	Prior period adjustments		7	
8	Other (Describe in Part XIV.)		8	53,695
9	Total adjustments (net) Add lines 4 through 8		9	506,670
10 Par	Excess or (deficit) for the year per audited financial statements. Combine lin  **T XII** Reconciliation of Revenue per Audited Financial Statements.		10	573,015
		ints with Revenue	T	580,721
1	Total revenue, gains, and other support per audited financial statements .		1	300,721
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12  Net unrealized gains on investments	452,975	-	
a	Net unrealized gains on investments	452,510		
b	Donated Services and assessments,		<b>│</b> ;; √	
ر د	ricooveries of prior your grants	53.695	<b>:</b> [ ]	
d	State (Besseller in Fair May)		2e	506,670
_	Add lines 2a through 2d		3	74,051
3 4	Amounts included on Form 990, Part VIII, line 12, but not on line 1.			74,031
•	Investment expenses not included on Form 990, Part VIII, line 7b.			
b	Other (Describe in Part XIV.)	124,048	<b>⊣</b> :^ ."	
	Add lines 4a and 4b		4c	124,048
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	198,099
Pai	T XIII Reconciliation of Expenses per Audited Financial Statem		es per l	
1	Total expenses and losses per audited financial statements		T 1	7,706
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		g - 's' -	·
a	Donated services and use of facilities	1	Ç' ,	
b	2h		1 3 -	
c	0.0	1		
ď	Other (Describe in Part XIV.)		7	
	Add have on the accept out		2e	
3	Subtract line 2e from line 1		3	7,706
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b		- <sup>~</sup> .	
b	Other (Describe in Part XIV)	124,048	3	
C	Add lines <b>4a</b> and <b>4b</b>		4c	124,048
_5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	18.)	5	131,754
Pa	t XIV Supplemental Information			····
Con	plete this part to provide the descriptions required for Part II, lines 3, 5, and	9; Part III, lines 1a an	id 4; Part	IV, lines 1b
	2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b, and	Part XIII, lines 2d an	id 4b. Als	o complete
this	part to provide any additional information.			
Pai	rt V, Line 4 - Intended Uses of Endowment Fund: To provide financial sup			
Sc	outs of America #165, a 501(c)(3) organization.			
	rt X, Line 2 - FIN 48 footnote in consolidated financial statements: The Or			
	SB ASC 740-10-25 (formerly FASB Interpretation No. 48, Accounting for U	Incertainty in Incom		
Jai	nuary 1, 2009. Under FIN 48, an organization must recognize the tax bene		ax taken	for the return
	rposes when it is more likely than not the position will be sustained. The			
	the Organization's financial statements. The Organization does not belie			

	-
D	
Page	-

Part XIV Supplemental Information (continued)
positions and, accordingly, it will not recognize any liability for unrecognized tax benefits. No interest or penalties were
accrued as of January 1, 2009, as a result of the adoption of FIN 48. For the year ended December 31, 2009, there were
no interest or penalties recorded or included in its consolidated financial statements.
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 12/31/2009.
Part XII, Line 4b - Other Revenue and Part XIII, Line 4b - Other Expense
The audited financial statements are presented 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 as assistance to the
Council.

# SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations,

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

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2009

ŝ (h) Purpose of grant or assistance  $\sum$ 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 Employer identification number 6034215 ☐ Yes see Part IV Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to 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 . . (f) Method of valuation (book, FMV, appraisal, other) . . . . the selection criteria used to award the grants of assistance?

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 124,048 . Part IV and Schedule I-1 (Form 990) if additional space is needed . . . 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? General Information on Grants and Assistance 501(c)(3) LaSalle Council, Inc., Boy Scouts of America #165 Trust 35-0867966 (P) EIN Enter total number of other organizations 1 (a) Name and address of organization or government LaSalle Council, Inc.. Boy Scouts of America #165 Name of the organization Part I Part II

Schedule I (Form 990) 2009

Cat No 50055P

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

Page 2

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. Schedule I (Form 990) 2009

Part III Grants a

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Part IV Supplemental Information. Complete this		part to provide the information required in Part I, line	on required in Part	I, line 2, and any other	2, and any other additional information.
The mission of the Trust is to provide LaSalle Council wit	ıncil with financia	I support. The miss	ion of LaSalle Counc	il: The corporation shal	h 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 the		uts of America and in	accordance with th	Boy Scouts of America and in accordance with the Congressional Charter, Bylaws, and Rules and	, Bylaws, and Rules and
Regulations of the Boy Scouts of America, the Scouting p	outing program o	f promoting the abili	ty of boys and youn	g men and women to do	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-rellance, and kindred virtues, using the methods which are now in common use	hem patriotism, c	ourage, self-reliance	, and kindred virtue	s, using the methods wh	ich are now in common use
by the Boy Scouts of America.					

#### SCHEDULE J-2 (Form 990)

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

OMB No 1545-0047

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.
 ▶ See the Instructions for Form 990.

Open to Public Inspection

Department of the Treasury Internal Revenue Service 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

Employees										
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average hours	Posit	on (		k all	that ap	ply)	Reportable	Reportable	Estimated
	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
			"			Ē				
Juan Manigault Director	.75	1						0	0	0
Doug Marsh Director	.75	1						0	0	0
James Mauck										
Director	.75	1						0	0	0
Robert Meacham Director	.75	1						0	0	0
Elizabeth Mooney			П	Γ						
Director	.75	<b>/</b>						o	0	0
Dan Oakley										
Director	.75	<b>/</b>				L _		0	o	0
Max Plumhoff							T			
Director	.75	<b>/</b>						0	0	0
Richard Rush, Sr										
Director	.75	✓						0	0	0
Mike Schoeffler										
Director	.75	1					<u>l</u>	0	0	0
Kenneth Sherry	]									
Director	.75	✓						0	0	0
Linda Taylor	j									
Director	.75	1						0	0	0
Will Wilson							1			
Director	.75	<b>✓</b>						0	0	0
Indiana Trust & Investment Mgmt Co	]					1				
Trustee	.75		✓					7,706	0	0
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#### SCHEDULE L (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions With Interested Persons

► Complete if the organization answered

"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,

or Form 990-EZ, Part V, line 38a or 40b.

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

OMB No 1545-0047

Name of the organization Employer identification number LaSalle Council, Inc., Boy Scouts of America #165 Trust 6034215 Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only) Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. (c) Corrected? 1 (a) Name of disqualified person (b) Description of transaction Yes No 2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . Part II Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a (a) Name of interested person and purpose (b) Loan to or from (c) Original (d) Balance due (e) In default? (f) Approved (g) Written the organization? principal amount by board or committee? From Τo Yes No Yes No Total \$ Part III Grants or Assistance Benefiting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person (b) Relationship between interested person and the (c) Amount and type of assistance organization **Business Transactions Involving Interested Persons.** Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c. (a) Name of interested person (b) Relationship between (d) Description of transaction (e) Sharing of (c) Amount of interested person and the transaction organization's organization revenues? No See Schedule O

#### SCHEDULE O (Form 990)

Department of the Treasury

#### Supplemental Information to Form 990

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

► Attach to Form 990.

Open to Public Inspection

OMB No 1545-0047

Internal Revenue Service Name of the organization

Employer identification number

LaSalle Council, Inc., Boy Scouts of America #165 Trust 35 6034215 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 progam 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 11 - 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) 2009	Page
Name of the organization  LaSalle Council, Inc., Boy Scouts of America #165 Trust	Employer identification number 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 th	at any conflicts specific to the
Trust must be disclosed separately. Once a year, the Policy is distributed to officers, dire	ectors, and trustees. A
certification and disclosure form must be completed and signed. These are retained in th	e 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, Executive	ve Director or Top Management
The Trust does not compensate any person as an employee. LaSalle Council, Inc., Boy S	couts 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 I	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 center	er located at
1340 South Bend Ave., South Bend, IN 46617: IRS Form 990, consolidated audited finance	cial statements, minutes
of Executive Board meetings.	•
The only member of the Trust with compensation is the CEO/Secretary, Patrick Bridges.	
from LaSalle Council, Inc., Boy Scouts of America #165 EIN: 35-0867966 (The Council). T	he Council Form 990 reports tha
compensation. The Trust does not have any employees with reportable wages.	••••
	•••••

chedule O (Form 990) 2009	Page 2
lame of the organization _aSalle Council, Inc., Boy Scouts of America #165 Trust	Employer identification number 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 FIN 35-0867966 a
501(c)(3) organization (The Council). The purpose of the Trust is to provide the Council w	
organizations share an executive board. In addition, the Trust has an investment commit	tee to provide
ecommendations 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
ime to time granted it by the Boy Scouts of America and in accordance with the Congress	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

Part I

Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. Related Organizations and Unrelated Partnerships

See separate instructions. A

OMB No. 1545-0047

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Employer identification number Open to Public Inspection

6034215

35 ▶ Attach to Form 990. LaSalle Council, Inc., Boy Scouts of America #165 Trust

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

(f)
Direct controlling
entity Identification of Related Tax-Exempt Organizations (Complete of the organization answered "Yes" to Form 990, Part IV, line 34 because of had one or more related tax-exempt organizations during the tax year.) (e) End-of-year assets (d) Total income (c)
Legal domicile (state
or foreign country) Primary activity (a) (a) Name, address, and EIN of disregarded entity Part II

(f)
Direct controlling
entity ٨ (e)
Public charity status
(if section 501(c)(3)) (d) Exempt Code section 501 (c) (3) (c)
Legal domicile (state
or foreign country) Z (b) Primary activity See Sch O (a)
Name, address, and EIN of related organization LaSalle Council Inc., Boy Scouts of America #165 35-0867966

Schedule R (Form 990) 2009

Cat No 50135Y

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

Page 2

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Schedule A (Form 990) 2009

managing partner? Yes No Percentage ownership General or 3 Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, Ξ Identification of Related Organizations Taxable as a Partnership (Complete of the organization answered "Yes" to Form 990, Part IV, line 34 Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) (g) Share of end-of-year assets (h)
Disproportionate
albocations? No Yes (f) Share of total income (g) Share of end-of-year line 34 because it had one or more related organizations treated as a corporation or trust during the tax year. Type of entity (C corp, S corp, or trust) because it had one or more related organizations treated as a partnership during the tax year.) (f) Share of total income Direct controlling entity Ē Predominant income (related, unrelated, excluded from tax under sections 512-514) Legal domicile (state or foreign country) Ö (d)
( Direct controlling | Primary activity None (c)
Legal
domicile
(state or
foreign Name, address, and EIN of related organization Primary activity None Name, address, and EIN of related organization Part IV Part III

Schedule R (Form 990) 2009

Page 3

Schedule R (Form 990) 2009

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

Schedule R (Form 990) 2009 124,048 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. Amount involved Yes Ξ (b) Transaction type (a-r) During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? Ω Lease of facilities, equipment, or other assets from other organization(s)

Performance of services or membership or fundraising solicitations for other organization(s)

Performance of services or membership or fundraising solicitations by other organization(s)

Sharing of facilities, equipment, mailing lists, or other assets Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity. Gift, grant, or capital contribution to other organization(s) Lease of facilities, equipment, or other assets to other organization(s) . . . Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. Name of other organization Lease of facilities, equipment, or other assets from other organization(s) c Gift, grant, or capital contribution from other organization(s) Other transfer of cash or property to other organization(s). Other transfer of cash or property from other organization(s) Reimbursement paid by other organization for expenses Reimbursement paid to other organization for expenses Loans or loan guarantees to or for other organization(s) LaSalle Council Inc., Boy Scouts of America #165 Loans or loan guarantees by other organization(s) Sale of assets to other organization(s) Sharing of paid employees Ε 0 σ. Ξ <u>8</u> ල <u>3</u> 3 9

61,9

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

or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.	istructions regarding exc	iusion for certain im		barrie	rsulps.				
(a)	<b>æ</b>		9		<b>(e</b> )	€ ′			Ξ
Name, address, and EIN of entity	Frimary activity	Legal domicile (state or foreign country)	Are all partners section 501(c)(3) organizations?	tners n 3) ons?	Share of end-of-year assets	Disproportionate allocations?	rate Code V—UBI 7 amount in box 20 of Schedule K-1 (Form 1065)	gar Par	General or managing partner?
			Yes	Š		Yes No		Yes	2
			L						
					:				
			<u>.</u>						
	i						Schedule R (Form 990) 2009	m 990	) 2009