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Return of Organization Exempt From Income Tax

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Inter	nal Reven	ue Service	► The organization	n may have to	use a copy of this re	turn to satisf	y state repo	rting require	ments	Inspec	ion
Ā	For the	2010 cale	ndar year, or tax year	beginning		, 2010, a	nd ending			, 20	
В	Check if	applicable	C Name of organization	LaSalle Coun	cil, Inc., Boy Scouts	of America	#165 Trust		D Employ	er identification	number
П	Address		Doing Business As							35-6034215	
\exists	Name ch	-	Number and street (or P.	O. box if mail is r	not delivered to street addr	ess)	Room/suite		E Telepho	one number	
Ħ	Initial ret	-	1340 South Bend Ave	2.		,				574-289-0337	
H	Terminal		City or town, state or co		+ 4		<u> </u>				
꿈	Amende		South Bend, IN 4661	•					G Gross r	ecointe \$	803,232
			F Name and address of		Datrick D. Bridges						
ш	Applicati	ron pending		principal office	Paulick D. Bridges				-		s 🗸 No
_			same as above	<u> </u>				1		ncluded? Ye	
<u> </u>		mpt status	√ 501(c)(3)	501(c) () ◀ (insert no)	4947(a)(1) or	527	-{		list (see instruction	-
<u>J</u> _	Websit									n number 🕨	1761
_		organization	☐ Corporation ✓ Trust	Association	on	L Ye	ear of formation	on 1974	M State	of legal domicile.	IN
P	art I	<u>Sum</u> m									
	1	Briefly de	escribe the organizat	ion's missior	n or most significan	t activities:	To provi	de the Cou	ncil (LaS	alle Council, Inc	c., Boy
n		Scouts o	f America # 165 EIN:	35-0867966)	with increasing finar	ncial suppor	rt for both o	perating ar	nd capita	I needs. See	
Activities & Governance		Schedule	O for the mission of	the Council.							•••••
Ē						•••••				•••••	
Š	2	Check th	is box ▶ 🔲 if the orga	inization disconti	nued its operations or dis	posed of more	e than 25% of	its net assets	· • • • • • • • • • • • • • • • • • • •		
Ğ	3		of voting members o						3		45
وه در	4		of independent votin						4		44
ij	5		nber of individuals e						5		0
<u> </u>	6		nber of volunteers (e						6		
ĕ	7a		elated business reve								0
	i .								7a		
	b b	Net unite	lated business taxab	ole income ire	om Form 990-1, line	34	· · · · · · · · · · · · · · · · · · · 	Prior Ye	7b	Current Y	0
		0		4 1 200 11 41				Prior 18		Current	
ą	8		tions and grants (Par				· ·		132,961		67,952
Ē	9	-	service revenue (Par		••						
Revenue	10		ent income (Part VIII,				· · L		63,553		23,003
	11	Other rev	venue (Part VIII, colui enue-add lines 8 thr	mn (A), lines	ৢঌৣঢ়ৢঀ ৻৻ ৣ ঢ়ৢঀৢ৻ঀৢড়ৢঢ়ৢঢ়ৢঢ়৻	and 11e) .	L		1,585		685
_	12	Total reve	enue-add lines 8 thr	rough 1 <u>1 (mu</u>	st equat Part VIII, co	Hượnh (A), lu	ne 12)		198,099		91,640
	13 Grants and similar amounts paid			oaid (Rart IX,	column (A), lines 1-	歌	[_	124,048		111,575
	14	Benefits	paid to or for member	ers (Part IXA)	cb(jumin (A), dine 4)	<u> </u>	$ abla$				
w	15		other compensation,			nn Al lines	5-10)				
ıse	16a		onal fundraising fees			<u> </u>					
Expenses	Ь		draising expenses (F					1.418 1 1 2	* . * .		4 7 4
ZЩ	17		penses (Part IX, colu						7,706		9,573
Ì	18		penses. Add lines 13				" ⊢		131,754		121,148
	19		less expenses. Sub			i (/-y, iiiio 20	" · ├─		66,345		(29,508)
` -;		Tievende	less expenses. oub	tract line 10	HOITING IZ	· · · ·	· ·	ginning of Cu		End of Y	
₹ 5 g	-00	Total con	nte (Deut V. Irea 16)					<u> </u>			2,693,204
958	20		sets (Part X, line 16)				· · -		,493,461		2,093,204
Net Assets	21		ollities (Part X, line 26	,			· ·		35,272		
-			ts or fund balances.	Subtract line	e 21 from line 20	· · · ·	• •	2	,458,189	l	2,693,204
L	art II	Signa	ture Block								
U	nder pena	alties of perju	ıry, I declare that I have ex lete. Beslaration of prepar	amined this ret	um, including accompan	ying schedule	s and stateme	ents, and to the	e best of	my knowledge an	d belief, it is
		t, and comp	lete. sessal audit di prepai	or (outer than of	6	rmation of will	ch preparer n	as any known	euge /		
		1 -4) west	Mus	79c_				8/1	0/11	
	gn	Sigr	nature of officer	T Q -	<i>V</i>			Da	te	•	
H	ere	 	PATRICK +	J. UR	<u>106ES</u>						
		Тур	e or print name and title								
D.	aid	Print/Ty	pe preparer's name	Р	reparer's signature		Date		Check	T If PTIN	
				1					self-em		
	epare		name >					Firm	's EIN ▶		
U	se On	עי עי	address >						ne no		
M	v the II		s this return with the	preparer sh	own above? (see in	structionel		1 110	IIO IIO		es 🗌 No
						0.1.00110110)		440000	· · ·		990 (2010)
ro	. rapen	work Heal	ıction Act Notice, see	ure separate	แเรนนนุเเดทร.		Cat. No.	11282Y		⊢om	~~~ (∠∪10)

, om 00	- 0 (2010)	Page 2
Part	Statement of Program Service Accomplishments	Page Z
	Check if Schedule O contains a response to any question in this Part III	. 🗸
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	or
	both operating and 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?	☑ No
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program	
3	services?	√ No
	If "Yes," describe these changes on Schedule O.	
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. \$501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocat others, the total expenses, and revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 111,575 including grants of \$) (Revenue \$ 23,688)
	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 its exempt purpose. The availability of funds is determined by the rules set forth in the Statement of Investment Policy and Spending Policy for the Trust.	••
	Statement of investment Policy and Spending Policy for the Trust.	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
		
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
		·
		····-
		·
4d	Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)	
	(Expenses \$ including grants of \$) (Revenue \$)	

111,575

4e Total program service expenses ▶

Part	Checklist of Required Schedules			
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No_
•	complete Schedule A	1 2	√	
2 3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	V	1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		✓
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
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		1
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		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	_	1
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		1
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	1	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.		*	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		1
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
	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 (ASC 740)? If "Yes," complete Schedule D, Part X.	11e	1	✓
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		1
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	1	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14 a		14a		1
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		/
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		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 (see instructions)	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		1
20 a		20a		1
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Form 99	0 (2010)		F	age 4
Part	Checklist of Required Schedules (continued)			
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	Yes	No
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	_	✓
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		✓
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		✓
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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	24d 25a		✓
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		√
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		✓
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		✓
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):		* * * * * * * * * * * * * * * * * * * *	
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		√
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		✓
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 a	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	√	
		For	m 99((2010)

Part	V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V			
	Check it contents a committee at cooperate to any quoditor in this rate vir.	· ·	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			}
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	4.		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1c	✓	
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0		1	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		✓_
b 4a	If "Yes," has it filed a Form 990-T for this year? <i>If "No," provide an explanation in Schedule O</i>	3b		
-10-	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		✓
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filling requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			لــِــ
5a b	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a 5b		√
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		-
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible?	6a		✓
ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or	_		
7	gifts were not tax deductible?	6b		
a				
	and services provided to the payor?	7a		1
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	_		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7c		-
ě	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		1
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
н 8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	7h		
•	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.			
a	Did the organization make any taxable distributions under section 4966?	9a		1
10	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		✓
a	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
11	Section 501(c)(12) organizations. Enter:]		
a b	Gross income from members or shareholders			
,	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		<u> </u>
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	J ==	_	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		<u> </u>
þ	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand	1 :		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		✓
<u> </u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O .	14b	000	
		Forn	n 990	(2010)

Part \	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b be "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or change O. See instructions.			
	Check if Schedule O contains a response to any question in this Part VI			Ø
Section	on A. Governing Body and Management			
1a	Enter the number of voting members of the governing body at the end of the tax year 1a		Yes	No
b	Enter the number of voting members included in line 1a, above, who are independent . 1b 44			_
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	, 	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		✓
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		✓_
5	Did the organization become aware during the year of a significant diversion of the organization's assets?.	5	_	√ _
6 7a	Does the organization have members or stockholders?	6 7a	√	
ь 8	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? Did the organization contemporaneously document the meetings held or written actions undertaken during	7b	<u></u>	
_	the year by the following:			
a b	The governing body?	8a 8b	√	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at		•	
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		✓
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C		
10a	Does the organization have local chapters, branches, or affiliates?	10a	Yes	No
ь	If "Yes," does the organization have written policies and procedures governing the activities of such	IUa		
	chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? .	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	√	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	- ``\	***************************************	<u>ئ</u> ئ
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	✓	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	✓	
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 15	Does the organization have a written document retention and destruction policy?	14		1. W. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.
а	The organization's CEO, Executive Director, or top management official	15a	<u> مُسْتَ</u>	1708/
b	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.)	· 0.355	7.54	4
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	- 12	✓
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		
	ion C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed IN Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3) for public inspection. Indicate how you make these available. Check all that apply.)s onl	y) ava	ailable
19	Own website Another's website Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of and financial statements available to the public.	of inte	rest p	oolicy,
20	State the name, physical address, and telephone number of the person who possesses the books and records organization: Patrick D. Bridges, 1340 South Bend Ave., South Bend, IN 46617 (574) 289-0337	of the	•	

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

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

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

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

Check this box if neither the organization nor		d orga	aniz	atio	n c	ompe	nsa	ited any curren	it officer, director	, or trustee.	
(A)	(B)			(0	>)			(D)	(E)	(F)	
Name and Title	Average hours per week (describe hours for related organizations in Schedule O)	Individual tr	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	
(1) Jay Asdell	.02							0	0	0	
Director	.02	_ ✓									
(2) Susan Barriball Director	.02	√						0	0	0	
(3) Michael Beeler								_			
Director	.02	✓						0	0	0	
(4) E Donald Bengel											
Director	.02	✓	ļ l					0	0	0	
(5) Peter Braasch	.02							0	0	0	
Director		<u> </u>									
(6) Chris Bryan Director	.02	1				ļ		0	0	0	
(7) John Callan	.02							0	0	0	
Director	.02	✓									
(8) Jeff Clymer	.02	,	}					0	o	0	
Director		/		_	_		<u> </u>	<u> </u>			
(9) Peter Deputy Director	.02	/						0	0	0	
(10) John DeWitt			-		m		┢				
Director	.02	1			İ			0	0	0	
(11) Michael Gotsch Director	.02	1						0	0	0	
(12) Ronald Jordan	 -	 •	 	\vdash	\vdash	├-	\vdash	 	 		
Director	.02	1						0	0	0	
(13) Greg Kil	.02						Ī	0	0	0	
Director	.02	1			ĺ		L	_ '	'	U	
(14) Evie Kirkwood	.02	,						0	0	0	
Director	ļ	<u> </u>	<u> </u>	 _	┞	 	ـ	ļ	ļ		
(15) James Krzyzewski Director	.02	/						o	0	0	
(16) James Mauck	.02							0	0	0	
Director		✓									

Part	VII Section A. Officers, Directors, Trus	tees, Key l	Emplo	yee	es, a	and	Highe	est (Compensated	Employees (co	ntinue	ed)
	(A)	(B)				C)			(D)	(E)		(F)
	Name and title	Average	Posit	on (c	hecl	k all 1	hat ap	olv)	Reportable	Reportable		Estimated
		hours per	 -	<u> </u>					compensation	compensation fro	m	amount of
		week	호호	<u> [</u>	Officer	(e)	賣賣	Former	from	related)	other
		(describe hours for	Individual trustee or director	톭	ĕ	Key employee	est loye	ब्	the organization	organizations (W-2/1099-MISC	a	compensation from the
		related	학) a		믕	9 C		(W-2/1099-MISC)	(44-22/1033-141100	"	organization
		organizations	25	盲	ļ	è	npe	ļ	ľ	[ļ	and related
		in Schedule O)	8	Institutional trustee		ŀ	Highest compensated employee				ļ	organizations
			<u> </u>	Ľ			8	L				
(17) Da	ve Menges	.02	l		l	ļ			0	Į .		0
Directe	or	.02	✓			L.		L_	<u> </u>			
(18) Eli	zabeth Mooney	.02							0		0	0
Directe		ļ	1	_	<u> </u>		ļ	<u> </u>	<u> </u>	 _	4	
	le-Pierre Nfr	.02	,				ŀ		0		o	0
Direct			✓_		-	<u> </u>	-	├				
Direct	n Oakley	.02	/						0		0	0
	x Plumhoff		┡	 	-	├		├				
Direct	***************************************	.02	1					ŀ	0	1	0	0
	le Price		┝┷	┢╌		┢	-	┢		 	+-	
Direct		.02	1						0]	0	0
	chard E Rush Sr		Ė	T		T					_	
Direct	or	.02	1						0		0	0
(24) Jo	hn Sardeson	02							0		0	
Direct	or	.02	✓								<u> </u>	0
(25) Mi	ke Schoeffler	.02							0		0	0
Direct	or		✓	<u> </u>	_				<u> </u>			
J	n Sherry	.02	١.			Ì			٥	,	0	0
Direct			/	ļ	<u> </u>	_	ļ	_		ļ. —		
	nda Lee Taylor	.02	١,		1		1) 0	,	0	0
Direct		<u> </u>	1	-	-	-	<u> </u>	₽-	ļ	 		
Direct	vin Warren	.02	1						0)	0	0
1b	Sub-total	<u> </u>	1 🔻			Ц.,_	<u> </u>	<u> </u>	0	 	0	
C	Total from continuation sheets to Part	 VII Sectio	n Δ	•	•		• •	•			-	15,309
d	Total (add lines 1b and 1c)					-		•				15,309
	Total number of individuals (including bu											
_	reportable compensation from the organ						4501	٠, ٠.			,000	
												Yes No
3	Did the organization list any former o	fficer, direc	ctor o	or tr	rust	ee,	key e	emp	oloyee, or higl	nest compens	ated	
	employee on line 1a? If "Yes," complete	Schedule J	l for s	uch	ina	livid	ual				•	3 ✓
4	For any individual listed on line 1a, is the											
	organization and related organizations	greater th	ıan \$	150	,00	0? /	f "Ye	es, "	complete Sci	hedule J for	such	
_	ındividual			•		٠.		•				4 1
5	Did any person listed on line 1a receive of for services rendered to the organization									zation or indiv	dual	<u> </u>
0		111 163,	COMP	1010	30	neu	uie J	101	such person	· · · · · ·	<u> </u>	5 /
Secure 1	on B. Independent Contractors Complete this table for your five highest	compensa	ted in	den	enc	lent	contr	ract	ors that receiv	ed more than	\$100	000 of
	compensation from the organization.				-			-		- Thore than	ψ100,	
(A) (B) (C) Name and business address Description of services Compensa								(C) ompensation				
None					_			┾				
Moule								╁				
						_		T				
					_			T				_ _
					_			Ι				
2	Total number of independent contract								hose listed at	oove) who		
	received more than \$100,000 in compen	sation from	the c	rga	nıza	tior	P (_			# « `	

Par	VIII	Statement of Revenue					
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ats	1a	Federated campaigns 1a					
gifts, grants lar amounts	b	Membership dues 1b					
S, S	С	Fundraising events 1c					
gift ar	d	Related organizations 1d					
Contributions, gifts, grants and other similar amounts	е	Government grants (contributions) 1e					
i ii	f	All other contributions, gifts, grants,					
ğ ş		and similar amounts not included above 1f	57,952				
i d	g	Noncash contributions included in lines 1a-1f: \$					
<u>3 g</u>	h	Total. Add lines 1a-1f	>	67,952			
E E		Business	Code				
Program Service Revenue	2a					-	
æ	b						
ξ	С						
Ser	d						
æ	е						
ogr	f	All other program service revenue .				-	
<u></u>	g	Total. Add lines 2a-2f	>				
	3	Investment income (including dividends, inte	-				
		and other similar amounts)	-	66,991	66,991		
	4	Income from investment of tax-exempt bond proceed					
	5	Royalties					
	_	(i) Real (ii) Perso	nal —				
	6a	Gross Rents .		× ·			*
	b	Less: rental expenses			*		
	C	Rental income or (loss)				·	
	d	Net rental income or (loss)					
	7a	Gross amount from sales of (i) Securities (ii) Other assets other than inventory 667 604	er ———	* x			
	b	assets other than inventory 667,604 Less: cost or other basis					
		and sales expenses . 711,592	i	,	*		-
	С	Gain or (loss) (43,988)			·		_
	d	Net gain or (loss)	•	(43,988)	(43.000)		
	_	110. gam 0. (1000)		(43,566)	(43,988)	*	
Revenue	8a	Gross income from fundraising					
/en		events (not including \$					
Re		of contributions reported on line 1c).					
-		See Part IV, line 18 a		İ			
Other	b	Less: direct expenses b					
Ŭ	С	Net income or (loss) from fundraising events .					
	9a	Gross income from gaming activities.					
		See Part IV, line 19 a					
		Less: direct expenses b					· ·
		Net income or (loss) from gaming activities	•				
	10a	Gross sales of inventory, less			-		
	_	returns and allowances a		Ī			
		Less: cost of goods sold b					
	С	Net income or (loss) from sales of inventory Miscellaneous Revenue Business	P Code				
	11a	Miscellaneous Revenue Business	roae		· · · · · · · · · · · · · · · · · · ·		
	b						
	C				·		
	d	All other revenue 90009	•	685			
	e	Total. Add lines 11a–11d	• •	685	685		
	12	Total revenue. See instructions	•	91,640	23,688		

Part IX Statement of Functional Expenses

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

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

Do . 7b, 8	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	111,575	111 575		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	111,575	111,575		
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16		_		
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 8	Other salanes and wages				
9	Other employee benefits				
10 11	Payroll taxes				
a	Management				
b	Legal				
c d	Accounting				
e	Lobbying				
f	Investment management fees	9,573	*	9,573	
g	Other				
12 13	Advertising and promotion				
14	Information technology	·			
15	Royalties				
16	Occupancy				
17 18	Travel				
	for any federal, state, or local public officials				
19 20	Conferences, conventions, and meetings . Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .				
23	Insurance				
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column		-		
	(A) amount, list line 24f expenses on Schedule O.)				
a					
b					
c d				-	
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	121,148	111,575	9,573	0
26	Joint costs. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X	Balance Sheet			
		(A) Beginning of year		(B) End of year
1	Cash—non-interest-bearing	186,098	1	113,110
2	Savings and temporary cash investments		2	
3	Pledges and grants receivable, net	14,046	3	6,715
4	Accounts receivable, net		4	
5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of			_
	Schedule L		5	
6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
7	Notes and loans receivable, net		7	
7 8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges		9	
10a	Land, buildings, and equipment: cost or	 	9	
	other basis. Complete Part VI of Schedule D	8 4		*
Ь	Less: accumulated depreciation 10b		10c	
11	Investments—publicly traded securities	2,293,317	11	2,573,379
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)	2,493,461	16	2,693,204
17	Accounts payable and accrued expenses		17	
18	Grants payable		18	
19	Deferred revenue	35,272	19	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D .		21	
22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 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	35,272	26	(
	Organizations that follow SFAS 117, check here ▶ ✓ and complete lines 27 through 29, and lines 33 and 34.		-	
27	Unrestricted net assets	1,710,569	27	2,029,668
28	Temporarily restricted net assets		28	19,556
29	Permanently restricted net assets	747,620	29	643,980
	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	
31	Paid-in or capital surplus, or land, building, or equipment fund		31	
32	Retained earnings, endowment, accumulated income, or other funds .		32	
27 28 29 30 31 32 33	Total net assets or fund balances	2,458,189	33	2,693,204
34	Total liabilities and net assets/fund balances	2,493,461	34	2,693,204

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

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

Form 990 (2010)

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SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047 2010

Open to Public

Department of the Treasury Internal Revenue Service

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. Inspection

Name of the organization

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

Employer identification number

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.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). ☐ A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 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.) 10 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 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. **b V** Type II c Type III-Functionally integrated 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 Since August 17, 2006, has the organization accepted any gift or contribution from any of the g following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and Yes No 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 col. (i) of your above or IRC section governing document? (i) organized in the support? US? (see instructions)) Yes No Yes No Yes (A) LaSalle Council. 35-0867966 1 111,575 Inc., Boy Scouts of (B) America #165 (C) (D) (E)

111.575

Part		itions Descr	ibed in Sect	ions 170(b)(1)(A)(iv) and	170(b)(1)(A)(v	<u> </u>
	(Complete only if you checked th	ne box on line	5, 7, or 8 of	Part I or if th	e organizatio	n failed to qu	alify under
	Part III. If the organization fails to	qualify unde	er the tests li	sted below, p	lease comple	ete Part III.)	
	on A. Public Support	(-) 0000	4) 0007				T 40 = =
	dar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)				-		
6	Public support. Subtract line 5 from line 4.		<u> </u>	<u> </u>	l		
	on B. Total Support dar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(a) 2010	/6 Total
7	Amounts from line 4	(a) 2000	(b) 2007	(0) 2008	(4) 2009	(e) 2010	(f) Total
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 12 13	Total support. Add lines 7 through 10 Gross receipts from related activities, etc. First five years. If the Form 990 is for the	e organization	n's first, secon	nd, third, fourth	. or fifth tax v	12 ear as a section	on 501(c)(3)
	organization, check this box and stop her	re		<u></u> .	<u> </u>		▶ □
	on C. Computation of Public Suppor	t Percentag	e				
14	Public support percentage for 2010 (line 6			11, column (f))		14	%
15 16a	Public support percentage from 2009 Sch 331/a% support test—2010. If the organization qual box and stop here. The organization qual	zation did not	check the box	on line 13, and	d line 14 is 33°	15 3% or more, o	
b	331/3% support test—2009. If the organicheck this box and stop here. The organic	nization did no	ot check a box	x on line 13 o	r 16a, and line		
17a		010. If the orga ets the "facts- acts-and-circu	anization did n and-circumsta	ot check a box	on line 13, 16 eck this box a	nd stop here.	line 14 is Explain in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organizate Explain in Part IV how the organization m supported organization	ion meets the eets the	e "facts-and-c s-and-circums 	ircumstances" tances" test. T	test, check the organization	nis box and ston qualifies as	i, and line top here. a publicly
18	Private foundation. If the organization did instructions	d not check a	box on line 13	, 16a, 16b, 17a	a, or 17b, chec	k this box and	see

20

Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f)	Part	(Complete only if you checked the				zation failed t	o qualify ung	for Part II
Section A. Public Support Calendar year (or fiscal year beginning in) ▶ 1 Gifts, grants, contributions, and membership fees received. (Do not incide any "yeaxusal grants.") 2 Gross receipts from admissions, merchandise sold or services performed for facilities furnished in any activity that is related to the origination's face exempt purpose. 3 Gross receipts from activities that are not an unrelated radie or business under section 513 4 Tax revenues levied for the origination's face exempt purpose. 5 The value of services or facilities furnished by a governmental unit to the origination's benefit and either paid to or expended on lines 1 2, and 3 received from disqualified persons. 5 Amounts included on lines 1 2, and 3 received from other than disqualified persons that exceed the greater of \$5.000 or 1% of the amount on the sils of the year. 6 Total, Add lines 1 through 5. 7 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 the 13 for the year. 6 Amounts included on lines 2 and 3 received from disqualified persons. 9 Public support (Subtract line 7c from line 6). Section B. Total Support Calendar year (or fiscal year beginning in) ▶ 9 Amounts from line 6 or lines 2 and 3 received from disqualified persons in the section of the secti								der Fait II.
1 Grits, graris, contributions, and membership less received. Do not include any tursusal grants.] 2 Gross receipts from admissions, merchandses sold or services performed, or facilities furnished in any activity that is related to the organization's star-everal purpose. 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. 5 The value of services or facilities furnished by a governmental unit to the organization without charge. 6 Total. Add lines 1 through 5	Section		<u> </u>		,,, p.ous			
received. (Do not Include any Yunusual grants.) 2 Gross receipt from admissions, merchandses 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 \$13 4 Tax revenues leved 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 10 ya governmental unit to the organization without charge. 7 Amounts included on lines 1, 2, and 3 received from disqualified persons. 8 Amounts included on lines 2 and 3 received from disqualified persons included on lines 1, 2, and 3 received from disqualified persons. 9 Amounts included on lines 1 (2, and 3 received from disqualified persons included on lines 1, 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 2 Add lines 7 and 7 b . 8 Public support (Subtract line 7 of from line 6,). 9 Amounts from line 6 . 10a Gross income from interest, dividends, payments received on securities loans, rents, royalifies and income from smillar sources. 9 Unrelated business taxable income (less section 511 taxes) from businesses section 511 taxes) from businesses acquired after-June 30, 1975 . 2 Add lines 10a and 10b . 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on loss from the saile of capital asserts (Explain in Part IV) . 13 Total support. (Add lines 9, 10c. 11, and 12.) 14 First five years, if the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(o)(3) organization, check this box and stop here. 15 Public support percentage from 2009 Schedule A. Part III, line 15 . 16 Public support percentage from 2009 Schedule A. Part III, line 17 . 18 Investment income percentage for 2000 (li	Calen	dar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
2 Gross receipts from admissions, merhandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-eventy purpose. 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's tax-eventy interest 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 disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c. Add lines 7a and 7b. 9 Public support (Subtract line 7c from line 61, 9. 19 Amounts from line 6 10 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from smilar sources. b Unrelated business taxable income (less section 511 taxes) from businesses accium 511 taxes) from businesses acciumed after June 30, 1975. c Add lines 10a and 10b. 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV). 13 Total support. (Add lines 9, 10c, 11, and 12). 14 First five years, if the Form 990 is for 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 17 Investment income percentage from 2009 Schedule A, Part III, line 15. 9 June 15 public support percentage from 2009 Schedule A, Part III, line 17 public support tean 331-94, and line 15 is more than 331-94, and line 17 is not more than 331-95, check this box and stop here. The organization unline to A for the 13 and line 16 is more than 331-96, check this box and stop here. The orga	1							
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11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 13 Total support. (Add lines 9, 10c, 11, and 12.) 14 First five years. If the Form 990 is for 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 15 Public support percentage from 2010 (line 8, column (f) divided by line 13, column (f)) 16 Public support percentage from 2009 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f)) 18 Investment income percentage from 2009 Schedule A, Part III, line 17 19a 33½% support tests—2010. If the organization did not check the box on line 14, and line 15 is more than 33½%, and line 17 is not more than 33½%, check this box and stop here. The organization qualifies as a publicly supported organization.		· ·	<u></u>					<u> </u>
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or not the business is regularly carned on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	11					ļ		
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 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 15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))			1					1
loss from the sale of capital assets (Explain in Part IV.)	40			 				
(Explain in Part IV.)	12							
Total support. (Add lines 9, 10c, 11, and 12.) 14 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				1		1		1
and 12.)	12			-		 		
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	10							
organization, check this box and stop here	14	•	he organizatio	n's first, secon	d third fourth	or fifth tax v	ear as a secti	on 501(c)(3)
Section C. Computation of Public Support Percentage 15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	• •							
Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	Secti							
Public support percentage from 2009 Schedule A, Part III, line 15					3, column (f))		15	%
Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f)) 17 % 18 Investment income percentage from 2009 Schedule A, Part III, line 17	16			•			16	%
17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))								
18 Investment income percentage from 2009 Schedule A, Part III, line 17					y line 13, colu	mn (f))	17	%
17 is not more than 33½%, check this box and stop here. The organization qualifies as a publicly supported organization . > 5 33½% support tests—2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33½%, and	18	Investment income percentage from 200	9 Schedule A	Part III, line 17				%
b 331/3% support tests-2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331/3%, and	19a							
							_	_
line 18 is not more than 33½%, check this box and stop here. The organization qualifies as a publicly supported organization.	b							

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

	-orm 990 or 990-EZ) 2010	Page 4
Part IV	Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).	
	······································	
·		•••••
·		
		•••
		
		
		
		·····

SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service Name of the organization

Supplemental Financial Statements

OMB No 1545-0047

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

▶ Attach to Form 990. ▶ See separate instructions.

Open to Public Inspection

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 1 Total number at end of year 2 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? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) 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 Total number of conservation easements . . 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) . . . 2ç Number of conservation easements included in (c) acquired after 8/17/06, and not on a 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 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 5 ß 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 170(h)(4)(B) ☐ Yes ☐ No 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. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 \$ If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: Assets included in Form 990, Part X .

Schedule D (Form 990) 2010	

Page	2

Part	Organizations Maintaining	Collections of	Art, Hist	orical 1	reasures, or	Oth	ner Similar As:	sets	(conti	nued)
3	Using the organization's acquisition, a collection items (check all that apply):	accession, and ot	her recor	ds, chec	k any of the fo	llow	ing that are a si	gnific	ant us	e of its
а	☐ Public exhibition		d [٦ Loa	in or exchange	nrod	arame			
b	☐ Scholarly research			☐ Oth						
c	Preservation for future generation	ne	9 (<u></u>					
4			مامينم اممي	المنتسط سا			!			
~	Provide a description of the organizat XIV.	ion's collections a	and expla	in now ti	ney turtner the	orga	anization's exem	pt pu	ırpose	in Part
5		!:-!*								
5	During the year, did the organization	Solicit or receive	donations	s of art,	historical treasi	ures	, or other simila		_	_
D-14	assets to be sold to raise funds rather									□ No
Part	line 9, or reported an amoun	t on Form 990, F	Part X, lir	ne 21.					90, Pa	art IV,
1a	Is the organization an agent, trustee, included on Form 990, Part X?	custodian or oth	er interm	ediary fo	or contributions	or	other assets no		1.4	
b	If "Yes," explain the arrangement in Pa					• •		<u> </u>	res	☐ No
~	ii 100, Oxpidiii tilo airangement iii 1	art Arv and Comple	ete tile io	nowing to	able.		An	noun		
С	Beginning balance				ŀ	1c	7.11		`	
d	Additions during the year		• • • •		}	1d				
e	Distributions during the year	• • • • • •			}		· · · · · · · · · · · · · · · · · · ·			
f	Distributions during the year Ending balance	• • • • • •		• • •	}	<u>1e</u> 1f	 			
2a	Did the organization include an amour						<u> </u>		Yes	
b			ai i A, iii i6	211 .				L	res	☐ No
Pari			ation an	swered	"Yes" to Form	n QC	0 Part IV line	10		
		(a) Current year	(b) Pro		(c) Two years bad		(d) Three years back	_	Four year	rs back
1a	Beginning of year balance	2,458,189		,938,868			(2)oo yourd buok	(0)		, Julian
b	Contributions	68.637		134,547		-		_		
c	Net investment earnings, gains, and	00,037		137,377	100,2	-70	r	 		
_	losses	287,526		516,528	(713,80	267	2 **	-		ł
d	Grants or scholarships	207,320		310,320	(713,00	30)	- ~ %	ļ <u></u>		. , 1
e	Other expenditures for facilities and			_	-	\dashv		/ × %		* ,
•	programs	(111,575)	,	(124,048)	(124,42	20/		2 -		
f	Administrative expenses	(9,573)		(7,706)		\rightarrow	1	 	<u> </u>	
g g	End of year balance			2,458,189			*	>4	<u>-</u>	<i>y</i> , s
2	Provide the estimated percentage of t				1,938,8	00		<u> </u>		<u> </u>
a	Board designated or quasi-endowmer			S.						
b	Permanent endowment ► 2:									
c	Term endowment ► .7 %	3.3 /0								
3a	Are there endowment funds not in the	nossession of th	o organia	ration the	at are hold and	od:	niniatorad for the	_		
-	organization by:	possession or the	ie organiz	allon in	at are rielu ariu	aui	innstered for the	7	V.	- N-
	(i) unrelated organizations							[0.	Ye	s No
	(ii) related organizations								a(i) ✓	+,
b	If "Yes" to 3a(ii), are the related organi							_	<u>(ii)</u>	
4	Describe in Part XIV the intended uses	cations listed as re of the organization	equirea o on's endo	n Sched	ule K/			_ 3	b	
Part										
T CIT C	Description of investment	(a) Cost or ot				(-) A			<u> </u>	
	Description of investment	(a) Cost or ot			or other basis ther)		occumulated preciation	(d)	Book va	ilue
1a	Land									
b	Buildings							_		
C	Leasehold improvements									
d	Equipment	•			_					
е	Other	•								
Total.	Add lines 1a through 1e. (Column (d) m	nust equal Form 9	90, Part X	, column	(B), line 10(c).)		•			

Part VII	Investments-Other Securities	. See Form 990, Part X	, line 12.	
(a	a) Description of security or category (including name of security)	(b) Book value	(c) Method of va Cost or end-of-year r	
(1) Financia	derivatives			
	held equity interests			
(3) Other				
(A)		ļ		
(B)				
(C) (D)		 		
(E) (E)				
(F)		 	 	
(G)				
(H)				
(l)				
Total. (Column	(b) must equal Form 990, Part X, col. (B) line 12.) ▶		<u> </u>	
Part VIII	Investments—Program Relate	d. See Form 990, Part	X, line 13.	
	(a) Description of investment type	(b) Book value	(c) Method of vi Cost or end-of-year	
(1)				
(2)				
_(3)				
(4)				
(5)			 	
(6)		 		
(7)		 		
(8) (9)			 	
(10)				
	(b) must equal Form 990, Part X, col. (B) line 13.)		* *	* * * * * * *
Part IX	Other Assets. See Form 990, P	art X, line 15.		
		(a) Description	-·	(b) Book value
(1)				ļ
(2)				
(3)				
<u>(4)</u> <u>(5)</u>				
(6)				
(7)				
(8)				
(9)				
(10)				
	umn (b) must equal Form 990, Part X, o		<u> </u>	<u> </u>
Part X	Other Liabilities. See Form 990			
1.	(a) Description of liability	(b) Amount	_	•
	Il income taxes	 	_	
(2)			_	
(4)		 		
(4)		 		
(6)			-	
(7)			-	
(8)		†		
(9)		†		
(10)				
(11)				
	n (b) must equal Form 990, Part X, col. (B) line 25) 🕨		0	
2 FINI 48 /	ASC 740) Footpote In Part XIV provid	a the text of the footnote	to the organization's financial state	mente that reports the

organization's liability for uncertain tax positions under FIN 48 (ASC 740).

	le D (Form 990) 2010	 -	Page 4
Pari			
1	Total revenue (Form 990, Part VIII, column (A), line 12)		91,640
2	Total expenses (Form 990, Part IX, column (A), line 25)		121,148
3	Excess or (deficit) for the year. Subtract line 2 from line 1		(29,508)
4	Net unrealized gains (losses) on investments		264,523
5	Donated services and use of facilities	·	
6	Investment expenses		
7	Prior period adjustments		
8	Other (Describe in Part XIV.)		
9	Total adjustments (net). Add lines 4 through 8		264,623
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		235,015
	XII Reconciliation of Revenue per Audited Financial Statements With Revenue		
1	Total revenue, gains, and other support per audited financial statements	. 1	356,163
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1	
а		64,523	
b	Donated services and use of facilities		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIV.)		
е	Add lines 2a through 2d	<u>2e</u>	264,523
3	Subtract line 2e from line 1	3	91,640
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	-	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
Ь	Other (Describe in Part XIV.)		
_c	Add lines 4a and 4b		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		91,640
Part		ses per Rei	
1	Total expenses and losses per audited financial statements	· · 1	121,148
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities		
þ	Prior year adjustments	~	
C	Other losses		
d	Other (Describe in Part XIV.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	121,148
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 4a		
b	Other (Describe in Part XIV.)		
_C	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	121,148
Part			
Part \	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a ar /, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also dditional information.		
Part \	, Line 4 - Intended Uses of Endowment Fund: To provide financial support for LaSalle Council, Inc.,	Boy Scouts o	f America #165,
a 501	(c)(3) organization.		
Part)	C, Line 2 - FIN 48 footnote in consolidated financial statements: "The Organization adopted the provi	sions of FASI	3 ASC 740-10-25
(form	erly FASB Interpretation No. 48, Accounting for Uncertainty in Income Taxes ["FIN 48"]) on January 1	, 2009. Unde	r FIN 48, an
orgar	nization must recognize the tax benefit associated with tax taken for tax return purposes when it is m	ore likely thai	not the position
will b	e sustained. The implementation of FIN 48 had no impact on the Organization's financial statements.	. The Organiz	zation does not

believe there are any material uncertain tax positions and, accordingly, it will not recognize any liability for unrecognized tax benefits. No

SCHEDULE (Form 990) Department of the Treasury Internal Revenue Service

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

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OMB No. 1545-0047

Schedule I (Form 990) (2010) % □ (h) Purpose of grant 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. Part II **Employer identification number** or assistance Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to √ Yes 35-6034215 see Part IV 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 . (e) Amount of non- (f) Method of valuation cash assistance (book, FMV, appraisal, other) Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. 0 actual (d) Amount of cash 111,575 . . 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? can be duplicated if additional space is needed. General Information on Grants and Assistance For Paperwork Reduction Act Notice, see the Instructions for Form 990. 501(c)(3) LaSalle Council, Inc., Boy Scouts of America #165 Trust 35-0867966 Enter total number of other organizations (p) EIN 1 (a) Name and address of organization (2) 1340 South Bend Ave. South Bend, IN 46617 (1) LaSalle Council, Inc., Boy or government Scouts of America #165 Name of the organization Part Part II ₹ (12) ල 9 9 6 5 8 8

Cat. No. 50055P

Schedule I (Fo	Schedule I (Form 990) (2010)		mod States	rinepa if the order	ot "sex" boxousac noite	Page 2	αj
	Grants and Orner Assistance to Individuals in the Orner Part III can be duplicated if additional space is needed.		nied States, Coll	ipietė ii tirė organiz	ation answered tes to	roin 330, rait IV, iine 22.	·
	(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	l 1
-							
2							ı
က							- 1
4							
5							-
9							ı
7							i 1
Part IV	Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	this part to prov	ide the information	required in Part I,	line 2, and any other add	litional information.	I I
The mission	The mission of the Trust is to provide LaSalle Council with financial support. The mission of LaSalle Council: The corporation shall promote, within the territory covered by the	h financial support.	The mission of LaSal	le Council: The corpo	ation shall promote, within t	he territory covered by the	:
charter fror	charter from time to time granted it by the Boy Scouts of America a	America and in acco	rdance with the Cong	ressional Charter, Byla	ws, and Rules and Regulatic	ind in accordance with the Congressional Charter, Bylaws, and Rules and Regulations of the Boy Scouts of America,	;
the Scoutin	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,	young men and wo	men to do things for	themselves and others	, training them in Scoutcraft,	and teaching them patriotism,	:
courage, se	courage, self-reliance, and kindred virtues, using the methods which are now in common use by the Boy Scouts of America.	hods which are now	in common use by th	e Boy Scouts of Ameri	ca.		:
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							ł
		0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0					
			1				-
		1 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4					: ;
					:		: I
						Schedule I (Form 990) (2010)	6

SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047 2010

Department of the Treasury

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

Open to Public

▶ Attach to Form 990 or 990-EZ. Internal Revenue Service Name of the organization

Inspection 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, wit	hin the territory covered by the charter
from time to time granted it by the Boy Scouts of America and in accordance with the Congressional (Charter, Bylaws, and Rules and
Regulations of the Boy Scouts of America, the Scouting program of promoting the ability of boys and	young men and women to do things
for themselves and others, training them in Scoutcraft, and teaching them patriotism, courage, self-re	lance, and kindred virtues, using
the methods which are now in common use by the Boy Scouts of America.	
Day W. Line C. Freedom of Oleran of March 197	
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	ne governing body. LaSalle Council,
Inc., Boy Scouts of America #165 Trust shares its governing body with LaSalle Council, Inc., Boy Sco	uts of America #165 EIN 35-0867966.
In addition, the Trust has an investment committee which makes recommendations to the governing to	ody specific to the management
of the Trust.	
·····	
Part VI, Line 7a - How Members or Shareholder 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.	
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 govern	ing body.
Part VI, Line 11a - Form 990 Review Process	
A complete copy of the 990 and schedules is provided to the Audit Review Committee for review befo	re presentation to the Executive
Board. The means of delivery is via email to each member. The Executive Board, then, will approve t	he Form and schedules before it is
filed with the IRS.	

Schedule O (Form 990 or 990-EZ) (2010)	Page Z
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 that any conflicts	specific to the Trust must be
disclosed separately. Once a year, the Policy is distributed to officers, directors, and trustees. A certifica	ition and disclosure form must
be completed and signed. These are retained in the Trust files and reviewed annually. The Scout Executi	ve is ultimately responsible for
identifying potentially conflicted relationships and responding per the Policy.	
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 to the public upon request.	able for public inspection at the
Council's service center located at 1340 South Bend Ave., South Bend, IN 46617: IRS Form 990, consolid	lated audited financial statements,
minutes of Executive Board meetings.	
Form 990, Part XI, Line 5 - Other changes in net assets or fund balances	
Unrealized Gains/Losses on investments.	
	······

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization LaSalle Council, Inc., Boy Scouts of America #165 Trust

Related Organizations and Unrelated Partnerships

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

Open to Public

Employer Identification number

35-6034215

(g) Section 512(b)(13) controlled entity? Schedule R (Form 990) 2010 (f) Direct controlling entity ŝ Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) Yes (f)
Direct controlling
entity (e) End-of-year assets n/a (e)
Public charity status
(if section 501(c)(3)) Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) (d) Total income (d) Exempt Code section 501(c)(3) (c)
Legal domicile (state or foreign country) Cat. No 50135Y (c)
Legal domicile (state or foreign country) Primary activity Z (b) Primary activity Service to Youth For Paperwork Reduction Act Notice, see the Instructions for Form 990. (3) (a)Name, address, and EIN of disregarded entity (1) LaSalle Council, Inc., Boy Scouts of America #165 1340 South Bend Ave., South Bend, IN 46617 35-0867966 (a) Vame, address, and EIN of related organization (2) Part I Part II 9 8 ල € 0 € <u>0</u> 9 E Ξ

Schedule R (Form 990) 2010 (k) Percentage ownership (h) Percentage ownership Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.) General or managing partner? ٩ (g) Share of end-of-year assets Yes (i)
Code V—UBI
amount in box 20 of
Schedule K-1
(Form 1065) (f) Share of total income (h) Disproportionate allocations? ŝ Yes (g)
Share of end-of-year Type of entity (C corp, S corp, or trust) (d)
(Direct controlling entity (f) Share of total income (c)
Legal domicile
(state or
foreign country) (e)
Predominant
income (related,
unrelated,
excluded from
tax under
sections 512-514) Primary activity (c) Legal domicile (state or foreign country) (a) (ame, address, and EIN of related organization (b) Primary activity Ö EN related organization (a) Name, address, and ŏ Part III Part IV <u>8</u> (2) 9 Ξ ල € E 9 Ξ <u>છ</u> € 2 9

Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.) Schedule R (Form 990) 2010
Part V Transaction

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10 16 16 17 17 17 18 19 19 19 19 19 19 19
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Transaction the feationships and transaction thresholds. (b) (c) (d) Transaction Amount involved amount involved amount involved by actual
(b) (c) Transaction Amount involved type (a-r) 111,575 at

Unrelated Organizations Taxable as a Partnership (Complete if 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.

(a) Name, address, and EIN of entity	(b) Pnmary activity	(c) Legal domicile	(d) Are all partners	(e) Share of	(f) Disproportionate	(g) Code V—UBI	(h) General or
			section 501(c)(3) organizations?		allocations?	amount in box 20 of Schedule K-1 (Form 1065)	managing partner?
			Yes No		Yes No		Yes No
(1)							
(2)							
(6)							
(4)							
(5)							
(9)							
ω							
(8)							
(6)							-
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(14)							
(15)							-
(16)							
						Schedule R (Form 990) 2010	rm 990) 2010

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Part VII	Supplemental Information Complete this part to provide additional information for responses to questions on Schedule R (see instructions).	
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Form 990

Continuation Sheet for Form 990

OMB No 1545-0047

Name of the Organization

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

Employer Identification Number

35-6034215

Part VII Continuation: Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A)	(B)	(C) Position (check all that apply)				at annh	<i>γ</i>)	(D)	(E)	(F)
Name and Title	Average hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from	Reportable compensation from related organizations (W-2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
(29) Will Wilson Director	.02	Х						О	0	0
(30) Joe Zakas Director	.02	х						0	0	0
(31) Mike Zappia Director	.02	х						0	0	0
(32) Mary Pat Latowski Director	.2	х		,				0	0	0
(33) Rich Urda Director	.2	Х						0	0	0
(34) Indiana Trust Investment & Mgmt Co. Trustee	1.5		х					0	0	0
(35) James Welborne President	.05			х				0	0	0
(36) Mick Faloon Commissioner	.05			х				0	0	0
(37) Don Fischesser VP Finance	.05			х				0	0	0
(38) Donald Parker VP Administration	.05			Х				0	0	0
(39) Bernie Rieder VP Program	.05			х				0	0	0
(40) Bob Lewis VP Membership	.05			х				0	0	0
(41) Kim Overmyer VP District Operations	.05			x				0	0	0
(42) Michael Flowers Treasurer	.05			х				0	0	0
(43) David Cullers Asst Treasurer	.05			х				0	0	0
(44) Peggy Soderberg VP Communications	.05			х				0	0	0
(45) David Niswonger Past President	.2			х				0	0	0

Form 990

Continuation Sheet for Form 990

OMB No 1545-0047

2010

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

Employer Identification Number

35-6034215

Part VII Continuation: Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A)	(B)	(C)						(D)	(E)	(F)
			osition	(chec	all th		y)			
Name and Title	Average hours per week	Individual trustee or director	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
(46) Patrick Bridges	.75			х	х			0	101 226	15 200
Scout Exec/CEO/Secretary	./3							U	101,236	15,309
			_							