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

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

OMB No 1545-0047 2011

Open to Public

Department of the Treasury Internal Revenue Service Inspection ► The organization may have to use a copy of this return to satisfy state reporting requirements. For the 2011 calendar year, or tax year beginning 2011, and ending 20 D Employer Identification number C Name of organization LaSalle Council, Inc., Boy Scouts of America #165 Trust Check if applicable: Indiana Trust & Investment Management Co. - Trustee 35-6034215 Address change Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Name change 574-289-0337 Initial return 1340 South Bend Ave. City or town, state or country, and ZIP + 4 Terminated South Bend, IN 46617-1424 434.275 Amended return G Gross receipts \$ F Name and address of principal officer Patrick D. Bridges H(a) is this a group return for affiliates? Yes No Application pending 1340 South Bend Ave., South Bend, IN 46617 H(b) Are all affiliates included? Yes No If "No," attach a list. (see instructions) ) ◀ (insert no ) ☐ 4947(a)(1) or Tax-exempt status 501(c) ( Website: ▶ H(c) Group exemption number > 1761 Form of organization: Corporation 7 Trust Association M State of legal domicile L Year of formation: Part I Summarv 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 operating and capital needs. See Activities & Governance Schedule O for the mission of the Council. Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) . . . . 4 46 Number of independent voting members of the governing body (Part VI, line 1b) 0 5 Total number of individuals employed in calendar year 2011 (Part V, line 2a) 0 Total number of volunteers (estimate if necessary) . . . . . . 6 7a 0 Total unrelated business revenue from Part VIII, column (C), line 12 0 Net unrelated business taxable income from Form 990-T, line 34 7h Current Year 48,720 8 Contributions and grants (Part VIII, line 1h) 67,952 a Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 23,003 53,602 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 1e)
Total revenue—add lines 8 through 11 (must equal Part VIII, column (A)) 11 1,330 12 91,640 103,652 13 Grants and similar amounts paid (Part IX) column (A), lines 1-3) 111,575 110,700 14 Benefits paid to or for members (Part IX, column-(A) Ine 4). 15 Salarles, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) ▶ 17 9,573 12,423 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 121,148 123,123 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) (29.508)(19,471)19 Revenue less expenses. Subtract line 18 from line 12 End of Year **Beginning of Current Year** 2.608.763 20 2,693,204 Total assets (Part X, line 16) 21 Total liabilities (Part X. line 26) . 0 2,608,763 22 Net assets or fund balances. Subtract line 21 from line 20 Signature Block Under penalties of perjury, I declare that I have examined this neturn, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of perjury of the perium of true, correct, and complete. Declarated Sign Signature of officer Here Type or print name and title Print/Type preparer's name Preparer's signature Paid Check self-employed **Preparer** Firm's EIN ▶ Firm's name **Use Only** 

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2011)

] Yes ☐ No

Form 99	0 (2011) Pa	age 2
Part	Statement of Program Service Accomplishments Check if Schedule O contains a response to any question in this Part III	<b>V</b>
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 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	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	No
4	If "Yes," describe these changes on Schedule O.  Describe the organization's program service accomplishments for each of its three largest program services, as measure expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$	
46	(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 \$ )	
4e	Total program service expenses ► 110,700	

Part	Checklist of Required Schedules		Voc	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	Yes	NO
2 3	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If</i> "Yes," complete Schedule C, Part I	3	1	<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		· •
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 for which 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		✓
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 temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part $V$	10	<b>√</b>	
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.			があ
a	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
	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		✓
q	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? <i>If "Yes," complete Schedule D, Part VIII </i>	11c		✓
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d 11e		1
f	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 .	11f	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		✓
	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	✓	<b>√</b>
13 14 a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	14a		<del>-</del>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	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, Parts II and IV	15		<b>✓</b>
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		✓
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		✓_
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		<b>√</b>
20 a	· · · · · · · · · · · · · · · · · · ·	20a		<del>-</del>
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b	, <u>aan</u>	(2011)
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Part	Checklist of Required Schedules (continued)	,		
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	<b>✓</b>	
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		<b>√</b>
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		<b>√</b>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" Issuer for bonds outstanding at any time during the year?	24d		
25a	The state of the s	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		✓
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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		<b>√</b>
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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		✓
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		1
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		✓
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		<b>✓</b>
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	✓	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		✓
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<b>✓</b>
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		✓
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		✓
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	n 990	(2011)

Part	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V			
		Company	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			, X
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
2a	reportable gaming (gambling) winnings to prize winners?	1c	<b>√</b> #5 <del>2</del> 259	F.EA.d.
20	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax  Statements, filed for the calendar year ending with or within the year covered by this return  2a			
b	Statements, filed for the calendar year ending with or within the year covered by this return 2 a 0 lf at least one is reported on line 2a, did the organization file all required federal employment tax returns?.	2b		Santa
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	100	36348	64 £4
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	M.C.Seat	<b>√</b>
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		<del></del>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	"		
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		✓
b	If "Yes," enter the name of the foreign country: ▶		2000	NEW YEAR
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
С	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		✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
_	gifts were not tax deductible?	6b	a kinkiintetii.	5 4 60 2 DE 1811
7	Organizations that may receive deductible contributions under section 170(c).		100	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	<b>基</b>		超到
<b>h</b>	and services provided to the payor?	7a 7b		<u> </u>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	/B		
Ū	required to file Form 8282?	7c		1
d	If "Yes," indicate the number of Forms 8282 filed during the year		Water 1	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	er dhele	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		<del>'</del>
g	If the organization received a contribution of qualified intellectual property, dld the organization file Form 8899 as required?	7g		
ň	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
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		<b>√</b>
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	76.2 E € 2.46	<b>√</b>
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
11	Section 501(c)(12) organizations. Enter:  Gross Income from members or shareholders			
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		Service .
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b		£ 2.	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			<b>等</b> 列
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
-	Note. See the instructions for additional information the organization must report on Schedule O.	雪哥		Fr. 7
b	Enter the amount of reserves the organization is required to maintain by the states in which	3		意制
	the organization is licensed to Issue qualified health plans		5	
С	Enter the amount of reserves on hand		斯克	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	]	✓
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O .	14b	لِــِــ	
	<del>_</del> -	Forπ	1990	(2011)

Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. Schedule O contains a response to any question in this Part VI	ee ins	tructi	ions.
Secti	on A. Governing Body and Management			
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		Yes	No STATE
ь 2	Enter the number of voting members included in line 1a, above, who are independent .    1b 46  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		<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 5 6 7a b	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  Did the organization become aware during the year of a significant diversion of the organization's assets?.  Did the organization have members or stockholders?	4 5 6 7a	✓ ✓	<b>√</b> <b>√</b>
8	stockholders, or persons other than the governing body?	7b	<b>✓</b>	
a b 9	the year by the following:  The governing body?	8a 8b	<b>√</b> ✓	
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue		de.)	
			Yes	No
10a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	10a 10b		<b>√</b>
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	✓	
b 12a b	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a 12b	<b>✓</b>	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	✓	
13 14 15	Did the organization have a written whistleblower policy?	13	<u> </u>	
a b	Other officers or key employees of the organization	15a 15b	100 to 0	<b>✓</b>
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		<b>✓</b>
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
	on 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 (Section available for public inspection. Indicate how you made these available. Check all that apply.	501(c	;)(3)s	only)
19	Own website Another's website Upon request Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of and financial statements available to the public during the tax year.		est p	olicy,
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		

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# 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 no	r any relate	d org	aniz	atio	n c	ompe	nsa	ted any curren	t officer, director	, or trustee.
				(0	C)					
(A)	(B)	(40.5	ot ch		ition	than r	nne	(D)	(E)	(F)
Name and Title	Average	(do not check more than one box, unless person is both an				is both	an	Reportable	Reportable	Estimated
	hours per week		er and	_	irect	or/trust		compensation from	compensation from related	amount of other
	(describe	Individual trustee or director	Inst	Officer	<u>₹</u>	eng Hig	Former	the	organizations	compensation
	hours for related	irec vi	Institutional trustee	ရ	Key employee	Joy nest	l a	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	호텔	ona		흥	e con	Ì	(1099-101100)		and related
	in Schedule	1	5		89	nper			1	organizations
	O)	8	stee			Highest compensated employee	İ			
	-	-	-			ä	-			
(1) Jay Asdell										
Director	.02	1						0	o	0
(2) Michael Beeler										
Director	.02	/						0	0	0
(3) Donald Bengel						ļ !				
Director	.02	1			L			0	0	0
(4) Peter Braasch										
Director	.02	✓					L	0	0	0
(5) Chris Bryan			1			ŀ			]	
Director	.02	<b>✓</b>			L			0	0	0
(6) John Callan						ļ				
Director	.02	✓			<u> </u>	<u> </u>		0	0	0
(7) Mary Chmiel									<u> </u>	
Director	.02	✓		_	ļ	<u> </u>		0	0	0
(8) Jeff Clymer										_
Director	.02	<b>✓</b>	L.		<u> </u>			0	0	0
(9) Kevin Davis						ļ				_
Director	.02	1		<u> </u>	<u> </u>		<u> </u>	0	0	0
(10) John DeWitt		ŀ								_
Director	.02	✓			ㄴ		_	0	0	0
(11) Mark Dicken										_
Director	.02	1			ļ			0	0	0
(12) Donald Fischesser			1							_
Director	.02	✓	<u> </u>	<b> </b>	<u> </u>	ļ	L	0	0	0
(13) Corydon Hurst				ŀ				1		_
Director	.02	<b>✓</b>	L	L_	<u> </u>		ļ	0	0	0
(14) Ronald Jordan			ĺ						_	
Director	.02	/		<u> </u>	<u>L_</u>	<u> </u>	<u> </u>	0	0	000,000
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Par	VII Section A. Officers, Directors, Trust	tees, Key E	mplo	yees			lighe	st C	ompensated E	mployees (	contin	ued)
		ļ				C)						
	(A) Name and title	(B)	(do n	ot ch		ittlon more	than o	one	(D)	(€)	1	(F)
	Average	box, unless person is t					n an	Reportable	Reportable		Estimated amount of	
	hours per week		_			or/trust	<u> </u>	compensation	compensation related	1 110111	other	
		(describe	의 전 의 전 기	Inst	Officer	Key employee	철호	Former	the	organizatio		compensation
		hours for related		Ŝ.	单	em	og is	ը	organization (W-2/1099-MISC)	(W-2/1099-N	(ISC)	from the organization
		organizations	of E	onal		ᄝ	m S		(11-271000 111100)			and related
		In Schedule	Individual trustee or director	Institutional trustee		ee	per	l				organizations
		O)	ď	stee	l		Highest compensated employee	ľ	1			
(15) G	reg Kil				-	$\vdash$	ă	-	-			
Direct		.02	1						۰ ا		o	0
	vie Kîrkwood		<u> </u>			$\vdash$		$\vdash$				
Direct		.02	<b>✓</b>		ľ				o		o	0
(17) Ja	mes Krzyzewski	f										
Direct	or	.02	✓						0		0	0
(18) M	ark Kundmueller											
Direct	······································	.02	✓						0		0	0
22	obert Lewis							]	J		}	
Direct	· · · · · · · · · · · · · · · · · · ·	.02	<b>✓</b>					<u> </u>	0		0	0
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	or rle-Pierre Nfr	.02	<b>✓</b>	-			-	-	0			0
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	ax Plumhoff	.02			_			┢╌	-		<b></b> ∸	
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(25) Da	lle Price											
Direct	· · · · · · · · · · · · · · · · · · ·	.02	✓						o		0	0
1b	Sub-total			•	•		•	<b>&gt;</b>	0		0	0
С	Total from continuation sheets to Part	VII, Sectio	n A					▶	0		0	0
d	Total (add lines 1b and 1c)	<u> </u>					•	<u> </u>	0		0	0
2	Total number of individuals (including but			ose	list	ed a	above	e) w	ho received me	ore than \$16	00,00	0 of
	reportable compensation from the organi	zation ► 0										
•	Did the appealant list on favor of	Elaa. dlaa.	4	4								Yes No
3	Did the organization list any former of employee on line 1a? If "Yes," complete S							emp	oloyee, or nigh	est compe	nsate	
4	· · · · · · · · · · · · · · · · · · ·									 		3 /
4	For any individual listed on line 1a, is the organization and related organizations	greator the	portat	SIE (	oou Dou	iper	isalio "Voi	ma.	complete Sch	ensauon in edule J fo	r suci	
	individual	greater the	all ψi						complete cen			4
5	Did any person listed on line 1a receive o	r accrue co	mner	nsat	ion	fror	n anv	un	related organiz	ation or ind	lividua	and the second s
•	for services rendered to the organization?											5 1
Section	on B. Independent Contractors		<u>-</u>						<del> </del>			
1	Complete this table for your five highest of	compensate	ed inc	depe	ende	ent	contra	acto	ors that receive	d more tha	n \$10	0,000 of
	compensation from the organization. Rep	ort compe	nsatic	n fo	or th	e c	alend	ar y	ear ending wit	h or within t	he or	ganization's tax
	year.											
	(A)								(B) Description of se	nnicas		(C) Compensation
	Name and business add	ress							Description of si	ervices		Compensation
None		·····										
								<del></del> -	<del></del> -			
								<u> </u>		<del></del>		
		<del></del>						-	·			
2	Total number of independent contracto	rs (includin	ig bu	t no	ot l	imite	ed to	th	ose listed abo	ove) who	1.11	
	received more than \$100,000 of compens								0		E C	

Par	: VIII	Statement of Reve	enue					
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Grants	1a	Federated campaigns	s., <b>1a</b>			TO THE R		
ar our	b	Membership dues .	1b				<b>阿里里</b>	
S, C	С	Fundraising events .	1c					
ia ii	d	Related organizations						
ns,	е	Government grants (con	itributions) 1e					
ntio er S	f	All other contributions, g			10000000000000000000000000000000000000			
đệ th		and similar amounts not inc	L-:	48,720				
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions includ	•					
	h	Total. Add lines 1a-1	<u>t</u>	Business Code	48,720			
Program Service Revenue	2a			Business Gode			**************************************	
Re	b			<del></del>				
<u>8</u>	c							
er.	d							<del></del>
E	е							
Big	f	All other program ser	vice revenue .					
Pr	g	Total. Add lines 2a-2				<b>副集团的形式</b>		BELLEVIEW BOOK
	3	Investment income			-			
		and other similar amo	•		72,447	72,447		
	4	Income from Investmen						
	5	Royalties	<del></del>		Committee and another or the state of	AND PROPERTY OF THE PERSON AND PAGE	2011 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Secretary and the second of th
			(i) Real	(ii) Personal				
	6a	Gross rents						
	b	Less: rental expenses		<u> </u>				
	d d	Rental income or (loss)  Net rental income or (		<u> </u>			0.120	
	7a	Gross amount from sales of	(i) Securitles	(ii) Other				
		assets other than inventory	311,778					
	b	Less: cost or other basis	311,770					
		and sales expenses .	330,623					
	С	Gain or (loss)	(18,845)					
	d	Net gain or (loss) .		<b>&gt;</b>	(18,845)	(18,845)		
<b>6</b> 3					<b>西</b> 斯斯克克			
evenue	8a	Gross Income from fu	ındraising					
š		events (not Including \$						
Ğ.		of contributions reporte						
Other R		See Part IV, line 18 .	· · · · a					
ŏ	b	Less: direct expenses						
	C	Net income or (loss) for Gross income from ga		events . >	Children State and			性高質量 3. 14年1月20日
	30	-	· · · · a					
	b	Less: direct expenses						
	C	Net income or (loss) f			THE COLUMN THE			
	_						<b>艾芙蓉高华</b>	
		returns and allowance						
	b	Less: cost of goods s	old <b>b</b>					
	С	Net income or (loss) f	rom sales of Inv	entory ►				
		Miscellaneous R	evenue	Business Code	<b>建建建于</b> 到		計算是其時	
	11a							
	b							
	C					1.55		
	d	All other revenue .		900099	1,330	1,330	Programme 14	PARTA MERCAN
	е 12	Total. Add lines 11a- Total revenue. See in			1,330 103,652	54,932	0	0
	14	Total revenue. See If	istructions	· · · · · ·	103,052	1 34,832	<u> </u>	Form 990 (2011)

## . 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).	, ,	•

	Check if Schedule O contains a response to any question in this Part IX									
Do no 8b, 9l	ot include amounts reported on lines 6b, 7b, o, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and	(D) Fundralsing					
1	Grants and other assistance to governments and			general expenses						
	organizations in the United States. See Part IV, line 21	110,700	110,700							
2	Grants and other assistance to Individuals in the United States. See Part IV, line 22									
3	Grants and other assistance to governments, organizations, and individuals outside the United States. 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 salaries and wages									
9	Other employee benefits									
10	Payroll taxes									
11	Fees for services (non-employees):									
a	Management									
b	Legal		·							
C	Accounting									
d e	Lobbying									
f	Investment management fees	10,927		10.927						
g	Other	10,327	<del></del>	10,027						
12	Advertising and promotion									
13	Office expenses									
14	Information technology									
15	Royalties	<del></del>								
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			Marie Control of Carlot Marie Carlot Marie Carlot	- Proceeding the High that the Market and					
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)									
а										
b										
c d										
е	All other expenses Write Off Pledges	1,496			1,496					
25	Total functional expenses. Add lines 1 through 24e	123,123	110,700	10,927	1,496					
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here    if following SOP 98-2 (ASC 958-720)									

Part X **Balance Sheet** (A) Beginning of year End of year Cash-non-interest-bearing . . . . . . . . . 113,110 1 53,943 2 2 Savings and temporary cash investments . . . . . 3 6,715 3 4,000 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of 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 Assets 7 Inventories for sale or use . . . . . . . 8 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a Less: accumulated depreciation . . . . 10b 11 2,573,379 2,550,820 Investments—publicly traded securities 11 12 Investments-other securities. See Part IV, line 11 . 12 13 Investments-program-related. See Part IV, line 11 . . . 13 14 14 15 Other assets. See Part IV, line 11 . . . . . . . . . . . . . 15 16 2,693,204 16 2,608,763 Total assets. Add lines 1 through 15 (must equal line 34) . . . 17 Accounts payable and accrued expenses . . . . . . 17 Grants payable . . . . . . . . . . . . . . . . . 18 18 19 Deferred revenue . . . . . . 19 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D . 21 21 Payables to current and former officers, directors, trustees, key 22 Liabilities employees, highest compensated employees, and disqualified persons. 23 Secured mortgages and notes payable to unrelated third parties . . . 23 24 24 Unsecured notes and loans payable to unrelated third parties . . . 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 25 26 0 26 Λ Total liabilities. Add lines 17 through 25 . . . Organizations that follow SFAS 117, check here ▶ ☑ and complete **Net Assets or Fund Balances** lines 27 through 29, and lines 33 and 34. 27 2,029,668 27 1,897,670 Temporarily restricted net assets . . . . . . 28 19,556 28 18,393 692,700 29 643,980 29 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 31 Paid-in or capital surplus, or land, building, or equipment fund . . . 32 32 Retained earnings, endowment, accumulated income, or other funds. 2.693,204 33 2,608,763 33 2,693,204 34 2,608,763 Total liabilities and net assets/fund balances . . . . . . Form 990 (2011)

Form 9	90 (2011)			Pa	ge <b>12</b>
Par	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI		<u> </u>	<u></u>	✓
		. 1			
1	Total revenue (must equal Part VIII, column (A), line 12)	1			3,652
2	Total expenses (must equal Part IX, column (A), line 25)	2			3,123
3	Revenue less expenses. Subtract line 2 from line 1	3		<u> </u>	,471)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			3,204
5	Other changes in net assets or fund balances (explain in Schedule O)	5		(64	,970)
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33,			0.00	0 700
	column (B))	6		2,60	8,763
Part	XII Financial Statements and Reporting				_
	Check if Schedule O contains a response to any question in this Part XII	•••	<del>· · · ·</del>	• •	لـــاــ
1	Accounting method used to prepare the Form 990:  Cash Accrual Other  If the organization changed its method of accounting from a prior year or checked "Other," expected of the control of	olain in		Yes	No State of the st
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		1
b	Were the organization's financial statements audited by an independent accountant?		2b	<b>√</b>	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for ov of the audit, review, or compilation of its financial statements and selection of an independent account		2c	✓	
	If the organization changed either its oversight process or selection process during the tax year, exp Schedule O.	olain in			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the years lssued on a separate basis, consolidated basis, or both:	r were			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				3.30
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set the Single Audit Act and OMB Circular A-133?	forth in	За		<b>√</b>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	rgo the udits	3b		
			Forn	990	(2011)

#### SCHÈDULE A (Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

OMB No 1545-0047

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.

Open to Public Inspection

	of the organization						] [	Employer ic	dentification	
	lle Council, Inc., Bo	•		<del></del>					35-603	
-Pai			<b>rity Status</b> (All orga						nstructio	ns.
The 6 1 2 3 4	A church, con A school desc A hospital or a A medical resc	vention of churc ribed in section a cooperative ho earch organization	ation because it is: (Fo hes, or association of 170(b)(1)(A)(ii). (Attac spital service organiza on operated in conjun	churches ch Sched ation des	s describeule E.) cribed in	ed in sec section	tion 170 170(b)(1)	(b)(1)(A)(i (A)(iii).	-	iii). Enter the
5	☐ An organization	ne, city, and stat on operated for o)(1)(A)(iv). (Com	the benefit of a colle	ge or uni	versity o	wned or	operated	by a go	vernment	al unit described in
6 7	☐ A federal, stat	e, or local gover on that normally	nment or government receives a substantia (A)(vi). (Complete Pal	al part of					nit or from	the general public
8	☐ A community	trust described i	n <b>section 170(b)(1)(A</b>	)(vi). (Cor	nplete Pa	art II.)				
9	receipts from support from	activities related gross investme	receives: (1) more that d to its exempt funct ent income and unre lifter June 30, 1975. So	ions—sul lated bus	bject to o siness ta	certain ex xable ind	ceptions	s, and (2) ss sectio	no more	than 331/3% of its
11	An organization purposes of constant 509(a)(3). Che a Type I By checking the other than four	on organized arone or more publick the box that b ships box, I certify indation manager	I operated exclusively of operated exclusively of operated exclusivelicity supported organ describes the type of Type II cthat the organization ers and other than one	ely for the nizations supporting. Type is not co	ne benefi describe ng organia III-Funct ntrolled c	t of, to post of the control of the	perform ion 509(a d comple tegrated indirectl	the funct a)(1) or se ete lines 1 y by one	lons of, of the control of the contr	P(a)(2). See section th 11h. Type III-Other disqualified persons
f	organization, o	ation received a	a written determination							e III supporting
g	following pers	ons?	he organization acce							nd Yes No
	(iii) below,	the governing be	ndirectly controls, eit	organizat	ion?					11g(i) 🗸
	•	•	on described in (i) abo							11g(ii)
h			a person described in on about the support							119(m)    ¥
	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) is the c in col (i) lis governing	organization sted in your document?	(v) Did y the organ col. (i) supp	ou notify nization in of your port?	organizat (i) organi U.	is the tion in col. zed in the S ?	(vii) Amount of support
				Yes	No	Yes	No	Yes	No	
<u>` ' In</u>	Salle Council, c., Boy Scouts of	35-0867966	7	1		1		1		110,700
(B) <sup>Ai</sup>	nerica #165									
(C)										
(D)										
(E)										
Total									FEE	

Par	(Complete only if you checked the						-
	Part III. If the organization fails to						,
Sect	ion A. Public Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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		T MATERIAL CONTRACTOR	em campion, library accessors	yelmi ili ili sumi sinamatan wat	handrende deller delle delle	<u> </u>
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.						
	on B. Total Support	· · · · · · · · · · · · · · · · · · ·	·				
Calen	idar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4						
8	Gross Income from Interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10					世紀 野 南	
12	Gross receipts from related activities, etc					12	
13	First five years. If the Form 990 is for the		n's first, secon	d, third, fourth	n, or fifth tax y	ear as a sectio	n 501(c)(3)
	organization, check this box and stop he			· · · · ·	<u> </u>		▶ □
Secti	on C. Computation of Public Suppor	t Percentag	е				
14	Public support percentage for 2011 (line 6	• • •	•			14	%
15	Public support percentage from 2010 Sch	nedule A, Part	II, line 14 .			15	%
16a	331/3% support test—2011. If the organization qua	lifies as a pubi	licly supported	organization			. ▶ □
b	331/3% support test—2010. If the organ check this box and stop here. The organ	ization qualifie	s as a publicly	supported org	ganization .		. ▶ 🗀
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization mee Part IV how the organization meets the "forganization	ets the "facts-	and-circumsta	nces" test, ch	eck this box ar	nd stop here. E	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	tion meets the	facts-and-ci	ircumstances" tances" test. 1	test, check th	nis box and st	op here.
18	supported organization	d not check a	box on line 13	, 16a, 16b, 17a			

Scheau	le A (Form 990 or 990-EZ) 2011						Page 3
Part							
	(Complete only if you checked the						ier Part II.
Conti	If the organization fails to qualify	under the te	ests listed bei	ow, please co	mpiete Part	11.)	
	on A. Public Support	(-) 0007	(h) 0000	(=) 0000	(4) 2010	(a) 2011	(f) Total
Calen	dar year (or fiscal year beginning in)  Gifts, grants, contributions, and membership fees	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(i) Iotai
•	received. (Do not include any "unusual grants.")				ļ		
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6 7a	Total. Add lines 1 through 5 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						
8 	Add lines 7a and 7b						
Secti	on B. Total Support				<b>.</b>		
Calen	dar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6						
10a	Gross Income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, 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	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the organization, check this box and stop he	re			i, or fifth tax yo		
	on C. Computation of Public Suppor			101 (0)		15	%
15	Public support percentage for 2011 (line					15	<del></del>
16 Socti	Public support percentage from 2010 Sci			<u> </u>	<del></del>	1 10 ]	
	on D. Computation of Investment In			u line 12 colu	mp (fl)	17	%
17 18	Investment income percentage for 2011 ( Investment income percentage from 2010)					18	<del>//</del>
19a	33 <sup>1</sup> / <sub>3</sub> % support tests—2011. If the organ	ization did not	t check the bo		nd line 15 is m		
	17 is not more than 331/3%, check this box	and stop here	. The organizati	ion qualifies as	a publicly supp	orted organizati	on . 🟲 📙
b	331 $n$ % support tests – 2010. If the organization 18 is not more than 331 $n$ %, check this	ation did not on the box and stop I	check a box on nere. The organ	line 14 or line inication qualifies	19a, and line 16 s as a publicly s	is more than 3 upported organ	31⁄3%, and ization ► □
20	Private foundation. If the organization d	d not check a	box on line 14	, 19a, or 19b, o	check this box	and see instru	ctions 🕨 🗌

Schedule A (F	Form 990 or 990-EZ) 2011	Page 4
Part IV	<b>Supplemental Information.</b> 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)

# **Supplemental Financial Statements**

OMB No. 1545-0047

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Attach to Form 990. See separate instructions.

| Employer Identification number

LaSal	e Council, Inc., Boy Scouts of America #165 Trust	35-6034215
Par	Organizations Maintaining Donor Advised Funds or Other Similar Funds	nds 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)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets	
	funds are the organization's property, subject to the organization's exclusive legal contra	
6	Did the organization inform all grantees, donors, and donor advisors in writing that gra	
	only for charitable purposes and not for the benefit of the donor or donor advisor, or	
	conferring impermissible private benefit?	· · · · · · □ Yes □ No
	Conservation Easements. Complete if the organization answered "Yes"	to Form 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
	Preservation of land for public use (e.g., recreation or education)	
		of a certified historic structure
_	Preservation of open space	to the form of a componentian
2	Complete lines 2a through 2d if the organization held a qualified conservation contribute easement on the last day of the tax year.	on in the form of a conservation
	easement on the last day of the tax year.	Held at the End of the Tax Year
_	Takel annula and a second law and a seco	20 Par No.
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	
c d	Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 8/17/06, and not	
u	historic structure listed in the National Register	
3	Number of conservation easements modified, transferred, released, extinguished, or ter	
•	tax year	mates by the organization zering the
4	Number of states where property subject to conservation easement is located ▶	
5	Does the organization have a written policy regarding the periodic monitoring, in	spection, handling of
	violations, and enforcement of the conservation easements it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation	n easements during the year
	<b>•</b>	
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation eas	ements during the year
	<b>▶</b> \$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements	of section 170(h)(4)(B)
	(i) and section 170(h)(4)(B)(ii)?	<del>_</del>
9	In Part XIV, describe how the organization reports conservation easements in its revenue	e and expense statement, and
	balance sheet, and include, if applicable, the text of the footnote to the organization's fi	nancial statements that describes the
	organization's accounting for conservation easements.	
Part		
	Complete if the organization answered "Yes" to Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in it	s revenue statement and dalance sneet
	works of art, historical treasures, or other similar assets held for public exhibition, e public service, provide, in Part XIV, the text of the footnote to its financial statements the	ducation, or research in futilierance of
þ	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its works of art, historical treasures, or other similar assets held for public exhibition, e	duration or research in furtherance of
	public service, provide the following amounts relating to these items:	ducation, or research in farmorance or
		<b>▶ ¢</b>
	(i) Revenues included in Form 990, Part VIII, line 1	<del>Γ</del> Ψ
2	(ii) Assets included in Form 990, Part X	r assets for financial gain provide the
4	following amounts required to be reported under SFAS 116 (ASC 958) relating to these	items:
9	Revenues included in Form 990, Part VIII, line 1	
a h	Assets included in Form 990, Part X	

Schedu	dè D (Form 990) 2011						Page 2
Par							
3	Using the organization's acquisition, a collection items (check all that apply):	accession, and oth	er records, chec	k any of the follow	wing that are a si	gnificant us	e of its
а	☐ Public exhibition		d 🗌 Loan	or exchange prog	rams		
b	☐ Scholarly research			r			
С	☐ Preservation for future generations						
4	Provide a description of the organization XIV.	lon's collections ar	nd explain how t	hey further the org	ganization's exem	pt purpose	In Part
5	During the year, did the organization assets to be sold to raise funds rather						□ No
Part				anization answe	red "Yes" to Fo	rm 990, Pa	irt IV,
	line 9, or reported an amount	on Form 990, P	art X, line 21.				
1a	Is the organization an agent, trustee,	custodian or othe	r intermediary fo	or contributions o	r other assets no	t	_
	included on Form 990, Part X?					☐ Yes [	☐ No
b	If "Yes," explain the arrangement in Pa	rt XIV and complet	te the following t	able:			<u></u>
					An	nount	
C	Beginning balance				>		
d	Additions during the year			<u>1</u> c			
е	Distributions during the year			<u>  1</u> 6			
f	Ending balance			<u>  11</u>			
2a	Did the organization include an amount		rt X, line 21? .			☐ Yes {	l No
	If "Yes," explain the arrangement in Pa				00 D + 11 / 11	<del></del>	
Par	Endowment Funds. Comple						
4	Parianian stress talend	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	<del></del>	S Dack
1a	Beginning of year balance	2,693,204	2,458,189	1,938,868	2,693,541	HOLDSTEIN TRANSPORT	
b	Contributions	50,050	68,637	134,547	100,246		
С	Net investment earnings, gains, and losses	44.000			(=40,000)		
انہ ا	<b>}</b>	(11,368)	287,526	516,528	(713,806)		10 E 42 P 35 22
d	Grants or scholarships						
е	Other expenditures for facilities and programs	(440 700)	(444.575)	(404.040)	(40.4.400)		
	· -	(110,700)	(111,575)		(124,428)	DATE OF THE PARTY OF THE PARTY OF	
f	Administrative expenses	(12,423)	(9,573)				
g 2	End of year balance	2,608,763	2,693,204				THE WAY
	Provide the estimated percentage of the Board designated or quasi-endowment			, column (a)) neld	as:		
a b	•	t ► 72.7 .6 %	<b>%</b> 0				
C	Temporarily restricted endowment ▶	.7 %					
·	The percentages in lines 2a, 2b, and 2c		104				
За	Are there endowment funds not in the			at are held and ad	ministered for the		
-	organization by:	possession or the	organization the	at are field and ac	minotorod tor the	Yes	s No
	(i) unrelated organizations					3a(i) √	
	(ii) related organizations					3a(ii)	+_
ь	If "Yes" to 3a(ii), are the related organiz					3b	+
4	Describe in Part XIV the Intended uses					L	
Part					<del></del>		
	Description of property	(a) Cost or othe (Investment	er basis (b) Cost o	r other basis (c)	Accumulated epreciation	(d) Book val	ue
1a	Land	-	<del></del>				
b	Buildings			Institution 1	CALL OF THE REAL PROPERTY.		
C	Leasehold improvements		<del></del>				
ď	Equipment						
е	Other	<del></del>					
Total.	Add lines 1a through 1e. (Column (d) mu	ust equal Form 990	), Part X, column	(B), line 10(c).)	▶		

Part VII	Investments—Other Securities	. See Form 990, Part X,	line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
	lal derivatives		
	r-held equity interests		
(3) Other _ (A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
(1)			
	n (b) must equal Form 990, Part X, col. (B) line 12.) ► Investments—Program Related	d Coo Form 000 Port V	line 12
Part VIII	(a) Description of Investment type	(b) Book value	(c) Method of valuation
	(a) Description of investment type	(b) Book value	Cost or end-of-year market value
(1)			
(2)			
(3)			
(4) (5)			
(6)			
(7)			
(8)			
(9)			
(10)	(A)		
	n (b) must equal Form 990, Part X, col. (B) line 13.)	w V line 15	
Part IX	Other Assets. See Form 990, Pa	an A, line 15.	(b) Book value
(1)	10	7 000011ptio11	
(2)	<del>~~</del>		
(3)			
(4)			
(5)			
(6)	· · · · · · · · · · · · · · · · · · ·		
(8)			
<u>(9)</u> (10)			
	lumn (b) must equal Form 990, Part X, c	ol. (B) line 15.)	
Part X	Other Liabilities. See Form 990,		
1.	(a) Description of liability	(b) Book value	
	al income taxes		
(2)			
(3)			
(4)			
(6)			
(7)		<u>                                     </u>	
(8)		<del>                                     </del>	
(9)			
(10)			
(11)			
Total. (Colum	n (b) must equal Form 990, Part X, col. (B) line 25.) ▶	<u> </u>	the state of the s
			the organization's financial statements that reports the
organizati	on's liability for uncertain tax positions u	HUEF FIN 40 (ASC 740).	

	ule D (Form 990) 2011					Page 4
, Pai	t XI Reconciliation of Change in Net Assets from Form 990 to	Audit	ed Financi	al Staten	nents	<del></del>
1	Total revenue (Form 990, Part VIII, column (A), line 12)				1	103,652
2	Total expenses (Form 990, Part IX, column (A), line 25)				2	123,123
3	Excess or (deficit) for the year. Subtract line 2 from line 1				3	(19,471)
4	Net unrealized gains (losses) on investments				4	(64,970)
5	Donated services and use of facilities			[	5	
6	Investment expenses			[	6	
7	Prior period adjustments				7	
8	Other (Describe in Part XIV.)			[	8	
9	Total adjustments (net). Add lines 4 through 8				9	(64,970)
10	Excess or (deficit) for the year per audited financial statements. Combin				10	(84,441)
	Reconciliation of Revenue per Audited Financial Stater				Ret	
1	Total revenue, gains, and other support per audited financial statements	3			1	38,682
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		1			
a	Net unrealized gains on investments			(64,970		
ь	Donated services and use of facilities		<del></del>			
c	Recoveries of prior year grants	2c	<del></del>			
ď	Other (Describe in Part XIV.)				_ <b>38</b>	
е	Add lines 2a through 2d				2e	<del> </del>
3	Subtract line 2e from line 1	<i>i '</i>			3	103,652
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
a	Investment expenses not included on Form 990, Part VIII, line 7b					
b	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					103,652
	Reconciliation of Expenses per Audited Financial State				т.	
1 2	· ·				<b>1</b> 数据3	123,123
	Amounts included on line 1 but not on Form 990, Part IX, line 25:  Donated services and use of facilities	10-	1			
a b					-	
C	Prior year adjustments					
d	Other losses		<del></del>			
e	Other (Describe in Part XIV )					<b>2</b>
3	Subtract line 2e from line 1				2e	123,123
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	i ·	i		5	3
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	24
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, li	ne 18	· · · ·		<del></del>	
Part		116 10.	,	<u> </u>	5	123,123
	elete this part to provide the descriptions required for Part II, lines 3, 5, and	d 0. D	art III lines	1a and A· I	Part I	V lines 1h and 2h
	/, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XII					
	dditional information.	.,	. La una 45	. , 1100 0011	٠,٥٠٥	tino part to provide
Part \	Line 4 - Intended Uses of Endowment Fund: To provide financial support for	LaSal	le Council. I	nc Bov So	couts	of America #165.
a 501	(c)(3) organization.					
Part X	line 2 - FIN 48 Footnote: The Organization's policy, according to ASC 740-10	-25 is (	o record an	unrecogni	zed ta	x benefit from an
uncer	tain tax position only if it is more likely than not that the tax position will be s	ustaine	d upon exa	mination by	y the I	ax authorities.
Intere	st and penalties related to gross unrecognized tax benefits would be included	withir	the provisi	on for inco	me ta	xes. To the extent
	ad interest and associated decrease 100 and 1		l barret er		املما	
accru	ed interest and penalties do not ultimately become payable, amounts accrued	would	De reduced	in the peri	oa tn	at Such determination
is ma	de and reflected as a reduction of the overall income tay provision. The Organ	nizatio	n daes not h	ave any ur	ncerta	in tay positions at

Schedule D (Form 990) 20 FT	Fe	aya 🕶
Part XIV Supplemental Inform		
December 31, 2011. The Organization file	es a federal and an Indiana state tax return. The tax years that remain subject to examination by	
the federal and Indiana tax jurisdictions	date back to the year ending December 31, 2008.	

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

Name of the organization

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.

OMB No. 1545-0047

Open to Publi Inspection 20

Schedule I (Form 990) (2011) % □ (h) Purpose of grant or assistance Employer identification number to 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. 35-6034215 ✓ Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" 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 (f) Method of valuation (book, FMV, appraisal, other) Cat. No. 50055P Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. 0 actual (e) Amount of non-cash assistance Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 110,700 (d) Amount of cash grant Enter total number of other organizations listed in the line 1 table Part II can be duplicated if additional space is needed (c) IRC section the selection criteria used to award the grants or assistance? For Paperwork Reduction Act Notice, see the Instructions for Form 990. if applicable General Information on Grants and Assistance 501(c)(3) LaSalle Council, Inc., Boy Scouts of America #165 Trust 35-0867966 (b) 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 Part 2 9 ල € 0 8 **®** 5 £ 9

On the death	1770/1/100	٠
a) I ampause	Par (Form 354) (2011)	ū
Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990 Part IV line 22	
	Part III can be duplicated if additional space is needed.	

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
9					
Fart IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	te this part to pro	ovide the information	n required in Part I,	line 2, and any other ado	litional information.
The mission of the Trust is to provide LaSalle Council with fina	ith financial suppor	t. The mission of LaSal	lle Council: The corpo	incial support. The mission of LaSalle Council: The corporation shall promote, within the territory covered by the	ne territory covered by the
charter from time to time granted it by the Boy Scouts of Ameri	America and in acc	cordance with the Cong	ressional Charter, Byla	ws, and Rules and Regulatio	ica 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,	nd young men and v	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.	thods which are no	w in common use by th	e Boy Scouts of Ameri	ca.	
			: : : : : : : : : : : : : : : : : : :		
		111111111111111111111111111111111111111			

Schedule I (Form 990) (2011)

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

# Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

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

► Attach to Form 990 or 990-EZ.

Open to Public Inspection

Name of the organization

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

Employer identification number 35-6034215

Part I Line 1 and Part III Line 1 - Mission of LaSalle Council, Inc., Boy Scouts of America #165
The corporation shall promote, within the territory covered by the charter from time to time granted it by the Boy Scouts of America and
in accordance with the Congressional Charter, Bylaws, and Rules and Regulations of the Boy Scouts of America, the Scouting program
of promoting the ability of boys and young men and women to do things for themselves and others, training them in Scoutcraft, and
teaching them patriotism, courage, self-reliance, and kindred virtues, using the methods which are now in common use by the
Boy Scouts of America.
<del></del>
Part VI Line 1a - Explanation of Delegated Broad Authority to Committee
The executive board shall be the governing body and local reviewing authority of the corporation and shall manage its affairs. There shall
be an executive committee consisting of the persons and having the powers specified below:
The executive committee shall be composed of those persons who are the officers of the corporation, including the Scout executive (who
shall have no vote), and may include others appointed by the president.
The executive committee of the executive board shall have and may exercise all the necessary powers of the executive board in the
management of the corporation during the intervals between the meetings of the executive boards but in no event shall the executive
committee act contrary to action theretofore taken by the executive board. Minutes shall be kept of all executive committee action and
reported at the ensuing meeting of the executive board for its approval.
Meetings of the executive committee may be called at any time by the president and shall be called by the president within 30 days upon
the request of three or more members of the executive committee. It shall be the general practice of the executive committee to meet
in those months in which the executive board does not meet. All meetings of the executive committee shall be held with at least 3 days
notice by fax or electronic mail. A majority of the voting members of the executive committee shall constitute a quorum.

Schedule O (Form 990 or 990-EZ) (2011)	Page 2
Name of the organization	Employer Identification number
LaSalle Council, Inc., Boy Scouts of America #165 Trust	35-6034215
Part VI Line 6 - Explanation of Classes of Members	
Active members may elect the member of the governing body and approve significant decisions of the go	verning body. LaSalle Council,
Inc, Boy Scouts of America #165 Trust shares its governing body with LaSalle Council, Inc., Boy Scouts of	f 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.	
······	
Part VI Line 7a · How Members 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 Approval by Members	
Active members will vote at regular or special meetings to accept the recommendations of the governing to	body.
······	
Part VI Line 11b - Form 990 Review Process	
A complete copy of the corporation's Form 990 and schedules is posted on a secure website in advance o	f filing with the IRS. The full
Board of Directors is invited to review the return via a link provided in an email message to them.	
······	
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 s	pecific to the Trust must be
disclosed separately. Once a year, the Policy is distributed to officers, directors, and trustees. A certifical	tion and disclosure form must
be completed and signed. These are retained in the Trust files and reviewed annually. The Scout Executiv	ve is ultimately responsible for
identifying potentially conflicted relationships and responding per the Policy.	
Part VI, Line 19 - Other Organization Documents Publicly Available	
Governing documents are made available to the public upon request. The following documents are availa	ble for public inspection at the
Council's service center located at 1340 South Bend Ave., South Bend, IN 46617: IRS Form 990, consolida	ated audited financial statements,
minutes of Executive Board meetings.	

Name of the organization	Page Z
LaSalle Council, Inc., Boy Scouts of America #165 Trust	Employer identification number 35-6034215
Part XI Line 5 - Explanation of Other Changes in Net Assets	
Unrealized Gains/Losses on Investments	

# SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Partl

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. ► Attach to Form 990.

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OMB No. 1545-0047

Employer identification number

35-6034215

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

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

(f)
Direct controlling
entity (g) Section 512(b)(13) controlled entity? Schedule R (Form 990) 2011 ž 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 (e) End-of-year assets e/u (e)
Public chanty status
(if section 501(c)(3)) (d) Total income (d) Exempt Code section 501(c)(3) (c)
Legal domicile (state
or foreign country) (c) Legal domicile (state or foreign country) (b) Primary activity ≥ (b) Primary activity Service to youth For Paperwork Reduction Act Notice, see the Instructions for Form 990. (1) LaSalle Council, Inc., Boy Scouts of America #165 1340 South Bend Ave., South Bend, IN 46617 35-0867966 (a) Name, address, and EIN of disregarded entity (a) Name, address, and EIN of related organization Part II 9 8 € 9 2 Ð ල Ξ 9 € 9

Cat, No. 50135Y

Schedule R (Form 990) 2011

Formal Section   Form	Part III Identifica	Identification of Related Organizations Taxable as a Partnership (Complete if the organizat because it had one or more related organizations treated as a partnership during the tax year.)	ations Ta I organiza	axable as a Pa	<b>ble as a Partnership</b> (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 ns treated as a partnership during the tax year.)	plete if the c during the t	organization a ax year.)	ا" swered	es" to Form 9	90, Part	IV, line	34
Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Pall Interest and the organization and the	(a), address, and EIN of ated organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)			(h) H-of- Disproportion S allocations			(i) teneral or nanaging partner?	(k) Percentage ownership
Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Faz in address, and EN of related organization and residual control in the complete if the organization answered "Yes" to Form 990, Faz in address, and EN of related organization and end organization of trust during the tax year.)    Annen, address, and EN of related organization and end organization answered "Yes" to Form 990, Faz in address, and EN of related organization and end of year assets and end of year and year an									0	>	I	
Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Parline 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)    Inc. 34 because it had one or more related organizations treated as a Corporation or trust during the tax year.)    Name, address, and Ells of related organizations treated as a Corporation or trust during the tax year.)    Name, address, and Ells of related organizations treated as a Corporation or trust during the tax year.)    Name, address, and Ells of related organizations treated as a Corporation or trust during the tax year.)    Application of Related Organizations treated as a Corporation or trust during the tax year.)    Application of Related Organizations treated as a Corporation or trust during the tax year.)    Application of Related Organizations treated as a Corporation or trust during the tax year.)    Application of Related Organizations treated as a Corporation or trust during the tax year.)    Application of Related Organizations treated as a Corporation or trust during the tax year.)    Application of Related Organizations treated as a Corporation or trust during the tax year.)    Application of Related Organizations treated as a Corporation or trust during the tax year.]												
Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Par line 34 because it had one or more related organizations treated as a corporation or Trust (Complete if the organization answered "Yes" to Form 990, Par line 34 because at had one or more related organizations treated as a corporation or Trust (Long answered "Yes" to Form 990, Par line 34 because at had one or more related organization answered "Yes" to Form 990, Par line 34 because at had one or more related organization answered "Yes" to Form 990, Par line 34 because at had one or more related organization answered "Yes" to Form 990, Par line 34 because and EN or related organization answered "Yes" to Form 990, Par line 34 because and EN organization answered "Yes" to Form 990, Par line 34 because and EN organization answered "Yes" to Form 990, Par line 34 because and EN organization answered "Yes" to Form 990, Par line 34 because at had one or more related organization answered "Yes" to Form 990, Par line 34 because at had one or more related organization and EN organization answered "Yes" to Form 990, Par line 34 because at had one or more related organization and EN organization and EN organization and EN organization answered "Yes" to Form 990, Par line 34 because and EN organization												
Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Parline 34 because it had one or more related organizations treated as a corporation or Trust (Complete if the organization answered "Yes" to Form 990, Parline 34 because it had one or more related organizations treated as a corporation or Trust (Complete if the organization answered "Yes" to Form 990, Parline, address, and EN of related organizations treated as a corporation or Trust (Complete if the organization answered "Yes" to Form 990, Parline, address, and EN of related organizations treated as a corporation or Trust (Complete if the organization answered "Yes" to Form 990, Parline, address, and EN of related organizations treated as a corporation or Trust (Complete if the organization answered "Yes" to Form 990, Parline, address, and EN of related organizations treated as a corporation or Trust (Complete if the organization answered "Yes" to Form 990, Parline, address, and EN of related organization and according to Form 990, Parline, address, and EN of related organizations are according to Form 990, Parline, address, and EN of related organizations are according to Form 990, Parline, address, and EN of related organizations are according to Form 990, Parline, and Parli												
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Ine 34 because it had one or more related organizations treated as a corporation or frust (Complete if the organization answered "Yes" to Form 990, Par line 34 because it had one or more related organizations treated as a corporation or frust during the tax year.)  Name, address, and ElN of related organization  Name, address, and ElN of related organization  Primary activity  (Corp., Sorp.  Or frust)  Or frust)												
Primary activity   Legal domicile   Direct controlling   Type of entity   Corp. S corp.   Income   end-of-year assets	_	ution of Related Organiza	ations Tarelated c	axable as a Co	rporation or Treated as a corp	ust (Comple oration or tru	ete if the organst et during the	ization ans tax year.)	wered "Yes" t	o Form	990, Pa	٦,
	Nаme, address	(a) , and ElN of related organization		(b) Primary activ		(c) gal domicile (state or eign country)	(d) Direct controlling entity	(e) Type of enti (C corp, S co	<del></del>		g) are of ear assets	
										-		

Schedule R (Form 990) 2011

Page 3

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

of the following transactions with one or more related organizations listed in Parts II-IV?	~	「	
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	110,700 act	ual	
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	Schedule	s R (Form 99	30) 2011
	(b) Amount inv type (a-r)	luding covered relationships and transacton type (a-r)  Transacton Amount involved M  110,700 act  Schedul	vered relationships and transact (c) Amount involved Me 110,700 actu

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

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

(a) (b) (c) (d) (e) (f) (h) (f)	(b)	(3)		9	וואפאווופוזור ל	ar unerstrips.	3	8	5	
Name, address, and EIN of entity	Primary activity	Legal domicile	Predominant	Are all partne		Share of	Disproportionate	Code V—UBI	U) General or	(K) Percentage
		(state or foreign country)		section 1 501(c)(3)		end-of-year assets	allocations?	90		
			section 512-514)	Yes No	ii 6		Yes	(Form 1065)	Vas	<del></del>
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								Sche	dule R (For	Schedule R (Form 990) 2011

Schedule R (	Form 990) 2011	Page <b>5</b>
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

2011

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

Employer Identification Number 35-0867966

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

(A)	(B)			-	C )			(D)	(E)	(F)
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
(26)Richard Rush Sr Director	0.02	Х						0	0	0
(27)John Sardeson Director	0.02	х						0	0	0
(28)Mark Senter Director	0.02	Х						0	0	0
(29)Ken Sherry Director	0.02	х						0	0	0
(30)Randy Stukel Director	0.02	Х						0	0	0
(31)Linda Lee Taylor Director	0.02	Х						0	0	0
(32)Rex Voorheis Director	0.02	х						0	0	0
(33)Kevin Warren Director	0.02	х				İ		0	0	0
(34)Will Wilson Director	0.02	х						0	0	0
(35)Joe Zakas Director	0.02	х						0	0	0
(36)Mary Pat Latowski Director	0.2	х						0	0	0
(37) Indiana Trust Investment & Mgmt Co Director	1.5		Х					0	0	0
(38)Patrick Bridges Secretary	0.75			х				0	0	0
(39)James Welborne President	0.05			х				0	0	0
(40)Mick Faloon Commissioner	0.05			х				0	0	0
(41)David Niswonger VP Finance	0.05			Х				0	0	0
(42)Donald Parker VP Administration	0.05			Х				0	0	0

# Form 990

# **Continuation Sheet for Form 990**

OMB No 1545-0047

2011

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

Employer Identification Number 35-0867966

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

(A)	(B)				C )			(D)	(E)	(F)
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
(43)Bernie Rieder VP Program	0.05			х				0	0	0
(44)Joe Grabill Asst VP Finance	0.05			х				0	0	0
(45)Kim Overmyer VP District Operations	0.05	;		х				0	0	0
(46)Michael Flowers Treasurer	0.05			х				0	0	0
(47)Dave Hudak Asst Treasurer	0.05			х				0	0	0
(48)Michael Gotsch VP Membership	0.05			х				0	0	0
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