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## Return of Organization Exempt From Income Tax

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

► The organization may have to use a copy of this return to satisfy state reporting requirements

2012

Open to Public  
Inspection

<b>A For the 2012 calendar year, or tax year beginning</b>		2012, and ending	
<b>B Check if applicable:</b>		<b>C Name of organization</b> LaSalle Council, Inc., Boy Scouts of America #165	<b>D Employer identification number</b>
<input type="checkbox"/> Address change		Doing Business As	35-0867966
<input type="checkbox"/> Name change		Number and street (or P.O. box if mail is not delivered to street address)	<b>E Telephone number</b>
<input type="checkbox"/> Initial return		1340 South Bend Ave.	574-289-0337
<input type="checkbox"/> Terminated		City, town or post office, state, and ZIP code	
<input type="checkbox"/> Amended return		South Bend, IN 46617-1424	<b>G Gross receipts \$</b> 2,425,303
<input type="checkbox"/> Application pending		<b>F Name and address of principal officer</b> Patrick D. Bridges 1340 South Bend Ave., South Bend, IN 46617-1424	<b>H(a) Is this a group return for affiliates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
I Tax-exempt status. <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)( ) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(b) Are all affiliates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)	
<b>J Website:</b> ► www.lasallecouncilbsa.org		<b>H(c) Group exemption number</b> ► 1761	
<b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ►		<b>L Year of formation</b> 1953	<b>M State of legal domicile</b> IN

**Part I Summary**

<b>1</b>	Briefly describe the organization's mission or most significant activities: see Schedule O		
<p>.....</p> <p>.....</p>			
<b>2</b>	Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
<b>3</b>	Number of voting members of the governing body (Part VI, line 1a) . . . . .	<b>3</b>	79
<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b) . . . . .	<b>4</b>	78
<b>5</b>	Total number of individuals employed in calendar year 2012 (Part V, line 2a) . . . . .	<b>5</b>	74
<b>6</b>	Total number of volunteers (estimate if necessary) . . . . .	<b>6</b>	2,500
<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12 . . . . .	<b>7a</b>	0
<b>b</b>	Net unrelated business taxable income from Form 990-T, line 34 . . . . .	<b>7b</b>	0
		<b>Prior Year</b>	<b>Current Year</b>
<b>8</b>	Contributions and grants (Part VIII, line 1h) . . . . .	567,813	626,038
<b>9</b>	Program service revenue (Part VIII, line 2g) . . . . .	370,176	399,883
<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . .	52,479	162,554
<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . . .	363,526	392,250
<b>12</b>	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,353,994	1,580,725
		<b>Expenses</b>	
<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . . .	27,387	41,910
<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4) . . . . .		
<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) . . . . .	794,894	837,945
<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e) . . . . .		
<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) . . . . .	58,865	
<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . . . . .	552,129	579,807
<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) . . . . .	1,374,410	1,459,662
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12 . . . . .	(20,416)	121,063
		<b>Net Assets or Fund Balances</b>	
<b>20</b>	Total assets (Part X, line 16) . . . . .	6,339,586	6,727,319
<b>21</b>	Total liabilities (Part X, line 26) . . . . .	225,581	280,761
<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20 . . . . .	6,114,005	6,446,558

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	<b>Signature of officer</b>	Date			
	<i>Patrick D. Bridges</i>	5-31-13			
	<b>Type or print name and title</b>				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ►	Firm's EIN ►			
	Firm's address ►	Phone no.			

May the IRS discuss this return with the preparer shown above? (see instructions) . . . . .  Yes  No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2012)

2-17

**Part III Statement of Program Service Accomplishments**Check if Schedule O contains a response to any question in this Part III **1** Briefly describe the organization's mission:  
See Schedule O

.....  
.....  
.....

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No  
If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No  
If "Yes," describe these changes on Schedule O.

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code: ..... ) (Expenses \$ 1,109,441 including grants of \$ ..... ) (Revenue \$ 334,762 )

**CAMPING PROGRAMS:** LaSalle Council maintains 3 camp properties offering a wide variety of camping experiences for all youth served. Each camping program is designed to provide age-appropriate opportunities for numerous outdoor activities while focusing on the life skills and values that define the Boy Scouts of America program. Camping programs range from day camps, 3-4 day resident camps, to week long summer camps. Many units take advantage of the camps outside of the regular camping program provided as well. In addition to directing, staffing, planning and implementing each camping program, LaSalle Council is responsible for maintaining the health and safety of the camp properties themselves.

.....  
.....  
.....  
.....

**4b** (Code: ..... ) (Expenses \$ 122,010 including grants of \$ ..... ) (Revenue \$ 46,105 )

**ACTIVITIES:** LaSalle Council is comprised of 4 districts covering 8 counties. Over 8,500 youth participated in scouting programs council-wide in 2012. Throughout the year, each district plans and provides various age appropriate activities for the youth and families each serves. These activities bring scouts together to reinforce the program lessons taught at the unit level. Examples include pinewood derbys, bowl-o-ramas, field trips, recognition dinners, and parent/scout days. Council-wide activities are also held for all 4 districts, focusing on recognition and community service projects.

.....  
.....  
.....  
.....

**4c** (Code: ..... ) (Expenses \$ 89,124 including grants of \$ ..... ) (Revenue \$ 19,016 )

**TRAINING PROGRAMS:** LaSalle Council provides training, administrative, and other support to the over 2,500 volunteers and youth leaders who deliver the scouting programs to youth.

.....  
.....  
.....  
.....

**4d** Other program services (Describe in Schedule O.)  
(Expenses \$ ..... including grants of \$ ..... ) (Revenue \$ ..... )**4e** Total program service expenses ► 1,320,575

## Part IV 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," complete Schedule A . . . . .

2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . . . .

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 . . . . .

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 . . . . .

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 . . . . .

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 . . . . .

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 . . . . .

8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III . . . . .

9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; 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 . . . . .

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 . . . . .

11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI . . . . .

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 . . . . .

c 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 . . . . .

d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX . . . . .

e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X . . . . .

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 . . . . .

12 a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII . . . . .

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 and XII is optional . . . . .

13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .

14 a Did the organization maintain an office, employees, or agents outside of the United States? . . . . .

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 . . . . .

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 . . . . .

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 . . . . .

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) . . . . .

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 . . . . .

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 . . . . .

20 a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . . .

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .

	Yes	No
1	✓	
2	✓	
3		✓
4		✓
5		✓
6		✓
7		✓
8		✓
9		✓
10	✓	
11a	✓	
11b		✓
11c		✓
11d		✓
11e	✓	
11f	✓	
12a		✓
12b	✓	
13		✓
14a		✓
14b		✓
15		✓
16		✓
17		✓
18	✓	
19		✓
20a		✓
20b		

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

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 . . . . .

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 . . . . .

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 . . . . .

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 . . . . .

    b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .

    c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .

    d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .

25a **Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I . . . . .

    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 . . . . .

26 Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II . . . . .

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 . . . . .

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 A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV . . . . .

    b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV . . . . .

    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 . . . . .

29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . . . .

30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M . . . . .

31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I . . . . .

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II . . . . .

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 . . . . .

34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 . . . . .

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .

    b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . . .

36 **Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 . . . . .

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 . . . . .

38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O . . . . .

	Yes	No
21	✓	
22	✓	
23	✓	
24a	✓	
24b		
24c		
24d		
25a	✓	
25b	✓	
26	✓	
27	✓	
28a	✓	
28b	✓	
28c	✓	
29	✓	
30	✓	
31	✓	
32	✓	
33	✓	
34	✓	
35a	✓	
35b	✓	
36		✓
37		✓
38	✓	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response to any question in this Part V 

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	9
1b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c ✓	
2a 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	74
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <i>Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)</i>	2b ✓	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a ✓	
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a ✓	
b If "Yes," enter the name of the foreign country: 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 ✓	
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 as charitable contributions?	6a ✓	
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>		
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a ✓	
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?	7c ✓	
d If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e 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 ✓	
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
<b>8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> 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	
<b>9 Sponsoring organizations maintaining donor advised funds.</b>		
a Did the organization make any taxable distributions under section 4966?	9a	
b Did the organization make a distribution to a donor, donor advisor, or related person?	9b	
<b>10 Section 501(c)(7) organizations.</b> Enter:		
a Initiation fees and capital contributions included on Part VIII, line 12	10a	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
<b>11 Section 501(c)(12) organizations.</b> Enter:		
a Gross income from members or shareholders	11a	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
a Is the organization licensed to issue qualified health plans in more than one state?	13a	
<i>Note. See the instructions for additional information the organization must report on Schedule O.</i>		
b 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	13b	
c Enter the amount of reserves on hand	13c	
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year?	14a	✓
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

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

### Section A. Governing Body and Management

	1a	79	Yes	No
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.			
1b	Enter the number of voting members included in line 1a, above, who are independent.	78		
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?		✓	
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?		✓	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		✓	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		✓	
6	Did the organization have members or stockholders?		✓	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		✓	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?		✓	
b	Each committee with authority to act on behalf of the governing body?		✓	
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.		✓	

### Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	✓
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	✓
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	✓
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	
13	Did the organization have a written whistleblower policy?	
14	Did the organization have a written document retention and destruction policy?	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	
a	The organization's CEO, Executive Director, or top management official	
b	Other officers or key employees of the organization	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its 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?	
16a		✓
16b		

### Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► IN

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

Own website  Another's website  Upon request  Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► Patrick D. Bridges, 1340 South Bend Ave., South Bend, IN 46617-1424 (574) 289-0337

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Or director	Individual trustee	Institutional trustee	Officer	Key employee	Highest compensated			
(1) Tom Alevizos										
Director	.15	✓						0	0	0
(2) Susan Barriball										
Director	.15	✓						0	0	0
(3) Ed Bloomer										
Director	.15	✓						0	0	0
(4) Mary Chmiel										
Director	.15	✓						0	0	0
(5) J Michael Davis										
Director	.15	✓						0	0	0
(6) William Eckert										
Director	.15	✓						0	0	0
(7) Jim Ellis										
Director	.15	✓						0	0	0
(8) Frank Freeman										
Director	.15	✓						0	0	0
(9) L Craig Fulmer										
Director	.15	✓						0	0	0
(10) Van E Gates										
Director	.15	✓						0	0	0
(11) David Gibson										
Director	.15	✓						0	0	0
(12) Donald Guckenberger										
Director	.15	✓						0	0	0
(13) Alfred J Guillaume Jr										
Director	.15	✓						0	0	0
(14) James Hall										
Director	.15	✓						0	0	0

## Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
(15) Paul Huang									
Director	.15	✓					0	0	0
(16) Ron Jaicom									
Director	.15	✓					0	0	0
(17) MaryPat Latowski									
Director	.15	✓					0	0	0
(18) Bob Meacham									
Director	.15	✓					0	0	0
(19) George Merryman									
Director	.15	✓					0	0	0
(20) Tim Mikula									
Director	.15	✓					0	0	0
(21) James Oates									
Director	.15	✓					0	0	0
(22) Charles Piper									
Director	.15	✓					0	0	0
(23) Norm Riley									
Director	.15	✓					0	0	0
(24) Dave Rose									
Director	.15	✓					0	0	0
(25) John Sardeson									
Director	.15	✓					0	0	0
<b>1b Sub-total</b>							0	0	0
<b>c Total from continuation sheets to Part VII, Section A</b>							102,507	0	52,574
<b>d Total (add lines 1b and 1c)</b>							102,507	0	52,574

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 1

	Yes	No
3		✓
4		✓
5		✓

## Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
<b>2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►</b>	<b>0</b>	

**Part VIII Statement of Revenue**Check if Schedule O contains a response to any question in this Part VIII. 

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b> 95,669			
	<b>b</b> Membership dues . . . . .	<b>1b</b>			
	<b>c</b> Fundraising events . . . . .	<b>1c</b> 71,518			
	<b>d</b> Related organizations . . . . .	<b>1d</b>			
	<b>e</b> Government grants (contributions)	<b>1e</b>			
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b> 458,851			
	<b>g</b> Noncash contributions included in lines 1a-1f. \$	34,668			
	<b>h</b> <b>Total.</b> Add lines 1a-1f . . . . . ►	<b>626,038</b>			
<b>Program Service Revenue</b>		<b>Business Code</b>			
	<b>2a</b> Camping . . . . .	<b>900099</b>	334,762	334,762	
	<b>b</b> Activities . . . . .	<b>900099</b>	65,121	65,121	
	<b>c</b> . . . . .				
	<b>d</b> . . . . .				
	<b>e</b> . . . . .				
	<b>f</b> All other program service revenue . . . . .				
	<b>g</b> <b>Total.</b> Add lines 2a-2f . . . . . ►	<b>399,883</b>			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . . ►		114,206		114,206
	<b>4</b> Income from investment of tax-exempt bond proceeds ►				
	<b>5</b> Royalties . . . . . ►				
		(i) Real	(ii) Personal		
	<b>6a</b> Gross rents . . . . .				
	<b>b</b> Less: rental expenses . . . . .				
	<b>c</b> Rental income or (loss) . . . . .				
	<b>d</b> Net rental income or (loss) . . . . . ►				
	<b>7a</b> Gross amount from sales of assets other than inventory . . . . .	(i) Securities	(ii) Other		
		336,937	4,311		
	<b>b</b> Less: cost or other basis and sales expenses . . . . .	292,900	0		
	<b>c</b> Gain or (loss) . . . . .	44,037	4,311		
	<b>d</b> Net gain or (loss) . . . . . ►		48,348		48,348
	<b>8a</b> Gross income from fundraising events (not including \$ . . . . . of contributions reported on line 1c) See Part IV, line 18 . . . . . a		650,213		
	<b>b</b> Less: direct expenses . . . . . b	408,070		242,143	
	<b>c</b> Net income or (loss) from fundraising events . . . . . ►				242,143
	<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . . a				
	<b>b</b> Less: direct expenses . . . . . b				
	<b>c</b> Net income or (loss) from gaming activities . . . . . ►				
	<b>10a</b> Gross sales of inventory, less returns and allowances . . . . . a	217,292			
	<b>b</b> Less: cost of goods sold . . . . . b	143,608		73,684	73,684
	<b>c</b> Net income or (loss) from sales of inventory . . . . . ►				
	<b>Miscellaneous Revenue</b>	<b>Business Code</b>			
	<b>11a</b> use of parking lot . . . . .	<b>900099</b>	18,368	18,368	
	<b>b</b> timber sales . . . . .	<b>900099</b>	17,327	17,327	
	<b>c</b> easement from power company . . . . .	<b>900099</b>	35,325	35,325	
	<b>d</b> All other revenue . . . . .	<b>900099</b>	5,403	5,403	
	<b>e</b> <b>Total.</b> Add lines 11a-11d . . . . . ►		76,423		
	<b>12</b> <b>Total revenue.</b> See instructions. . . . . ►	<b>1,580,725</b>	<b>549,990</b>	<b>0</b>	<b>404,697</b>

**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)

Check if Schedule O contains a response to any question in this Part IX **Do not include amounts reported on lines 6b, 7b, 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 United States. See Part IV, line 21				
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	41,910	41,910		
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	102,507	94,307	4,100	4,100
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	559,522	516,918	21,302	21,302
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	36,507	33,587	1,460	1,460
9 Other employee benefits	84,375	76,657	3,859	3,859
10 Payroll taxes	55,034	51,174	1,930	1,930
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	8,000		8,000	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	11,323		11,323	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	5,982	5,504	239	239
12 Advertising and promotion				
13 Office expenses	72,808	67,068	2,870	2,870
14 Information technology	9,836	9,050	393	393
15 Royalties				
16 Occupancy	84,160	82,850	655	655
17 Travel	45,849	42,419	1,715	1,715
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	10,315	9,637	339	339
20 Interest				
21 Payments to affiliates	16,124		16,124	
22 Depreciation, depletion, and amortization	107,485	98,027	4,729	4,729
23 Insurance	22,604	21,542	531	531
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.)				
a camps/activities	153,162	150,557	111	2,494
b recognition	22,695	11,362	313	11,020
c				
d				
e All other expenses	9,464	8,006	729	729
25 Total functional expenses. Add lines 1 through 24e	1,459,662	1,320,575	80,722	58,365
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 ► <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720)	1,065,757	972,095	46,831	46,831

**Part X Balance Sheet**Check if Schedule O contains a response to any question in this Part X 

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	737,888	1	804,424
	2 Savings and temporary cash investments	250,083	2	266,727
	3 Pledges and grants receivable, net	59,231	3	55,921
	4 Accounts receivable, net	14,634	4	9,329
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other 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). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	103,275	8	111,208
	9 Prepaid expenses and deferred charges	12,714	9	49,614
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 3,486,035		
	b Less: accumulated depreciation	10b 1,187,424	10c 2,332,606	2,298,611
	11 Investments—publicly traded securities	2,550,820	11	2,825,683
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11	278,335	13	305,802
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
	<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34)	<b>6,339,586</b>	<b>16</b>	<b>6,727,319</b>
Liabilities	17 Accounts payable and accrued expenses	40,267	17	69,076
	18 Grants payable		18	
	19 Deferred revenue	10,574	19	46,463
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other 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 (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	174,740	25	165,222
	<b>26 Total liabilities.</b> Add lines 17 through 25	<b>225,581</b>	<b>26</b>	<b>280,761</b>
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ► <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	5,283,432	27	5,543,229
	28 Temporarily restricted net assets	137,873	28	197,032
	29 Permanently restricted net assets	692,700	29	706,297
	Organizations that do not follow SFAS 117 (ASC 958), check here ► <input type="checkbox"/> 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	
	33 Total net assets or fund balances	6,114,005	33	6,446,558
	<b>34 Total liabilities and net assets/fund balances</b>	<b>6,339,586</b>	<b>34</b>	<b>6,727,319</b>

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response to any question in this Part XI 

1	Total revenue (must equal Part VIII, column (A), line 12) . . . . .	1	1,580,725
2	Total expenses (must equal Part IX, column (A), line 25) . . . . .	2	1,459,662
3	Revenue less expenses. Subtract line 2 from line 1 . . . . .	3	121,063
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . .	4	6,114,005
5	Net unrealized gains (losses) on investments . . . . .	5	237,452
6	Donated services and use of facilities . . . . .	6	
7	Investment expenses . . . . .	7	
8	Prior period adjustments . . . . .	8	
9	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	9	(25,962)
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) . . . . .	10	6,446,558

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response to any question in this Part XII 

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . . If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a	✓
b	Were the organization's financial statements audited by an independent accountant? . . . . . If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	✓
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? . . . . . If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	2c	✓
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .	3a	✓
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

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

OMB No 1545-0047

**2012**

**Open to Public  
Inspection**

Name of the organization

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

Employer identification number

35-0867966

**Part I 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)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3  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.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  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.)
- 9  An organization that normally receives: (1) more than 33 1/3% 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 33 1/3% 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)**.
- 11  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.
  - a  Type I    b  Type II    c  Type III—Functionally integrated    d  Type III—Non-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)**.
  - f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box . . . . .
  - g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
    - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? . . . . .
    - (ii) A family member of a person described in (i) above? . . . . .
    - (iii) A 35% controlled entity of a person described in (i) or (ii) above? . . . . .
  - h Provide the following information about the supported organization(s).

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?	(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U.S.?	(vii) Amount of monetary support
				Yes	No		
(A)							
(B)							
(C)							
(D)							
(E)							
<b>Total</b>							

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . .	530,296	481,283	543,331	537,986	600,076	2,692,972
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 . . .						
<b>4 Total.</b> Add lines 1 through 3 . . .	530,296	481,283	543,331	537,986	600,076	2,692,972
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) . . .						0
<b>6 Public support.</b> Subtract line 5 from line 4.						2,692,972

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4 . . . . .	530,296	481,283	543,331	537,986	600,076	2,692,972
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	84,928	69,096	71,262	85,667	86,739	397,692
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) . . . . .	22,865	23,308	37,957	31,547	76,423	192,100
<b>11 Total support.</b> Add lines 7 through 10						3,282,764
12 Gross receipts from related activities, etc. (see instructions) . . . . .					12	0
<b>13 First five years.</b> 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 <b>stop here</b> . . . . . ► <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) . . . . .	14	82.0 %
15 Public support percentage from 2011 Schedule A, Part II, line 14 . . . . .	15	81.1 %
<b>16a 33 1/3% support test—2012.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . . ► <input checked="" type="checkbox"/>		
<b>b 33 1/3% support test—2011.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . . ► <input type="checkbox"/>		
<b>17a 10%-facts-and-circumstances test—2012.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here</b> . Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ► <input type="checkbox"/>		
<b>b 10%-facts-and-circumstances test—2011.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here</b> . Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ► <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ► <input type="checkbox"/>		

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support****Calendar year (or fiscal year beginning in) ►**

	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . .						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . .						
5 The value of services or facilities furnished by a governmental unit to the organization without charge . . .						
<b>6 Total.</b> Add lines 1 through 5 . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .						
<b>b</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						
<b>c</b> Add lines 7a and 7b . . .						
<b>8 Public support</b> (Subtract line 7c from line 6.) . . . . .						

**Section B. Total Support****Calendar year (or fiscal year beginning in) ►**

	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>9</b> Amounts from line 6 . . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . .						
<b>c</b> Add lines 10a and 10b . . . . .						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .						
<b>14 First five years.</b> 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 <b>stop here</b> ► <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2011 Schedule A, Part III, line 15 . . . . .	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from 2011 Schedule A, Part III, line 17 . . . . .	<b>18</b>	%
<b>19a</b> <b>33 1/3% support tests—2012.</b> If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
<b>b</b> <b>33 1/3% support tests—2011.</b> If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
<b>20</b> <b>Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>		

**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).

**Part II Line 10: Other Income** includes donations requested for temporary use of parking lot space, timber sales to maintain the health and safety of camp properties, an easement from an energy provider running a line through one of our camp properties and other miscellaneous transactions.

**SCHEDULE D**  
(Form 990)Department of the Treasury  
Internal Revenue Service**Supplemental Financial Statements**

OMB No 1545-0047

**2012**Open to Public  
Inspection

Name of the organization

Employer identification number

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

35-0867966

**Part I 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) . . . . .		
4 Aggregate value at end of year . . . . .		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . .		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 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? . . . . .		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part II 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).	<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education) <input type="checkbox"/> Preservation of an historically important land area <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure <input type="checkbox"/> Preservation of open space
2 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.	
a Total number of conservation easements . . . . .	<b>Held at the End of the Tax Year</b>
b Total acreage restricted by conservation easements . . . . .	2a
c Number of conservation easements on a certified historic structure included in (a) . . . . .	2b
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register . . . . .	2c
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►	2d
4 Number of states where property subject to conservation easement is located ►	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ►	
7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$	
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)? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No
9 In Part XIII, 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.	

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a	If the organization elected, as permitted under SFAS 116 (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 XIII, 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 . . . . . ► \$ . . . . .
(ii)	Assets included in Form 990, Part X . . . . . ► \$ . . . . .
2	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:
a	Revenues included in Form 990, Part VIII, line 1 . . . . . ► \$ . . . . .
b	Assets included in Form 990, Part X . . . . . ► \$ . . . . .

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)**

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

<b>a</b> <input type="checkbox"/> Public exhibition	<b>d</b> <input type="checkbox"/> Loan or exchange programs
<b>b</b> <input type="checkbox"/> Scholarly research	<b>e</b> <input type="checkbox"/> Other _____
<b>c</b> <input type="checkbox"/> Preservation for future generations	

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
<b>1c</b>	
<b>1d</b>	
<b>1e</b>	
<b>1f</b>	

2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII.

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance	<b>2,887,098</b>	<b>2,987,851</b>	<b>2,724,784</b>	<b>2,151,769</b>	<b>3,000,441</b>
<b>b</b> Contributions	<b>28,037</b>	<b>48,553</b>	<b>68,637</b>	<b>134,547</b>	<b>100,246</b>
<b>c</b> Net investment earnings, gains, and losses	<b>367,501</b>	<b>(27,679)</b>	<b>315,578</b>	<b>570,222</b>	<b>(807,805)</b>
<b>d</b> Grants or scholarships					
<b>e</b> Other expenditures for facilities and programs	<b>(113,848)</b>	<b>(110,700)</b>	<b>(111,575)</b>	<b>(124,048)</b>	<b>(124,428)</b>
<b>f</b> Administrative expenses	<b>(11,323)</b>	<b>(10,927)</b>	<b>(9,573)</b>	<b>(7,706)</b>	<b>(16,685)</b>
<b>g</b> End of year balance	<b>3,157,465</b>	<b>2,887,098</b>	<b>2,987,851</b>	<b>2,724,784</b>	<b>2,151,769</b>

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ► **75.9%**  
 b Permanent endowment ► **22.4%**  
 c Temporarily restricted endowment ► **1.7%**

The percentages in lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) unrelated organizations . . . . .  
 (ii) related organizations . . . . .  
 b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? . . . . .

4 Describe in Part XIII the intended uses of the organization's endowment funds.

	Yes	No
<b>3a(i)</b>	✓	
<b>3a(ii)</b>	✓	
<b>3b</b>	✓	

**Part VI Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land		<b>305,318</b>			<b>305,318</b>
<b>b</b> Buildings		<b>2,231,092</b>		<b>526,608</b>	<b>1,704,484</b>
<b>c</b> Leasehold improvements		<b>296,104</b>		<b>179,941</b>	<b>116,163</b>
<b>d</b> Equipment		<b>652,021</b>		<b>480,875</b>	<b>171,146</b>
<b>e</b> Other		<b>1,500</b>		<b>0</b>	<b>1,500</b>

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c.)) . . . . . ► **2,298,611**

**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
(1) Financial derivatives . . . . .		
(2) Closely-held equity interests . . . . .		
(3) Other . . . . .		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
<b>Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ►</b>		

**Part VIII Investments—Program Related.** See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ►</b>		

**Part IX Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) . . . . . ►</b>	

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

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) custodian funds	165,222
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
<b>Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►</b>	165,222

2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1	Total revenue, gains, and other support per audited financial statements . . . . .	1	1,792,214
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments . . . . .	2a	237,451
b	Donated services and use of facilities . . . . .	2b	
c	Recoveries of prior year grants . . . . .	2c	
d	Other (Describe in Part XIII.) . . . . .	2d	(25,962)
e	Add lines 2a through 2d . . . . .	2e	211,489
3	Subtract line 2e from line 1 . . . . .	3	1,580,725
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 . . . . .	4a	
b	Other (Describe in Part XIII.) . . . . .	4b	
c	Add lines 4a and 4b . . . . .	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) . . . . .	5	1,580,725

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1	Total expenses and losses per audited financial statements . . . . .	1	1,459,662
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities . . . . .	2a	
b	Prior year adjustments . . . . .	2b	
c	Other losses . . . . .	2c	
d	Other (Describe in Part XIII.) . . . . .	2d	
e	Add lines 2a through 2d . . . . .	2e	0
3	Subtract line 2e from line 1 . . . . .	3	1,459,662
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	4a	
b	Other (Describe in Part XIII.) . . . . .	4b	
c	Add lines 4a and 4b . . . . .	4c	0
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) . . . . .	5	1,459,662

**Part XIII Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

**Part V Line 4: Intended uses of Endowment Fund: To provide financial support for the Organization's exempt purpose and maintenance**

of camp properties.

**Part X Line 2: FIN 48 Footnote: The Organization's policy, according to ASC 740-10-25 is to record an unrecognized tax benefit from an**

uncertain tax position only if it is more likely than not that the tax position will be sustained upon examination by the tax authorities. Interest

and penalties related to gross unrecognized tax benefits would be included within the provision for income taxes. To the extent accrued

interest and penalties do not ultimately become payable, amounts accrued would be reduced in the period that such determination is made

and reflected as a reduction of the overall income tax provision. The Organization does not have any uncertain tax positions at

December 31, 2012. The Organization files a federal and an Indiana state tax return. Management believes the tax years remain subject

**Part XIII      Supplemental Information (continued)**

to examination by the federal and Indiana tax jurisdictions date back to the year ending December 31, 2009.

**Part XI Line 2d: This line item represents a provision for uncollectible pledges.**

**SCHEDULE G**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

## **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

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

OMB No 1545-0047

2012

**Open to Public  
Inspection**

---

**Name of the organization**

**Employer identification number**

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

35-0867966

**Part I** **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
1		Yes	No		
2					
3					
4					
5					
6					
7					
8					
9					
10					

**3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1 <u>Popcorn Sales</u> (event type)	(b) Event #2 <u>Golf Outings</u> (event type)	(c) Other events <u>4</u> (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts . . . . .	650,213	37,361	55,350	742,924
	2 Less: Contributions . . . . .		24,611	39,403	64,014
	3 Gross income (line 1 minus line 2) . . . . .	650,213	12,750	15,947	678,910
Direct Expenses	4 Cash prizes . . . . .				
	5 Noncash prizes . . . . .	24,946			24,946
	6 Rent/facility costs . . . . .				
	7 Food and beverages . . . . .				
	8 Entertainment . . . . .				
	9 Other direct expenses . . . . .	383,124	12,750	15,947	411,821
	10 Direct expense summary. Add lines 4 through 9 in column (d) . . . . .				► ( 436,767 )
	11 Net income summary. Combine line 3, column (d), and line 10 . . . . .				► 242,143

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue . . . . .				
	2 Cash prizes . . . . .				
	3 Noncash prizes . . . . .				
Direct Expenses	4 Rent/facility costs . . . . .				
	5 Other direct expenses . . . . .				
	6 Volunteer labor . . . . .	<input type="checkbox"/> Yes ..... % <input type="checkbox"/> No	<input type="checkbox"/> Yes ..... % <input type="checkbox"/> No	<input type="checkbox"/> Yes ..... % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) . . . . .				► ( )
	8 Net gaming income summary. Combine line 1, column d, and line 7 . . . . .				►

9 Enter the state(s) in which the organization operates gaming activities: \_\_\_\_\_

a Is the organization licensed to operate gaming activities in each of these states? . . . . .  Yes  No  
b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? . . .  Yes  No

b If "Yes," explain: \_\_\_\_\_

11 Does the organization operate gaming activities with nonmembers?  Yes  No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No

13 Indicate the percentage of gaming activity operated in:

13a	%
13b	%

a The organization's facility . . . . .

b An outside facility . . . . .

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ► \$ \_\_\_\_\_

c If "Yes," enter name and address of the third party:

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

16 Gaming manager information:

Name ► \_\_\_\_\_

Gaming manager compensation ► \$ \_\_\_\_\_

Description of services provided ► \_\_\_\_\_

Director/officer       Employee       Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ \_\_\_\_\_

**Part IV Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Name of the organization

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

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

► Attach to Form 990.

OMB No 1545-0047  
**2012**  
**Open to Public  
Inspection**

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

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.**

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table

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

Cat No 50055P

Schedule I (Form 990) (2012)



**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
<b>1 Camperships</b>	105		6,566			
<b>2 Program/Supplies/Event Fees</b>	1,217	25,253				
<b>3 Registration</b>	393	10,091				
<b>4</b>						
<b>5</b>						
<b>6</b>						
<b>7</b>						

**Part IV Supplemental Information.** Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Part I Line 2: Camperships are provided to youth who would otherwise not be able to afford the normal camp fees. An application must be submitted with household information including # of people in the household and income. A committee reviews each application on a case-by-case basis, and awards a waiver of up to 50% of the camp fee. The youth is then responsible for the difference.

Program/Supplies/Event Fees have been provided for youth who would not otherwise be able to participate in the scouting program. The district executive for the youth maintains records of those benefiting, any supplies purchased, and the other costs incurred by the Council.

Registration and Boy's Life (the scouting magazine for youth) fees are paid by the Council for youth determined to be in at-risk geographical areas. These areas are identified by management and monitored by an employee responsible for entering registration information.

**SCHEDULE J**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Compensation Information**  
For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees

► Complete if the organization answered "Yes" to Form 990,  
Part IV, line 23.  
► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

**2012**

**Open to Public  
Inspection**

Name of the organization

Employer identification number

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

35-0867966

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain . . . . .

	Yes	No
1b		
2		
4a	✓	
4b	✓	
4c	✓	
5a	✓	
5b	✓	
6a	✓	
6b	✓	
7	✓	
8	✓	
9		

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? . . . . .

**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

<input checked="" type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract
<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee

**4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

**a** Receive a severance payment or change-of-control payment? . . . . .  
**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? . . . . .  
**c** Participate in, or receive payment from, an equity-based compensation arrangement? . . . . .

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.**

**5** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

**a** The organization? . . . . .  
**b** Any related organization? . . . . .

If "Yes" to line 5a or 5b, describe in Part III.

**6** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

**a** The organization? . . . . .  
**b** Any related organization? . . . . .

If "Yes" to line 6a or 6b, describe in Part III.

**7** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III . . . . .

**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III . . . . .

**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? . . . . .

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

**Note.** The sum of columns (B)(i)–(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation reported as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 <u>Patrick D. Bridges Secretary, SE</u>	102,507	0	0	0	0	52,574	155,081
2							0
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							

**Part III Supplemental Information**

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

## **Supplemental Information to Form 990 or 990-EZ**

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.

Name of the organization

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

Employer identification number

35-0867966

**Part I Line 1 / Part III Line 1 - Mission**

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.

**Part VI Line 1a - Explanation of Delegated Broad Authority to Committee**

The executive board shall be the governing body of the corporation and shall manage its affairs with input from the advisory board as requested. The executive board shall be the local reviewing authority with respect to matters within the Scouting movement which arise in the territory of the corporation. 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.

Name of the organization	Employer identification number
LaSalle Council, Inc., Boy Scouts of America #165	35-0867966

**Part VI Line 6 - Explanation of Classes of Members**

Active members may elect the members of the governing body and approve significant decisions of the governing body.

**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 may vote at the annual meeting to receive and approve the financial statements as of the close of its most recent complete fiscal year and other such business as may come before the meeting. Active members may also vote in regular and special meetings.

**Part VI Line 11b - Form 990 Review Process**

A complete copy of the Council's Form 990 and schedules is posted on a secure website in advance of filing with the IRS. The full Board of Directors is invited to review the return.

**Part VI Line 12c - Explanation of Monitoring and Enforcement of Conflicts**

Once a year, the Council distributes a conflict of interest certification and disclosure form to its officers, directors, and employees. The employees are required to complete and sign the certification and disclosure form, which is retained in the Council files and reviewed annually by the Scout executive and Treasurer. Officers and directors review the policy at a full board meeting annually and any potential conflicts must be disclosed in writing immediately. The Scout executive is ultimately responsible for identifying potentially conflicted relationships and responding per the policy. If a covered person fails to disclose an actual or possible conflict of interest, appropriate disciplinary and corrective action is taken including possible termination for a covered employee and prohibition from participating in the deliberations of the governing body for a board member.

**Part VI Line 15a - Compensation Review & Approval Process for CEO, Executive Director or Top Management**

Each year the Council President appoints an independent compensation and benefits committee whose responsibilities are to review the performance of the Scout executive and to establish a compensation package for him subject to approval by the executive board. The compensation of the Scout executive is reviewed and approved using data as to comparable compensation for similarly qualified persons

*Name of the organization <b>LaSalle Council, Inc., Boy Scouts of America #165</b>	Employer identification number <b>35-0867966</b>
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in functionally comparable positions at similarly situated organizations. There is contemporaneous documentation and record keeping with respect to the deliberations and decisions regarding the compensation arrangement.

**Part VI Line 15b - Compensation Review & Approval Process for Officers & Key Employees**

Each year the Council President appoints an independent compensation and benefits committee whose responsibility is to establish a compensation package for all employees based on performance reviews and using data as to comparable compensation for similarly qualified persons in functionally comparable positions. There is contemporaneous documentation and record keeping with respect to the deliberations and decisions regarding the compensation arrangement.

**Part VI Line 19**

Governing documents (articles of incorporation, bylaws, and policies of the Council) are made available to the public upon request. The following documents are available for public inspection at the Council's service center located at 1340 South Bend Ave., South Bend IN 46617: IRS Form 990, Annual Reports, audited financial statements, minutes of executive board meetings.

**Part VII Sec A Supplement**

Officers and Directors - Schedule of Hours Devoted per Week to Related Organization: LaSalle Council, Inc., Boy Scouts of America #165 Trust 35-6034215:

<u>Jay Asdell</u>	<u>Director</u>	<u>.02 hrs</u>
<u>Michael Beeler</u>	<u>Director</u>	<u>.02 hrs</u>
<u>E Donald Bengel</u>	<u>Director</u>	<u>.02 hrs</u>
<u>Peter Braasch</u>	<u>Director</u>	<u>.02 hrs</u>
<u>Chris Bryan</u>	<u>Director</u>	<u>.02 hrs</u>
<u>John Callan</u>	<u>Director</u>	<u>.02 hrs</u>
<u>Jeff Clymer</u>	<u>Director</u>	<u>.02 hrs</u>
<u>Matt Curry</u>	<u>Director</u>	<u>.02 hrs</u>
<u>Philip Daub</u>	<u>Director</u>	<u>.02 hrs</u>
<u>Kevin Davis</u>	<u>Director</u>	<u>.02 hrs</u>
<u>John DeWitt</u>	<u>Director</u>	<u>.02 hrs</u>

Name of the organization	Employer identification number
<b>LaSalle Council, Inc., Boy Scouts of America #165</b>	<b>35-0867966</b>
<u>Mark Dicken</u> Director      .02 hrs	
<u>Michael Faloon</u> Director      .02 hrs	
<u>Donald Fischesser</u> Director      .02 hrs	
<u>Glenn Fritz</u> Director      .02 hrs	
<u>Corydon Hurst</u> Director      .02 hrs	
<u>Ronald Jordan</u> Director      .02 hrs	
<u>Greg Kil</u> Director      .02 hrs	
<u>Evie Kirkwood</u> Director      .02 hrs	
<u>James Krzyzewski</u> Director      .02 hrs	
<u>Robert Lewis</u> Director      .02 hrs	
<u>James Mauck</u> Director      .02 hrs	
<u>Elizabeth Mooney</u> Director      .02 hrs	
<u>Kyle-Pierre Nfr</u> Director      .02 hrs	
<u>Jim Oates</u> Director      .02 hrs	
<u>Dan Oakley</u> Director      .02 hrs	
<u>Max Plumhoff</u> Director      .02 hrs	
<u>Richard Rush Sr</u> Director      .02 hrs	
<u>Randy Stukel</u> Director      .02 hrs	
<u>Linda Lee Taylor</u> Director      .02 hrs	
<u>Rex Voorheis</u> Director      .02 hrs	
<u>Kevin Warren</u> Director      .02 hrs	
<u>Will Wilson</u> Director      .02 hrs	
<u>Patrick Bridges</u> Secretary      .75 hrs	
<u>Michael Gotsch</u> President      .05 hrs	
<u>Michael Faloon</u> Commissioner      .05 hrs	
<u>David Niswonger</u> VP Finance      .05 hrs	
<u>Donald Parker</u> VP Administration      .05 hrs	
<u>Bernie Rieder</u> VP Program      .05 hrs	

\*Name of the organization

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

Employer identification number

35-0867966

Joe Grabill      Asst VP Finance      .05 hrsKim Overmyer      VP District Operations      .05 hrsMichael Flowers      Treasurer      .05 hrsDave Hudak      Asst Treasurer      .05 hrsJames Welborne      VP Communications      .05 hrsKen Sherry      VP Membership      .05 hrs**Part XI Line 9 - Other Changes in Net Assets**Provision for uncollectible pledges

**SCHEDULE R**  
(Form 990)

Department of the Treasury  
Internal Revenue Service  
Name of the organization

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

**Related Organizations and Unrelated Partnerships**

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

**2012**  
Open to Public  
Inspection

Name of the organization  
LaSalle Council, Inc., Boy Scouts of America #165  
Employer identification number  
35-0867366

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) _____	_____	_____	_____	_____	_____
(2) _____	_____	_____	_____	_____	_____
(3) _____	_____	_____	_____	_____	_____
(4) _____	_____	_____	_____	_____	_____
(5) _____	_____	_____	_____	_____	_____
(6) _____	_____	_____	_____	_____	_____

**Part II 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.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?
Yes	No					
(1) LaSalle Council, Inc., Boy Scouts of America #165, Trust 1340 South Bend Ave, South Bend, IN 46617 35-6034215	Provide support for IN	501(c)(3)	11b	LaSalle Council ✓	Inc., Boy	
(2) _____	_____	_____	_____	_____	Scouts of America #165	
(3) _____	_____	_____	_____	_____	_____	
(4) _____	_____	_____	_____	_____	_____	
(5) _____	_____	_____	_____	_____	_____	
(6) _____	_____	_____	_____	_____	_____	
(7) _____	_____	_____	_____	_____	_____	

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

Cat No 50135Y

Schedule R (Form 990) 2012

**Part III 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.)

(a) Name, address, and EIN of related 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)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?	(i) Code V-JBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	(k) Percentage ownership
(1)										
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										

**Part IV 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.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	(j) Yes	(k) No
(1)										
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										

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

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties or **(iv)** rent from a controlled entity
- b Gift, grant, or capital contribution to related organization(s)
- c Gift, grant, or capital contribution from related organization(s)
- d Loans or loan guarantees to or for related organization(s)
- e Loans or loan guarantees by related organization(s)
- f Dividends from related organization(s)
- g Sale of assets to related organization(s)
- h Purchase of assets from related organization(s)
- i Exchange of assets with related organization(s)
- j Lease of facilities, equipment, or other assets to related organization(s)
- k Lease of facilities, equipment, or other assets from related organization(s)
- l Performance of services or membership or fundraising solicitations for related organization(s)
- m Performance of services or membership or fundraising solicitations by related organization(s)
- n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o Sharing of paid employees with related organization(s)
- p Reimbursement paid to related organization(s) for expenses
- q Reimbursement paid by related organization(s) for expenses
- r Other transfer of cash or property to related organization(s)
- s Other transfer of cash or property from related organization(s)

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) LaSalle Council, Inc., Boy Scouts of America #165 Trust Fund	c	113,848	actual
(2)			
(3)			
(4)			
(5)			
(6)			

**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) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e) Are all partners section 501(c)(3) organizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?  <input type="checkbox"/> Yes <input type="checkbox"/> No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?  <input type="checkbox"/> Yes <input type="checkbox"/> No	(k) Percentage ownership
(1)										
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										
(15)										
(16)										

**Part VII      Supplemental Information**

**Supplemental Information:** Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

## Form 990

## Continuation Sheet for Form 990

2012

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) Name and Title	(B) Average hours per week	(C) Position		(D) Reportable compensation from the organization (W- 2)/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Former Highest compensated employee	Key employee Officer Individual trustee or director Institutional trustee			
(26)Mike Schoeffler Director	0.15	X		0	0	0
(27)James Scott Director	0.15	X		0	0	0
(28)Mark Senter Director	0.15	X		0	0	0
(29)Matt Street Director	0.15	X		0	0	0
(30)Robert Wade Director	0.15	X		0	0	0
(31)Mick Warner Director	0.15	X		0	0	0
(32)Bob Westfall Director	0.15	X		0	0	0
(33)Joe Zakas Director	0.15	X		0	0	0
(34)Mike Zappia Director	0.15	X		0	0	0
(35)Jay Asdell Director	1.52	X		0	0	0
(36)Michael Beeler Director	1.52	X		0	0	0
(37)E Donald Bengel Director	1.52	X		0	0	0
(38)Peter Braasch Director	1.52	X		0	0	0
(39)Chris Bryan Director	1.52	X		0	0	0
(40)John Callan Director	1.52	X		0	0	0
(41)Jeff Clymer Director	1.52	X		0	0	0
(42)Matt Curry Director	1.52	X		0	0	0

## Continuation Sheet for Form 990

2012

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) Name and Title	(B) Average hours per week	(C) Position		(D) Reportable compensation from the organization (W- 2)/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Former Highest compensated employee	Officer Individual trustee or director			
(43)Philip Daub Director	1.52	X		0	0	0
(44)Kevin Davis Director	1.52	X		0	0	0
(45)John DeWitt Director	1.52	X		0	0	0
(46)Mark Dicken Director	1.52	X		0	0	0
(47)Donald Fischesser Director	1.52	X		0	0	0
(48)Glenn Fritz Director	1.52	X		0	0	0
(49)Corydon Hurst Director	1.52	X		0	0	0
(50)Ronald Jordan Director	1.52	X		0	0	0
(51)Greg Kil Director	1.52	X		0	0	0
(52)Evie Kirkwood Director	1.52	X		0	0	0
(53)James Krzyzewski Director	1.52	X		0	0	0
(54)Robert Lewis Director	1.52	X		0	0	0
(55)James Mauck Director	1.52	X		0	0	0
(56)Elizabeth Mooney Director	1.52	X		0	0	0
(57)Kyle-Pierre Nfr Director	1.52	X		0	0	0
(58)Jim Oates Director	1.52	X		0	0	0
(59)Dan Oakley Director	1.52	X		0	0	0

## Continuation Sheet for Form 990

2012

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) Name and Title	(B) Average hours per week	(C) Position			(D) Reportable compensation from the organization (W- 2)/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations	
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	
(60)Max Plumhoff Director	1.52	X				0	0	0
(61)Richard Rush Sr Director	1.52	X				0	0	0
(62)Randy Stukel Director	1.52	X				0	0	0
(63)Linda Lee Taylor Director	1.52	X				0	0	0
(64)Rex Voorheis Director	1.52	X				0	0	0
(65)Kevin Warren Director	1.52	X				0	0	0
(66)Will Wilson Director	1.52	X				0	0	0
(67)Indiana Trust Investment & Mgmt Co Trustee	1.5		X			0	0	0
(68)Patrick Bridges Secretary/Scout Exec	50.72	X		X		102,507	0	52,574
(69)Michael Gotsch President	1.55			X		0	0	0
(70)Michael Faloon Commissioner	1.55			X		0	0	0
(71)David Niswonger VP Finance	1.55			X		0	0	0
(72)Donald Parker VP Administration	1.55			X		0	0	0
(73)Bernie Rieder VP Program	1.55			X		0	0	0
(74)Joe Grabil Asst VP Finance	1.55			X		0	0	0
(75)Kim Overmyer VP District Operations	1.55			X		0	0	0
(76)Michael Flowers Treasurer	1.55			X		0	0	0

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**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**