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Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047

Open to Public Inspection

_	<u> </u>	. 0. 1110	EU IE Cale	indar year, or tax year be	gimining			712, and er	unig			, 20				
E	3	Check if	applicable:	C Name of organization LaS		D Employer identification number										
	_	Address	1	MASS CONTRACTOR								35-6034215				
	_	Name ch	•	Number and street (or P O					n/suite		E Telepho	one number				
Ē	_	Initial reti	•	1340 South Bend Ave.								574-289-0337				
Ē	_	Terminat		City, town or post office, st	tate and	7IP code						374-200-0337				
ř	~					L 0000				l l	G Gross receipts \$ 430,46					
	_	Amended		South Bend, IN 46617-1 F Name and address of princ		- D D. S										
L		Applicati	on penaing				-					n for affiliates? Yes	_			
-				1340 South Bend Ave., S								included? L Yes a list (see instruction				
<u>!</u>			npt status:		501(c) () < (insert i	10) 4947(a)(1	i) or 52	<u> </u>							
7		Website:		w.lasallecouncilbsa.org	-						_	n number ►	1761			
K				Corporation ✓ Trust	Associa	tion ☐ Other ►		L Year of for	rmation	1974	M State	e of legal domicile:	<u>IN</u>			
	Ě	art I	Summ													
	i	1		escribe the organization		-										
	ĕ	İ	Scouts of	f America #165 EIN: 35-08	867966)	with increasing	financial sup	port for bo	th ope	rating and	capital	needs. See Sch	edule			
	anc		O for the	mission of the Council.												
	Activities & Governance			~~,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							•					
2	Š	2	Check th	is box 🕨 🗌 if the organi	ization	discontinued it	s operations	or dispose	ed of r	nore than	25% of	its net assets.				
21 207	<u>ت</u>	3	Number	of voting members of th	he gove	rning body (Pa	rt VI, line 1a)				3		46			
>	Se	4	Number	of independent voting n	membei	rs of the goverr	ning body (Pa	irt VI, line	1b) .		4		45			
- o	į	5	Total nur	mber of individuals emp	oloyed ii	n calendar year	2012 (Part V	', line 2a)			5		0			
⊲ ં	ċŧ			nber of volunteers (estir							6		0			
ンドア	⋖	7a	Total unr	elated business revenue	e from	Part VIII. colum	n (C), line 12				7a		0			
7	ĺ			lated business taxable							7b	1	0			
<u>_</u>							CEIVED		\top	Prior Ye	ar	Current Y				
Tuning/An		8	Contribu	tions and grants (Part V	/III line		JEIV E	 			48,720		25,031			
3	Revenue	9		service revenue (Part V	-		70,720		23,031							
2	Vel	10	Investme	ent income (Part VIII, col	duma (A		_ብ ኤሬ <mark></mark> ያ 2013	. 191	\vdash		£3 £02	 	100 622			
Ş	æ	10	Otherre	venue (Part VIII, column	יין נוונוטוי (א	y, limes 3, 4, 44	100 and 11		-		53,602		109,523			
0									、 		1,330		3,006			
-		12		enue-add lines 8 throug				A), III e 12,	<u>'</u>		103,652	1	137,560			
				nd similar amounts paid					-		110,700	 	113,848			
		14		paid to or for members	•				-							
	es	15		other compensation, emp		•						ļ				
	Expenses			onal fundraising fees (Pa								<u> </u>				
	άx			draising expenses (Part												
,	w			penses (Part IX, column							12,423	i	11,323			
		18	•	penses. Add lines 13-17	•			•			123,123	<u> </u>	125,171			
_		19	Revenue	less expenses. Subtrac	ct line 1	8 from line 12	<u> </u>	<u></u>			(19,471)	<u> </u>	12,389			
3	ces								Beg	inning of Cu	rent Year	End of Ye	ear			
- 1	Net Assets or Fund Balances	20	Total ass	sets (Part X, line 16) .						2	608,763		2,851,663			
•	d B	21	Total liab	oilities (Part X, line 26) .							0	, <u> </u>	0			
ž	25	22	Net asse	ts or fund balances. Sui	btract I	ine 21 from line	20			2	,608,763	ß	2,851,663			
	Pa	art II	Signat	ture Block												
	Und	der penal	Ities of perju	ry, I declare that I have exami	ined this	return, including ac	companying sch	edules and s	tateme	nts, and to th	e best of	my knowledge and	d belief, it is			
	true	e, correct	t, and comp	lete. Declaration of preparer la	ther than	officer) is based or	all information	of which prep	oarer ha	s any knowle	edge.					
_			1/1	Palled 1/10X	ud	5 42-				7						
5	Sig	n	SKO	ature of officer	0 /			1		Dat	e					
ŀ	le	re	1	PATRICK 1)	ME	LINGES	SE	CEO		•	,	5-31-13)			
			Туре	or print name and title							_					
-	Pa	id	Print/Ty	pe preparer's name	-	Preparer's signatu	ire		Date		Check	☐ if PTIN				
			_									nployed				
		epare		name ►						Firm	's EIN ▶					
•	JS	oe Only							ne no.							
Ī	Иaч	y the IR		s this return with the pre	eparer :	shown above?	(see instructi	ons)	.			Ye	s 🗌 No			
_				ction Act Notice, see the					at No.	11282Y			990 (2012)			

orm 99	(2012)	Page 2											
Part													
	Check if Schedule O contains a response to any question in this Part III												
1	Briefly describe the organization's mission: To provide the Council (LaSalle Council, Inc., Boy Scouts of America #165 EIM: 35-0867966) with increasing financial support for both operating and capital needs. See Schedule O for the mission of the Council.												
	out operating this capital needs. See Solicatic O to the inssist of the Southern												
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?] No											
3	f "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?] No											
4	f "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measurexpenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to the total expenses, and revenue, if any, for each program service reported.												
4a	Code:) (Expenses \$ 113,848 including grants of \$) (Revenue \$ 123,963 The Trust consists of investments, the proceeds of which are partially available for disbursement to LaSalle Council, Inc., Boy Scouts of America #165 for use in its exempt purpose. The availability of funds is determined by the rules set forth in the Statement of Investment Policy and Spending Policy for the Trust.												
4b	Code:) (Expenses \$including grants of \$) (Revenue \$												
		. 											
4c	(Code:) (Expenses \$including grants of \$) (Revenue \$)											
		······											
4d	Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)												

113,848

4e Total program service expenses ▶

Part	V Checklist of Required Schedules							
			Yes	No				
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	√	i				
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	1					
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		1				
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		1				
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		√				
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		1				
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1				
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III			1				
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	9		1				
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	1					
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.							
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		1				
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		√				
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1				
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	11d		1				
е	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.	11f	1					
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		1				
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	1					
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		✓				
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓_				
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		1				
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV.	15	İ	1				
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		1				
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		1				
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	18		1				
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		1				
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		1				
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b						

Part	Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	✓	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		1
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25	24a		1
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		1
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		1
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions).			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV Schedule L, Part IV Schedule L, Part IV Schedule L, Part IV Schedule L, Part IV Schedule L, Part IV Schedule L, Part IV Schedule L, Part IV Schedule L, Part IV Schedule L, Part IV Schedule L, Part IV Schedule L, Part IV Schedule L, Part IV Schedule L, Part IV Schedule L, Part IV Schedule L, Part IV	28a 28b		√
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		√
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	1	
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
38	Part VI	37	1	✓

Part	V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response to any question in this Part V	<u> </u>		
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	10		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1c		
Za	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		
•	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
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 5c		✓_
c 6a	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	3C		
va	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		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			1
	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		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			1
-1	'	7c		-
d e	If "Yes," indicate the number of Forms 8282 filed during the year	7e		1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		1
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u> </u>
ĥ	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a	ļ	ļ
_ b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12			
a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	1		
11	Section 501(c)(12) organizations. Enter:	1		
а	Gross income from members or shareholders]		
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)]		
12a	Section 4947(a)(1) non-exempt charitable trusts. 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]	-	1	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a	├─	
а	Is the organization licensed to issue qualified health plans in more than one state?	138	 	
b	Enter the amount of reserves the organization is required to maintain by the states in which			
J	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand	1		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		√
h	If "Ves " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14b		_

Part \	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S. Check if Schedule O contains a response to any question in this Part VI	See ins	structi	ons.			
Section	on A. Governing Body and Management						
			Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 46						
	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	1					
	committee, explain in Schedule O.						
b	Enter the number of voting members included in line 1a, above, who are independent . 1b 45						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with						
	any other officer, director, trustee, or key employee?	2		1			
3	Did the organization delegate control over management duties customarily performed by or under the direct						
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		✓			
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		✓			
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		✓			
6	Did the organization have members or stockholders?	6	✓				
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?	7a	✓				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,		1				
	stockholders, or persons other than the governing body?	7b	<u> </u>				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during						
	the year by the following:						
а	The governing body?	8a	✓				
b	Each committee with authority to act on behalf of the governing body?	8b	✓				
9	, , , , , , , , , , , , , , , , , , , ,						
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		✓			
Section	on B. Policies (This Section B requests information about policies not required by the Internal Reven	<u>ue C</u>					
			Yes	No			
10a	Did the organization have local chapters, branches, or affiliates?	10a		✓			
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?	10b					
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	/				
b	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	12a	✓				
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	/				
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"						
	describe in Schedule O how this was done	12c					
13	Did the organization have a written whistleblower policy?	13	1				
14	Did the organization have a written document retention and destruction policy?	14	/				
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?						
		45-		,			
	The organization's CEO, Executive Director, or top management official	15a	<u> </u>	✓			
b	Other officers or key employees of the organization	15b		-			
16-	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?	40-		,			
	3	<u>16a</u>	-	<u> </u>			
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?	16b					
Soction	on C. Disclosure	1 100					
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	n 501/	(c)(3)s	onlv)			
	available for public inspection. Indicate how you made these available. Check all that apply.	J J . 1	(-,(-,				
	☐ 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	of inte	rest r	olicv.			
	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						

P	age	7

IN 12	กา	2
	10 (2	10 (201

								_
Part VII	Compensation of Officers,	Directors,	Trustees,	Key Employees,	Highest	Compensated	Employees, ar	10
	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 employees."
- 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.

City Michael Beeler	☐ Check this box if neither the organization no	r any relate	d org	anız	atio	n c	ompe	nsa	ted any currer	t officer, directo	r, or trustee.
(1) Name and Title					(0	C)					
Name and Title	(A)	(B)	/						(D)	(E)	(F)
Nours for related representation from the compensation from related representation from the compensation fro	Name and Title								Reportable	Reportable	Estimated
Compensation Comp											
Comparison Com			욾	Ins	Off	Ke.	Hıg	δ			
Comparison Com			lvid	<u>₹</u>	ICer	en en	hes	mer			
(1) Jay Asdell Director (2) Michael Beeler Director (3) E Donald Bengel Director (4) Peter Braasch Director (5) Chris Bryan Director (6) John Callan Director (7) Jeff Clymer Director (8) Matt Curry Director (9) Philip Daub Director (10) Keyin Davis Director (10) Keyin Davis Director (10) Keyin Davis Director (11) John DeWitt Director (12) Mark Dicken Director (13) Wath Curry Director (14) Callan Director (15) Chris Bryan Director (16) John Callan Director (17) Jeff Clymer Director (18) Matt Curry Director (19) Philip Daub Director (10) Keyin Davis Director (10) Keyin Davis Director (10) Keyin Davis Director (10) Keyin Davis Director (10) Keyin Davis Director (10) Keyin Davis Director (10) Collan Davis Director (10			or	ona		탕	8 C	`	(W-2/1099-MISC)		
(1) Jay Asdell Director (2) Michael Beeler Director (3) E Donald Bengel Director (4) Peter Braasch Director (5) Chris Bryan Director (6) John Callan Director (7) Jeff Clymer Director (8) Matt Curry Director (9) Philip Daub Director (10) Keyin Davis Director (10) Keyin Davis Director (10) Keyin Davis Director (11) John DeWitt Director (12) Mark Dicken Director (13) Wath Curry Director (14) Callan Director (15) Chris Bryan Director (16) John Callan Director (17) Jeff Clymer Director (18) Matt Curry Director (19) Philip Daub Director (10) Keyin Davis Director (10) Keyin Davis Director (10) Keyin Davis Director (10) Keyin Davis Director (10) Keyin Davis Director (10) Keyin Davis Director (10) Collan Davis Director (10			l st	Į		è	npe				organizations
(1) Jay Asdell Director			8	stee			nsatec				
Director 0.2											
(2) Michael Beeler	(1) Jay Asdell										
Director .02	Director	.02	✓	ļ		<u> </u>			0	0	<u></u>
Color	(2) Michael Beeler	<u> </u>		ļ							
Director .02	Director	.02	✓	<u> </u>					0	0	
(4) Peter Braasch	(3) E Donald Bengel		ļ						,		
Director Director	Director	.02	✓	L					0	0	C
Signar S	(4) Peter Braasch										
Director .02	Director	.02	/						0	0	
(6) John Callan	(5) Chris Bryan]								
Director .02	Director	.02	✓	<u> </u>		<u></u>		<u> </u>	0	0	
Tild Tild	(6) John Callan										
Director .02	Director	.02	✓	$oxed{oxed}$			ļ	┖	0	0	
(8) Matt Curry	(7) Jeff Clymer										
Director .02	Director	.02	✓						0	0	c
(9) Philip Daub Director	(8) Matt Curry]								
Director .02	Director	.02	✓						0	0	(
Director .02	(9) Philip Daub							l			
Director .02		.02	✓						0	0	
Director .02	(10) Kevin Davis										
Director .02			✓						0	0	(
(12) Mark Dicken .02 ✓ 0 0 Director .02 ✓ 0 0 (13) Donald Fischesser .02 ✓ 0 0 Director .02 ✓ 0 0 (14) Glenn Fritz .02 ✓ 0 0 Director .02 ✓ 0 0	(11) John DeWitt										
Director .02 ✓ 0 0 (13) Donald Fischesser .02 ✓ 0 0 Director .02 ✓ 0 0 (14) Glenn Fritz .02 ✓ 0 0 Director .02 ✓ 0 0	Director	.02	✓						0	0	(
Director .02 ✓ 0 0 (13) Donald Fischesser .02 ✓ 0 0 Director .02 ✓ 0 0 (14) Glenn Fritz .02 ✓ 0 0 Director .02 ✓ 0 0	(12) Mark Dicken										
(13) Donald Fischesser			✓						0	0	(
Director .02 ✓ 0 0 (14) Glenn Fritz .02 ✓ 0 0 Director .02 ✓ 0 0]		_						
(14) Glenn Fritz Director .02 ✓ 0 0			1	L	L.	L			0	0	
Director .02 ✓ 0 0											
		.02	✓		<u> </u>				0	0	

Part	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
					(0	()							
	(B)	(4		Pos				(D)	(E)		(F)		
	Name and title	Average	٠,	(do not check more that box, unless person is b					Reportable	Reportable		Estimat	ed
		hours per					or/trust		compensation	compensation from	۱ ا	amount	-
		week (list any hours for	악	sul	Ю	Key	Hıç	Form	from the	related organizations		other compens	
		related	Individual trustee or director	藍	Officer	y en	ploy	me e	organization	(W-2/1099-MISC)	1	from th	
		organizations below dotted	ctor	ίοης		employee	t co	_	(W-2/1099-MISC)		1	organiza and rela	
		line)	lus	1 1 1		yee	mpe					organizat	
			8	Institutional trustee			Highest compensated employee						
				TO .			ted						
(15) Co	rydon Hurst								1				
Directo		.02	✓						_0		D	_	0
(16) Ro	nald Jordan												
Directo		.02	✓						0		<u> </u>		0
	eg Kıl								_		_		
Directo		.02	/						0		<u> </u>		0
	e Kirkwood		,						_				_
Directo		.02	/						0		0		0
(19) Jan	nes Krzyzewski	ļ	,					İ		i			
Directo		.02	/					_	0		0		0
	bert Lewis	ļ	,			j			_				
Directo		.02	✓		H	_		-	0		0		0
	nes Mauck -	.02	1			İ			0		ام		0
Directo		.02	<u> </u>				-		<u>_</u>		' 		
Directo	zabeth Mooney	.02	1				Ì		0		0		0
	la Diagra Nife		<u> </u>						-		1		-
Directo		02	1						0				0
	n Oates		<u> </u>	_							<u> </u>		
Directo		.02	1						0		اه		0
	n Oakley		Ť					-	<u>_</u>		-		
Directo		.02	1			Ì			0		0		0
	<u> </u>		<u>. </u>		L	<u> </u>			0		0		0
	Total from continuation sheets to Part			•	•		•	•	0		0		0
	Total (add lines 1b and 1c)	•		Ċ			•	•	0	·	0		0
2	Total number of individuals (including but							-) w	L				
_	reportable compensation from the organ			1000	, 1101		above	٠,	1000110011	0,0 (,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,		
								-				Y	es No
3	Did the organization list any former of	ficer, direc	tor, c	or tr	uste	ee,	key 6	emp	oloyee, or high	est compensa	ted [
	employee on line 1a? If "Yes," complete	Schedule J	for s	uch	ındı	ıvıdı	ual				. [3	✓
4	For any individual listed on line 1a, is the	sum of re	porta	ble (con	npei	nsatic	n a	ind other comp	ensation from	the		
	organization and related organizations	greater th	an \$	150,	000)? [f "Ye	s,"	complete Sch	nedule J for si	ıch	_	
	individual										- ⊢	4	✓
5	Did any person listed on line 1a receive of												
	for services rendered to the organization	? If "Yes," c	comp	ete	Sch	nedu	ıle J 1	for s	such person			5	
Sectio	n B. Independent Contractors												
1	Complete this table for your five highest	compensat	ed in	dep	end	ent	contr	act	ors that receive	ed more than \$	100,00	00 of	
	compensation from the organization. Rep	oort compe	nsatio	on fo	or th	ne c	alenc	lar y	year ending wit	h or within the	organ	ization'	s tax
	year.												
	(A) Name and business add	Iross							(B) Description of s	ervices	Con	(C) npensatio	on
	Name and business add							┢	Doscription	ici vices			
None								-					
								┢	 				
								\vdash					
								\vdash					
2	Total number of independent contractor	ors (includii	ng bi	ut n	ot	lımı	ted to	o th	nose listed ab	ove) who			
	received more than \$100,000 of compen								0				

Part	VIII	Statement of Revenue	and the Boat N			
		Check if Schedule O contains a response to any qu	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d e f	Federated campaigns 1a Membership dues 1b Fundraising events 1c Related organizations 1d Government grants (contributions) All other contributions, gifts, grants,				
ntributi d Other	g	and similar amounts not included above 1f 25,0 Noncash contributions included in lines 1a-1f: \$	031			
Co	h	Total. Add lines 1a-1f	25,031			
Program Service Revenue	2a b	Business Cod	<u></u>			
ice	С					
Ser	d					
Ē.	е					
gra	f	All other program service revenue .				
Pro	g		>			'
	3	Investment income (including dividends, interest and other similar amounts)	66,671			66,671
	5 6a	Royalties	_			
	b c d	Less: rental expenses Rental income or (loss) Net rental income or (loss)			-	-
	7a	Gross amount from sales of assets other than inventory Less: cost or other basis (i) Securities (ii) Other				
	c d	and sales expenses . 292,900 Gain or (loss)	<u> </u>		-	42,852
Other Revenue	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c)				
Other F	b	See Part IV, line 18 a Less: direct expenses b		:	-	
	9a	Gross income from gaming activities. See Part IV, line 19 a				
	о с 10а		>			
	b	Less: cost of goods sold b	<u> </u>			
	_ <u>_</u>	Miscellaneous Revenue Business Cod	ie			
	11a					
	b					
	d e	All other revenue 900099	3,006 3,006			3,006
	12	Total revenue See instructions	127.500	^		112 520

	IX Statement of Functional Expenses in 501(c)(3) and 501(c)(4) organizations must con	nalata all aglumna. A	W other organization	a must complete co	luma (A)
Secuo					
Do no	Check if Schedule O contains a respont include amounts reported on lines 6b, 7b,	Se to any question (A)	(B)	(C)	<u>.</u>
3b, 9b	, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	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	113,848	113,848		
2	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
•	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees			<u> </u>	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages				
0	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management				
b	Legal				
C	Accounting				
d	Lobbying				
e f	Professional fundraising services. See Part IV, line 17 Investment management fees	11 222		11,323	
g	Other. (If line 11g amount exceeds 10% of line 25, column	11,323		11,323	
9	(A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17 18	Travel				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а					
b					
c					
d	All other eveness			· -	
е 25	All other expenses Total functional expenses. Add lines 1 through 24e	125 171	113,848	11,323	
26	Joint costs. Complete this line only if the	125,171	113,848	11,323	
	organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation. Check here				
	following SOP 98-2 (ASC 958-720)				

Part X **Balance Sheet** Check if Schedule O contains a response to any question in this Part X (A) (B) Beginning of year End of year Cash-non-interest-bearing 53,943 1 22,980 2 2 Savings and temporary cash investments Pledges and grants receivable, net . . . 3 4.000 3 3,000 4 Accounts receivable, net 4 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees 5 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 8 8 Prepaid expenses and deferred charges . . 9 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 10b 10c **b** Less: accumulated depreciation Investments—publicly traded securities 11 11 2,550,820 2,825,683 12 12 Investments—other securities. See Part IV, line 11 . . . 13 Investments - program-related. See Part IV, line 11 . . . 13 14 14 Other assets. See Part IV, line 11 15 15 16 16 Total assets. Add lines 1 through 15 (must equal line 34) . 2,608,763 2,851,663 17 17 18 18 Grants payable 19 19 20 20 Tax-exempt bond liabilities . 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 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 23 Secured mortgages and notes payable to unrelated third parties . . . Unsecured notes and loans payable to unrelated third parties . . . 24 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X 25 26 Total liabilities. Add lines 17 through 25 ol 26 0 Organizations that follow SFAS 117 (ASC 958), check here ▶ ✓ and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 1,897,670 27 2,090,055 28 28 18,393 Temporarily restricted net assets . . . 55,311 29 692,700 706,297 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 31 31 Paid-in or capital surplus, or land, building, or equipment fund . . . 32 Retained earnings, endowment, accumulated income, or other funds. 32 Total net assets or fund balances 33 33 2,851,663 2,608,763 34 34 Total liabilities and net assets/fund balances 2,608,763 2,851,663 Form 990 (2012)

Page 12
137,560 125,171 12,389 2,608,763 230,511
2.851.663

Part XI Reconciliation of Net Assets Check if Schedule O contains a response to any question in this Part XI 1 2 2 Total expenses (must equal Part IX, column (A), line 25) 3 3 Revenue less expenses. Subtract line 2 from line 1 4 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)). . . 5 5 6 6 Donated services and use of facilities . . . 7 7 8 8 Prior period adjustments 9 9 Other changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 10 Part XII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII . . . Yes No If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? 2a 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: Consolidated basis Both consolidated and separate basis ☐ Separate basis **b** Were the organization's financial statements audited by an independent accountant? 2b 1 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. Separate basis Consolidated basis Both consolidated and separate basis 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? 2c If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 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?. За 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

Form 990 (2012)

Form 990 (2012)

SCHEDULE A · (Form 990 or 990-EZ)

Department of the Treasury

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.

Open to Public Inspection

OMB No 1545-0047

Internal Revenue Service Employer identification number Name of the organization LaSalle Council, Inc., Boy Scouts of America #165 Trust 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). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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. c Type III-Functionally integrated **d** Type III–Non-functionally integrated **b** ✓ Type II e 🗹 By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type II, Type III, or Type III supporting 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 No Yes (iii) below, the governing body of the supported organization? . . . 11g(i) (ii) A family member of a person described in (i) above? 11g(iı) (iii) A 35% controlled entity of a person described in (i) or (ii) above? . 11g(iii) Provide the following information about the supported organization(s). (iii) Type of organization (iv) Is the organization (v) Did you notify (vi) Is the (vii) Amount of monetary (i) Name of supported (ii) EIN the organization in in col (i) listed in your organization in col (described on lines 1-9 support organization (i) organized in the U.S.? col (i) of your governing document? above or IRC section. support? (see instructions)) No Yes No Yes No Yes (A)LaSalle Council, 113,848 35-0867966 Inc., Boy Scouts of (B)America #165 (C) (D) (E)

Total

Schedul Part	e A (Form 990 or 990-EZ) 2012 Support Schedule for Organiza (Complete only if you checked the			, , ,			•
	Part III. If the organization fails to						amy under
	on A. Public Support		,				
	dar 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	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.					<u> </u>	
	on B. Total Support		1		1	1	1 10 7
	dar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 8	Amounts from line 4						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 12	Total support. Add lines 7 through 10 Gross receipts from related activities, etc					12	E01(a)(2)
13	First five years. If the Form 990 is for the organization, check this box and stop he						
Secti	on C. Computation of Public Suppor						
14	Public support percentage for 2012 (line 6			11, column (f))		14	%
15	Public support percentage from 2011 Sch					15	%
16a	331/3% support test — 2012. If the organic box and stop here. The organization qua	ilifies as a pub	licly supported	dorganization			▶ [
b	33¹/3% support test—2011. If the organ check this box and stop here. The organ	izatıon qualıfıe	es as a publicly	supported org	ganization .		▶ □
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization me Part IV how the organization meets the "forganization	ets the "facts- facts-and-circi	-and-circumsta umstances" te	ances" test, ch st. The organiz	eck this box ai ation qualifies	nd stop here. as a publicly s	Explain in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization or Explain in Part IV how the organization or supported organization	tion meets the neets the "fact	e "facts-and-c s-and-circums	ircumstances" stances" test. 1	test, check th The organization	nis box and st on qualifies as	top here.
18	Private foundation. If the organization di instructions	id not check a	box on line 13	3, 16a, 16b, 17a	a, or 17b, chec	k this box and	

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.)

Secti	on A. Public Support						
Calen	dar 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					1	
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
_	•				<u> </u>	 	
_	Add lines 7a and 7b	ļ					
8							
Casti	line 6.)	<u> </u>	<u> </u>	L	<u> </u>	l	
	on B. Total Support dar year (or fiscal year beginning in)	(=) 2009	(h) 2000	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6	(a) 2008	(b) 2009	(6) 2010	(u) 2011	(e) 2012	(i) iotai
10a	Gross income from interest, dividends,						
100	payments received on securities loans, rents,						
	royalties and income from similar sources .						
b	Unrelated business taxable income (less	 					
_	section 511 taxes) from businesses					i	
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
-	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part IV.)	l			L		
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is for the						
	organization, check this box and stop he						> [
	on C. Computation of Public Suppo						
15	Public support percentage for 2012 (line						%
16	Public support percentage from 2011 Sc			<u> <u>.</u></u>		16	%
	on D. Computation of Investment In			140	(0)	14-1	
17	Investment income percentage for 2012					17	%
18	Investment income percentage from 201	1 Schedule A,	Part III, line 17			18	% and line
19a	331/3% support tests—2012. If the organ	nization did not	t check the bo	x on line 14, a	na line 15 is n	nore than 331/3	%, and line
	17 is not more than 331/3%, check this box						
b	331/3% support tests—2011. If the organic	zation did not o	cneck a box on	line 14 or line	19a, and line 1	b is more than a	ວວ'/3%, and ພzation ► 「
	line 18 is not more than 331,8%, check this Private foundation. If the organization d						
20	Private tolingation if the organization d	id not check a	DOX OD LIDE 14	THA OF THOM	cneck this dox	ano see institu	ILIONS 🚩 📗

Pa	10	е	4

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

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

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

Open to Public Inspection

Employer identification number

LaSalle Council, Inc., Boy Scouts of America #165 Trust 35-6034215 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 Total number at end of year 1 2 Aggregate contributions to (during year). 3 Aggregate grants from (during year) . Aggregate value at end of year 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). ☐ Preservation of land for public use (e.g., recreation or education) ☐ Preservation of an historically important land area Preservation of a certified historic structure ☐ Protection of natural habitat ☐ Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2a **b** Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) . . . Number of conservation easements included in (c) acquired after 8/17/06, and not on a 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 violations, and enforcement of the conservation easements it holds? 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 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) 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 Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 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. If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: Assets included in Form 990, Part X

Part								
3	Using the organization's acquisition, collection items (check all that apply):					Inifican	use	of its
а	☐ Public exhibition			or exchange prog				
b	☐ Scholarly research		e 🗌 Other	, 				
С	☐ Preservation for future generations	3			_			
4	Provide a description of the organizat XIII.	tion's collections a	nd explain how t	hey further the org	ganization's exemp	ot purp	ose ir	n Part
5	During the year, did the organization assets to be sold to raise funds rather						es [] No
Part	IV Escrow and Custodial Arra line 9, or reported an amoun	angements. Cor nt on Form 990, F	nplete if the org	anization answe	red "Yes" to For	m 990	, Parl	IV,
1a	Is the organization an agent, trustee included on Form 990, Part X?					ПУ	es 「] No
b	If "Yes," explain the arrangement in P					ount		
_	Posinning balance			10	+			
q	Beginning balance							
d	• •							
e f	Distributions during the year Ending balance							
ı 2a	Did the organization include an amount					☐ Y	<u> </u>	_ No
	If "Yes," explain the arrangement in P	•	•]
Par								
ı aı	Endowment i unus. Compi	(a) Current year	(b) Prior year		(d) Three years back		r years	back
1a	Beginning of year balance	2,608,763	2,693,204					3,541
b	Contributions	28,037	50,050					0,246
c	Net investment earnings, gains, and	20,007	00,000	00/001	10.70.11			
•	losses	340,034	(11,368)	287,526	516,528		(71	3,806)
d	Grants or scholarships	040,004	(11/000)	20.7020	0.07000			-,,
е	Other expenditures for facilities and							
	programs	(113,848)	(110,700)	(111,575)	(124,048)		(12	4,428)
f	Administrative expenses	(11,323)	(12,423)					6,685)
g	End of year balance		2,608,763					88,868
2	Provide the estimated percentage of t						.,	
a	Board designated or quasi-endowme							
b	-	24.8%						
C	Temporarily restricted endowment ▶	1.9%						
_	The percentages in lines 2a, 2b, and 2		0%.					
3a	Are there endowment funds not in th			at are held and ac	lministered for the			
	organization by:						Yes	No
	(i) unrelated organizations					3a(i)	✓	
	(ii) related organizations					3a(ii)		1
b	If "Yes" to 3a(ii), are the related organ	izations listed as re	equired on Sched	ule R?		3b		
4	Describe in Part XIII the intended uses	s of the organizatio	n's endowment f	unds.				
Part	VI Land, Buildings, and Equip	oment. See Form	990, Part X, lin	e 10.				
	Description of property	(a) Cost or oth (investme			Accumulated epreciation	(d) Boo	ok valu	Ð
1a	Land							
b	Buildings							
C	Leasehold improvements							
d	Equipment							
9	Other							
Total.	Add lines 1a through 1e. (Column (d) r	must equal Form 99	90, Part X, columi	n (B), line 10(c))				
							-	

Part VII	Investments—Other Securities	es. See Form 990, Part X	(, line 12.	
((a) Description of security or category (including name of security)	(b) Book value	(c) Method of valu Cost or end-of-year m	
(1) Financia	al derivatives			
	held equity interests			
(3) Other				
(A)				
(B)				
(C) (D)				
(E)				
(F)				
(G)				
(H)				
<u>(I)</u>				
	(b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII				
	(a) Description of investment type	(b) Book value	(c) Method of vali Cost or end-of-year m	
(1)				····
_(2)				
(3)				
(4)			-	
(5) (6)				
(7)		-		
(8)				
(9)				
(10)				
	(b) must equal Form 990, Part X, col (B) line 13.)			
Part IX	Other Assets. See Form 990,			(h) Dealership
		(a) Description		(b) Book value
(1)		, , ,		
(2)				
(4)				
(5)				
(6)				
(7)				-
(8)				
(9)				
(10)	(h)	(D) (m 45)		
	umn (b) must equal Form 990, Part X Other Liabilities. See Form 99		<u> </u>	
Part X 1.	(a) Description of liability	(b) Book value	1	
	al income taxes	(5) 550 750	- 	
(2)				
(3)			7	
(4)			7	
(5)				
(5) (6) (7) (8)			_	
(7)			_	
(8)			_	
(9)			\dashv	
(10)			\dashv	
(11)	a (b) must actual Form 000. Part V and (D) line 05 1			
DEIN 40 /A	n (b) must equal Form 990, Part X, col. (B) line 25.) ISC 740) Footnote. In Part XIII, provide the	ne text of the feetnets to the	prognization's financial statements that	reports the organization's
liability for u	uncertain tax positions under FIN 48 (AS	C 740). Check here if the text	of the footnote has been provided in P	art XIII

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Page	4

	5 5 V 5/11 500/ 2012		7 ago 1
Part	XI Reconciliation of Revenue per Audited Financial Statemer	nts With Revenue per	Return
1	Total revenue, gains, and other support per audited financial statements .		1 254,223
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains on investments	2a 230,511	
b	Donated services and use of facilities	2b	·
С	Recoveries of prior year grants	2c	
d	`	2d	
е	Add lines 2a through 2d		2e 230,511
3	Subtract line 2e from line 1		3 23,712
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а		4a	
b		4b 113,848	
С	Add lines 4a and 4b		4c 113,848
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12	2.)	5 137,560
Part	XII Reconciliation of Expenses per Audited Financial Stateme	ents With Expenses pe	r Return
1	Total expenses and losses per audited financial statements		1 11,323
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	,	
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
С	Other losses	2c	
d		2d	
е	Add lines 2a through 2d		2e 0
3	Subtract line 2e from line 1		3 11,323
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		•
a		4a	
b	· · · · · · · · · · · · · · · · · · ·	4b 113,848	
c	Add lines 4a and 4b		4c 113,848
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line		5 125,171
Part	XIII Supplemental Information	,	_ ·
Part V inform	lete this part to provide the descriptions required for Part II, lines 3, 5, and 9, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. ation. Line 4 - Intended Uses of Trust Funds: To provide financial support for LaSalle	Also complete this part to	provide any additional
a 501(c)(3) organization.		
Part X	Line 2 - FIN 48 Footnote: The Organization's policy, according to ASC 740-10-25	5 is to record an unrecogniz	ed tax benefit from an
uncert	ain tax position only if it is more likely than not that the tax position will be susta	ained upon examination by	the tax authorities.
Intere	st and penalties related to gross unrecognized tax benefits would be included wi	thin the provision for incon	ne taxes. To the extent
accrue	d interest and penalties do not ultimately become payable, amounts accrued wo	ould be reduced in the perio	d that such determination
is mad	le and reflected as a reduction of the overall income tax provision. The Organiza	ation does not have any und	certain tax positions at
			Schedule D (Form 990) 2012
			• •

		Pag
art XIII	Supplemental Information (continued)	
cember 31	1, 2012. The Organization files a federal and an Indiana state tax return. Management believes the tax years remain	n subject
examination by the federal and Indiana tax jurisdictions date back to the year ending December 31, 2009. 1 XI Line 4b and Part XII Line 4b - Other Revenue/Expenses 2 allocation of Trust Funds to the Council is recorded as a reduction of the total investment income per the audited financial state. 1 Form 990 reporting, the allocation is treated as an expense.		
rt XI Line	4b and Part XII Line 4b - Other Revenue/Expenses	
e allocatio	on of Trust Funds to the Council is recorded as a reduction of the total investment income per the audited financial	statements
r Form 990	0 reporting, the allocation is treated as an expense.	
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		·
		·
	······································	
		·

SCHEDULE I (Form 990) epartment of the Treasury itemal Revenue Service

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

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

2012

OMB No 1545-0047

Open to Public Inspection

Schedule I (Form 990) (2012) Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, % □ (h) Purpose of grant or assistance **Employer identification number** ✓ Yes 35-6034215 see Part IV Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (g) Description of non-cash assistance Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed (f) Method of valuation (book, FMV, appraisal, other) Cat No 50055P Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. actual (e) Amount of non-cash assistance Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (d) Amount of cash 113,848 grant Enter total number of other organizations listed in the line 1 table (c) IRC section if applicable the selection criteria used to award the grants or assistance? For Paperwork Reduction Act Notice, see the Instructions for Form 990. General Information on Grants and Assistance 501(c)(3) -aSalle Council, Inc., Boy Scouts of America #165 Trust 35-0867966 (p) EIN (1) LaSalle Council, Inc., Boy (2) 1340 South Bend Ave. 1 (a) Name and address of organization or government Scouts of America #165 South Bend, IN 46617 Name of the organization Part II ල 9 8 <u>®</u> 9 (12) ₹ 3

(a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of non-cash assistance	(e) Method of valuation (book,	
	recipients	cash grant		riviv, appraisal, orner)	(f) Description of non-cash assistance
2					
4					
S					
9					
Information. The mission of the Trust is to provide LaSalle Council with financial support. The mission of LaSalle Council: The corporation shall promote, within the territory covered by the	ith financial support	. The mission of LaS	alle Council: The corpo	oration shall promote, within I	the territory covered by the
charter from time to time granted it by the Boy Scouts of America and in	Merica and in acc	ordance with the Cor	gressional Charter, By	laws, and Rules and Regulativ	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 an	nd young men and w	omen to do things fo	r themselves and other	rs, training them in Scoutcraft	d women to do things for themselves and others, training them in Scoutcraft, and teaching them patriotism,
courage, self-reliance, and kindred virtues, using the methods which are now in common use by the Boy Scouts of America.	thods which are nov	w in common use by	the Boy Scouts of Ame	rica.	

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

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

► Attach to Form 990 or 990-EZ.

Open to Public Inspection

Employer identification number

LaSalle Council, Inc., Boy Scouts of America #165 Trust	35-6034215							
Part I Line 1 / Part III Line 1 - Mission of LaSalle Council, Inc., Boy Scouts of America #165								
The corporation shall promote, within the territory covered by the charter from time to time granted it be	by the Boy Scouts of America and							
in accordance with the Congressional Charter, Bylaws, and Rules and Regulations of the Boy Scouts of	of America, the Scouting program							
of promoting the ability of boys and young men and women to do things for themselves and others, tra	aining them in Scoutcraft, and							
teaching them patriotism, courage, self-reliance, and kindred virtues, using the methods which are not	w in common use by the							
Boy Scouts of America.								
Part VI Line 6 - Explanation of Classes of Members								
The executive board of LaSalle Council, Inc., Boy Scouts of America #165 (the council), having establish	shed and created the Council Trust							
Fund #165 (the trust), shall be its governing body. The council has the power to appoint and discharge	e the							
trustee as it deems appropriate and, subject to the provisions of the charter, bylaws, and rules and reg	ulations of the Boy Scouts of							
America, gives broad powers to the trustee, as enumerated in the Agreement of Trust, to administer the trust.								
Part VI Line 7a - How Members or Shareholder Elect Governing Body								
Active members may elect the members of the governing body.								
Part VI Line 7b - Decisions of Governing Body Approval by Members								
Active members of the council may elect members-at-large, regular members of the executive board, a	and officers of the council other than							
the Scout executive.								
Part VI Line 11b - Form 990 Review Process								
A complete copy of the Fund's 990 and schedules is posted on a secure website in advance of filing w	ith the IRS. The executive board of							
directors is invited to review the return.								
Part VI Line 12c - Explanation of Monitoring and Enforcement of Conflicts								

The trust follows the policy of the council which is to, at least once a year, distribute a conflict of interest certification and disclosure form

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Page	4

name of the organization	Employer identification number
LaSalle Council, Inc., Boy Scouts of America #165 Trust	35-6034215
to its officers, directors, trustees, and professional employees. The covered persons are required to comp	plete and sign the certification
and disclosure form, which is retained in the council files. The certification and disclosure forms are review	ewed no less than annually by the
Scout executive and treasurer. The Scout executive is ultimately responsible for maintaining the list and s	screening for possible conflicts
of interest.	
Part VI Line 19 - Other Organization Documents Publicly Available	
The trust's policy regarding disclosure of governing documents, policies, and financial statements follows	that of the council, which is that
if the governing documents and policies of the council are subject to federal or state disclosure rules, the	se documents will be made publicly
available as law may require. Otherwise, the governing documents and policies will be provided to the pu	blic at the discretion of
management.	
The following documents are available for public inspection at the council's service center located at 1340	South Bend Ave., South Bend,
IN, 46617: all documents as required by law, including but not limited to the IRS Form 990, consolidated a	udited financial statements,
minutes of Executive Board meetings.	

SCHEDULE R (Form 990)

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

Related Organizations and Unrelated Partnerships

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

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	<u>i</u>
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T	Q
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CO	Ö

OMB No 1545-0047

Inspection

Employer identification number 35-6034215

(g) Section 512(b)(13) controlled entry? (f) Direct controlling Identification of Related Tax-Exempt Organizations (Complete of 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.) (f)
Direct controlling entity (e) End-of-year assets (e)
Public charity status
(if section 501(c)(3)) (d) Total income Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) (d) Exempt Code section (c)
Legal domicile (state
or foreign country) (c) Legal domicile (state or foreign country) (b) Pnmary activity (b) Primary activity (a)
Name, address, and EIN (if applicable) of disregarded entity (a) Name, address, and EIN of related organization (9) Part I Part II 4 Ξ ව 3 2

Schedule R (Form 990) 2012 n/a 501(c)(3) Cat No 50135Y Z Service to youth For Paperwork Reduction Act Notice, see the Instructions for Form 990. 1340 South Bend Ave., South Bend, IN 46617 35-0867966 (1) LaSalle Council, Inc., Boy Scouts of America #165 2 ପ € 9 9

ŝ

Yes

Schedule R (Form 990) 2012

(i) Section 512(b)(13) controlled entity? (k) Percentage ŝ ownership Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.) Yes (j) General or managing partner? ŝ (h) Percentage ownership Yes (i)
Code V—UBI
amount in box 20
of Schedule K-1
(Form 1065) (g)
Share of
end-of-year assets (h) Disproportionate allocations? ŝ (f) Share of total income Yes (g) Share of end-ofyear assets (e)
Type of entity
(C corp, S corp, or trust) (f) Share of total Income (d)
| Direct controlling entity (e)
Predominant
income (related,
unrelated,
excluded from tax under sections 512-514) (c)
Legal domcile
(state or foreign country) (d) Direct controlling entity Primary activity (c) Legal domicile (state or foreign country) (b) Pnmary activity (a) Name, address, and EIN of related organization (a) Name, address, and EIN of related organization Part III Part IV 5 9 € Ξ € **©** 3 9 2 8 ල Ξ <u>N</u> 9

Schedule R (Form 990) 2012

Schedule R (Form 990) 2012

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

				:	
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		•		Yes	2
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?	more related organizations list	ed in Parts II-IV?		, ~	`
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity			1a		>
b Gift, grant, or capital contribution to related organization(s)			1b	1	
c Gift. grant, or capital contribution from related organization(s)			10		>
l pans or loan guarantees to or for related organization(s)	•		19		>
			1e		>
				1 1 8	1
f Dividends from related organization(s)			1ť		>
a Sale of assets to related organization(s)		•	19		/
			4		>
i Evolution of according with related organization(c)			÷		\
i Lease of facilities equinoment or other assets to related organization(s)	•		Ŧ		>
ן בפספר כן ומכווונופט, פקטוףוויפיור, כי כי יייי יייייייייייייייייייייייייי		· · · · · ·			
k Tease of facilities, equipment, or other assets from related organization(s)			+	<u> </u>	>
			=		>
			1		
_			Ę		> >
			≣ ,		<u>'</u>
o Sharing of paid employees with related organization(s)			9		>
a Dombius and to related organization(c) for expanses			, 5	1	``
					•
q Heimbursement paid by related organization(s) for expenses		·	<u>-</u>		>
			‡	;	
			= \$		> `
s Other transfer of cash of property from related organization(s)			-12		>
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.	nplete this line, including cover	ed relationships and transa	ction thr	eshok	ds.
(6)	(g)		Ð		
Name of other organization	Transaction Amount involved type (a-s)	Method of determining amount involved	ining amou	int invol	ved
(1) LaSalle Council, Inc., Boy Scouts of America #165		113,848 actual			
(2)					ļ
<u>€</u>					
(4)					
(9)		- Porton	200 (000 mm c2) (1 chub c4c2	90	8

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

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

or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partners inps.	ganization. See	INSTRUCTIONS FE	garding exclusi	ion ior certs	ill myesimeni pa	irmersmps.			 - -	
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile		(e) Are all partners			(n) Disproportion	te Code V—UBI		
	,	(state or foreign country)	- 0	section 501(c)(3)	ħ	5	allocations?	g 0		ownership
			section 512-514)	Yes No			Yes No		Yes No	,
(1)										
(2)										
(3)										
(4)										
(9)										
(9)										
(7)										
(8)										
(6)										
(10)										
(11)										
(12)										
(13)										
(14)										
(15)	•									
(16)										
					5			Sch	edule R (Fo	Schedule R (Form 990) 2012

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

. Form 990

Continuation Sheet for Form 990

OMB No 1545-0047

2012

Name of the Organization

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

Employer Identification Number 35-6034215

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

(A)	(B)			-	C)			(D)	(E)	(F)
Name and Title	Average hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2)/1099-MISC)	Reportable compensation from related organizations (W-2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
(26)Max Plumhoff Director	0.02	Х				:		0	0	0
(27)Richard Rush Sr Director	0.02	х						0	0	0
(28)Randy Stukel Director	0.02	х						0	0	0
(29)Linda Lee Taylor Director	0.02	Х						0	0	0
(30)Rex Voorheis Director	0.02	х						0	0	0
(31)Kevin Warren Director	0.02	х						0	0	0
(32)Will Wilson Director	0.02	Х						0	0	0
(33) Indiana Trust Investment & Mgmt Co	1.5		х					0	0	0
(34)Patrick Bridges Secretary/Scout Exec	0.75			х				0	0	0
(35)Michael Gotsch President	0.05			х				0	0	0
(36)Michael Faloon Commissioner	0.05			Х				0	0	0
(37)David Niswonger VP Finance	0.05			Х				0	0	0
(38)Donald Parker VP Administration	0.05			Х				0	0	0
(39)Bernie Rieder VP Program	0.05			х				0	0	0
(40)Joe Grabill Asst VP Finance	0.05			х				0	0	0
(41)Kim Overmyer VP District Operations	0.05			Х				0	0	0
(42)Michael Flowers Treasurer	0.05			х				0	0	0 Form 990 2012

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Continuation Sheet for Form 990

OMB No 1545-0047

2012

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

Employer Identification Number 35-6034215

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

(A)	(B)				C)	_, .,		(D)	(E)	(F)
Name and Title	Average hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2)/1099-MISC)	Reportable compensation from related organizations (W-2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
(43)Dave Hudak Asst Treasurer	0.05			х				0	0	0
(44)James Welborne VP Communications	0.05			х				0	0	0
(45)Ken Sherry VP Membership	0.05			х				0	0	0
(46)Rich Urda President Elect	0.05			х				0	0	0
					:					Form 990 2012